## **Return of Private Foundation**

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

OMB No. 1545-0052

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calen	dar year 2018 or tax year beginning	Oct 1,2018	B, and (	ending	S€	p 30 <b>,20</b> 19
Nam	e of fou	ndation			A Employe	r identification numbe	
ΚI	<u>WA</u> NI:	S CLUB OF STOCKTON FOUNDATION			23-73	382452	
		street (or P.O. box number if mail is not delivered to street address)	Room	v/surte	B Telephon	e number (see instruct	ons)
94	9 N.	CENTER ST.	A		(209	948-6400	
City	or town,	, state or province, country, and ZIP or foreign postal code				tion application is pend	ıng, check here ▶ □
ST	OCKTO	ON CA 95202-1327			• •	application to porta	
		<del></del>	of a former public	charity	D 1. Foreig	n organizations, check	here ▶□
		☐ Final return ☐ Amended r	·	,			_
		Address change Name char	nge			n organizations meeting here and attach compu	
H	Check	type of organization:   Section 501(c)(3) exempt p	rivate foundation	ЙÚ	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust		lation	section 5	07(b)(1)(A), check here	▶□
		narket value of all assets at J Accounting method		ccrual	- KAL-4	-d-ti i- i 60t	h 4ii
	end of	f year (from Part II, col. (c),				ndation is in a 60-mont ction 507(b)(1)(B), checl	
	line 16	(Part I, column (d) must be	on cash basis.)				_
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment ncome	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions).)	books	"		HIOOHIO	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	4,142.				Ī
	2	Check ► 🖾 if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	5,079.		5,079.	5,079.	
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10					
Ĕ	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)					
ď	8	Net short-term capital gain					
	9	Income modifications					ĺ
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					[
	12	Total. Add lines 1 through 11	9,221.		5,079.	5,079.	
Ś	13	Compensation of officers, directors, trustees, etc.	0.				
penses	14	Other employee salaries and wages					
e	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)				RECEIVE	<b>)</b>
ا و	b	Accounting fees (attach schedule)	900.			11-0-11-	
Iţi	C	Other professional fees (attach schedule)			- 39	DEC 0 3 2019	SOS
and Administrative E	17	Interest				חבר מים במום	
isi (	18	Taxes (attach schedule) (see instructions)e. St.mt.	10.		<u> </u>		
Ë	19	Depreciation (attach schedule) and depletion			17	OGDEN. L	
Ad	20	Occupancy			<u> </u>		
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	21	Travel conferences, and meetings					
anc	22	Printing and publications	7.00				
<u>n</u> g	23	Other expenses (attach schedule) See Stmt.	732.				
Operating	24	Total operating and administrative expenses.  Add lines 13 through 23	1 646				
oer.	0E	_	1,642.		<del></del>	<del>-</del>	
Ö	25 26	Contributions, gifts, grants paid	8,000.				
=		Subtract line 26 from line 12:	9,642.	_			
	27	<b>~</b> )					
>	a	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-421.		E 070		
	Ь	Adjusted net income (if negative, enter -0-)			5,079.	5 079	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2018)

BAA

Pa	art ∥	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	ie .	(c) Fair Market Value
	1	Cash-non-interest-bearing	371,363.	370,9	42.	370,942.
	2	Savings and temporary cash investments		•		
	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 ▶				<u>-</u>
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		·		
As	10a	Investments—U.S. and state government obligations (attach schedule)				
-	ь	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans		,		
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶	AND ALL ACT THE CO			
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	371,363.	370,9	42.	370,942.
-	17	Accounts payable and accrued expenses	5.27555			
,,	18	Grants payable				
ë	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jab	21	Mortgages and other notes payable (attach schedule)				,
_	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here ▶ □				
lances		and complete lines 24 through 26, and lines 30 and 31.				
Ē	24	Unrestricted				
ale	25	Temporarily restricted				
8	26	Permanently restricted				
Ĕ		Foundations that do not follow SFAS 117, check here ▶ 🗵				
Į,		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	·			
Se	29	Retained earnings, accumulated income, endowment, or other funds	371,363.	370,9	42.	
Ä	30	Total net assets or fund balances (see instructions)	371,363.	370,9		
Net Assets or Fund Ba	31	Total liabilities and net assets/fund balances (see	,			
~		instructions)	371,363.	370,9	42.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
	_	I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with		-
		of-year figure reported on prior year's return)			1	371,363.
2		r amount from Part I, line 27a			2	-421.
3					3	
4		lines 1, 2, and 3			4	370,942.
5	Decr	reases not included in line 2 (itemize) ▶			5	
6	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lii	ne 30	6	370,942.

Part	-	Losses for Tax on Investm		(b) How acquired		
		d(s) of property sold (for example, real es e; or common stock, 200 shs. MLC Co.)		P—Purchase D—Donation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
<u>1a</u>	<u> </u>					
<u>b</u>						
c						
<u>d</u>	<u> </u>					
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		Gain or (loss) lus (f) minus (g))
a						
b						
<u>C</u>						
<u>d</u>						
е						
	Complete only for assets show	ving gain in column (h) and owned l	by the foundation	on 12/31/69.		(Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		t not less than -0-) <b>or</b> es (from col. (h))
a					<u> </u>	
<u>b</u>						
<u>C</u>						
<u>d</u>						
e						
2	Capital gain net income or		also enter in Pa . enter -0- in Pai		2	
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instruc	ctions. If (loss)	, enter -0- in		
Do-					3	
Part		er Section 4940(e) for Redu ate foundations subject to the s		-		
Was t		this part blank. section 4942 tax on the distributualify under section 4940(e). Do		• •	base period?	☐ Yes ☐ No
1	Enter the appropriate amou	unt in each column for each yea	ar; see the instru	uctions before m	aking any entrie	es.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net value of	(c) f nonchantable-use a	ssets (col.	(d) Distribution ratio (b) divided by col. (c))
	2017	12,00	00.	368,2	218.	0.032589
	2016	9,00	<del></del>	371,2		0.024245
	2015	64,00	00.			
	2014					
	2013					
2	Total of line 1, column (d)				. 2	0.056834
3	• •	or the 5-year base period—div			<del></del>	0.00004
3		undation has been in existence				0.028417
4	Enter the net value of nonc	haritable-use assets for 2018 fr	rom Part X, line	5	. 4	365,585.
5	Multiply line 4 by line 3 .				. 5	10,389.
6	Enter 1% of net investment	t income (1% of Part I, line 27b)	)		. 6	51.
7	Add lines 5 and 6				. 7	10,440.
8		ns from Part XII, line 4			. 8	8,000.
	If line 8 is equal to or great Part VI instructions.	er than line 7, check the box in	Part VI, line 1b	o, and complete	that part using	a 1% tax rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8-se	e instri	ıctioı	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: 07/23/2007 (attach copy of letter if necessary—see instructions)	_	N/	A	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			
	here ▶ □ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
	Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			
3	Add lines 1 and 2	3		0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			
6	Credits/Payments:				Ī
а	2018 estimated tax payments and 2017 overpayment credited to 2018   6a				1
b	Exempt foreign organizations—tax withheld at source 6b	[			l
С	Tax paid with application for extension of time to file (Form 8868) . 6c				
d	Backup withholding erroneously withheld 6d				Į
7	Total credits and payments. Add lines 6a through 6d	7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid >	10		0.	
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶	11			
Part '	/II-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did	it	Yes	No
	participate or intervene in any political campaign?		1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	See th	ne 🗀		
	instructions for the definition		1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	nateria	ls		- 1
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		_		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	posed	┌		
	on foundation managers. ► \$		<u> </u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		×
	If "Yes," attach a detailed description of the activities.				ĺĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,	article	es		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char	nges .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		×
	If "Yes," attach the statement required by General Instruction T.				.
6	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 directive				
	conflict with the state law remain in the governing instrument?		6		×
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	d Part )	</th <th>×</th> <th></th>	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	×	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494				لــــا
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV.	If "Yes			
	complete Part XIV		9	×	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	_			
	names and addresses		10		X

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
14	Website address ► N/A  The books are in care of ► RAYMOND T. DURAN  Telephone no. ► (209)	240_	6400	
14	The books are in care of ► RAYMOND T. DURAN  Located at ► 949 N. CENTER ST., SUITE A STOCKTON CA  Telephone no. ► (209)  ZIP+4 ► 95202	-132	7	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year	• •		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pari	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			İ
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	<ul><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes</li><li>(5) Transfer any income or assets to a disqualified person (or make any of either available for</li></ul>			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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?			
<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			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			<u> </u>
•	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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.)	<u> </u>		├──
4.	·	3b		<del>                                     </del>
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		×
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<del></del> _
			0-PF	(2018)
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Part	VII-B Statements Regarding Activ	ities for V	Vhich Form	4720	May Be R	equire	d (conti	nued)		-	
5a	During the year, did the foundation pay or in	cur any am	nount to:							Yes	No
	(1) Carry on propaganda, or otherwise atter	npt to influ	ence legislatio	on (sect	ion 4945(e	)? .	☐ Yes	⊠ No			
	(2) Influence the outcome of any specific p		ion (see sect	ion 495	5); or to ca	arry on,	•				
	directly or indirectly, any voter registration						☐ Yes	⊠ No			
	(3) Provide a grant to an individual for trave						☐ Yes	⊠ No			
	(4) Provide a grant to an organization other					ribed in	İ				
	section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No			
	(5) Provide for any purpose other than relig							_			
	purposes, or for the prevention of cruelty						∐Yes	⊠ No			
Ь	If any answer is "Yes" to 5a(1)–(5), did any							scribed			
	in Regulations section 53.4945 or in a current								5b		
_	Organizations relying on a current notice reg	_						▶⊔			
С	If the answer is "Yes" to question 5a(4), do										
	because it maintained expenditure responsi	=	_				∐ Yes	∐ No			
6-	If "Yes," attach the statement required by R					!					
6a	Did the foundation, during the year, receive on a personal benefit contract?	•	airectly or in	airectly	, to pay pre	miums	_	<b>▽</b>   M-			
<b>.</b>	·						∐ Yes	ຼ⊠ No ຼ	<u> </u>		
b	Did the foundation, during the year, pay pre If "Yes" to 6b, file Form 8870.	niums, aire	ectly or indire	cuy, on	a persona	beneti	i contract	. ·	6b		×
7a	At any time during the tax year, was the foundary	tion a north	to a probibitor	d tay ch	oltor transac	tion?	☐ Yes	⊠ No			
b	If "Yes," did the foundation receive any prod		•				_	_	7b		
8	Is the foundation subject to the section 496		•						15	<u> </u>	
•	remuneration or excess parachute payment							□No			
Part	VIII Information About Officers, D									ees.	
	and Contractors					<b>J</b>				•	
1	List all officers, directors, trustees, and fo	undation	managers ar	nd their	compens	ation. S	See instr	uctions	•		
	(a) Name and address		le, and average		mpensation		Contribution		(e) Expe		
	(a) Name and address	hou devo	irs per week ted to position	(If r	mpensation not paid, iter -0-)	emplo	Contribution byee benefit erred compe	plans		nse acc allowan	
BRIA	(a) Name and address AN SWANSON	hou devo	ted to position	(If r	ot paid,	emplo	yee benefit	plans ensation			ces
414	AN SWANSON W. LONGVIEW STOCKTON CA 95207	PRES	irs per week ted to position IDENT 0.00	(If r	ot paid,	emplo	yee benefit	plans			
414 JAN	AN SWANSON W. LONGVIEW STOCKTON CA 95207 IE REDDISH	PRES	IDENT  O.00  ETARY	(If r	not paid, iter -0-)	emplo	yee benefit	plans ensation 0.			0.
414 JAN 5989	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215	PRES	ITS per week ted to position  I DENT  0.00  ETARY  0.00	(If r	not paid, iter -0-)	emplo	yee benefit	plans ensation			ces
414 JAN 5989 RAYN	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN	PRES	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER	(If r	0 .	emplo	yee benefit	plans ensation 0.			0. 0.
414 JAN1 5989 RAYN 1640	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207	PRES	ITS per week ted to position  I DENT  0.00  ETARY  0.00	(If r	not paid, iter -0-)	emplo	yee benefit	plans ensation 0.			0.
414 JAN1 5989 RAYN 1640	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN	PRES	ITS per week led to position  IDENT  0.00  ETARY  0.00  SURER  0.00	(If r	0 . 0 .	emplo	yee benefit	O.  O.			0. 0.
414 JAN1 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement	PRES SECR TREA	In sper week led to position  IDENT  0.00  ETARY  0.00  SURER  0.00	(If r	0. 0.	emplo and def	oyee benefit	0. 0.	other	allowan	0. 0.
414 JAN1 5989 RAYN 1640	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emplement	PRES SECR TREA	In sper week led to position  IDENT  0.00  ETARY  0.00  SURER  0.00	(If r	0. 0.	emplo and def	oyee benefit	0. 0.	other	allowan	0. 0.
414 JAN1 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement	PRES SECR TREA	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  her than thos	(if r	0. 0.	emplo and def	oyee benefit erred compe	0. 0. 0. uctions	other	allowan	0. 0.
414 JAN: 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emplement	PRES SECR TREA	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0.	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN: 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."	PRES SECR TREA	Ins per week led to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  ner than those	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$1000000000000000000000000000000000000	PRES SECR TREA	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN: 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$1000000000000000000000000000000000000	PRES SECR TREA	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	TREA  oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$1000000000000000000000000000000000000	TREA  oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	TREA oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	TREA oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	TREA oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	TREA oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	TREA oyees (oth	ITS per week ted to position  IDENT  0.00  ETARY  0.00  SURER  0.00  0.00  The than those thours per week ted to position the	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter
414 JAN 5989 RAYN 1640 See	AN SWANSON  W. LONGVIEW STOCKTON CA 95207  IE REDDISH  9 E. FREMONT STOCKTON CA 95215  MOND T. DURAN  0 TYROL LANE STOCKTON CA 95207  Statement  Compensation of five highest-paid emple "NONE."  (a) Name and address of each employee paid more than \$2.500.	hou devo	In per week ted to position  I DENT  0.00  ETARY  0.00  SURER  0.00  Oner than those than those devoted to per	se inclusives	0. 0. 0. uded on li	emplo and def	see instr	0. 0. 0. uctions	other	one,	0. 0. 0. enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	er of others receiving over \$50,000 for professional services	0
Part IX-A	Summary of Direct Charitable Activities	T
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 GIV	E EDUCATIONAL SCHOLARSHIPS	
		0 000
2		8,000.
£		
3		
4		
	······································	
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
	gram-related investments. See instructions.	
3		
Total. Add I	nes 1 through 3	
	DEL/Grantus DDG	Form <b>990-PF</b> (2016

Part	see instructions.)	gn tour	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:  Average monthly fair market value of securities		
a	<del>-</del>	1a	271 152
b	Average of monthly cash balances	1b	371,152.
C	Fair market value of all other assets (see instructions)	1c	271 152
d	Total (add lines 1a, b, and c)	1d	371,152.
е			
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	221 150
3	Subtract line 2 from line 1d	3	371,152.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
_	instructions)	4	5,567.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	365,585.
6	Minimum investment return. Enter 5% of line 5	6	18,279.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► x and do not complete this part.)	oundati	ons
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	XII Qualifying Distributions (see instructions)	•	,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	8,000.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	8,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	er the foundation

Part	Undistributed Income (see instruction	ns)	<del>,</del>		
		(a) Corpus	(b) Years prior to 2017	<b>(c)</b> 2017	<b>(d)</b> 2018
1	Distributable amount for 2018 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2018:		-		
a	Enter amount for 2017 only				
b	Total for prior years: 20 , 20 , 20				· · ·
3	Excess distributions carryover, if any, to 2018:				
а	From 2013 0 .		ą.		
b	From 2014 0 .				
C	From 2015 64,000.				
d	From 2016 9,000.				
е	From 2017 12,000.				
f	Total of lines 3a through e	85,000.			
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$ 8,000.				
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
ď	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus	8,000.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	93,000.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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—see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see				
_	instructions			0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0
7	Amounts treated as distributions out of corpus				0
•	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 2013 not applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2019.				
40	Subtract lines 7 and 8 from line 6a	93,000.			
10_	Analysis of line 9:				
_	Excess from 2014				
b	Excess from 2015 64,000.				
C	Excess from 2016 9,000.				
d	Excess from 2017 12,000 . Excess from 2018				
•	FACESS FOR ZUIO	1			

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	7
1a	If the foundation has received a ruling foundation and the ruling is effective fo				_	
	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ction X 4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	<b>(b)</b> 2017	(c) 2016	<b>(d)</b> 2015	<u>`</u>
	each year listed	5,079.	4,431.	3,699.	3,878.	17,087.
	85% of line 2a	4,317.	3,766.	3,144,	3,296.	14,523.
С	Qualifying distributions from Part XII					
	line 4 for each year listed	8,000.	12,000.	9,000.	64,000.	93,000.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities.					
	Subtract line 2d from line 2c	8,000.	12,000.	9,000.	64,000.	93,000.
3	Complete 3a, b, or c for the	·		<u> </u>		•
	alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets	370,942.	371,363.	376,339.	378,881.	1,497,525.
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
_	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if th	ne foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-	-see instructior	ıs.)			
1	Information Regarding Foundation	Managers:				
	List any managers of the foundation of before the close of any tax year (but on NONE)					by the foundation
	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	or an equally la	rge portion of the
	ownership of a partnership or other en					.ge perment et mie
2	Information Regarding Contribution	n. Grant. Gift. Loa	n. Scholarship. e	tc Programs:		
	Check here ► ⊠ if the foundation unsolicited requests for funds. If the fromplete items 2a, b, c, and d. See in	only makes controundation makes	ibutions to presel	lected charitable		
а	The name, address, and telephone nu		dress of the person	n to whom applica	tions should be ac	ddressed:
b	The form in which applications should	d be submitted and	d information and	materials they sho	uld include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on aw factors:	vards, such as by	y geographical ar	eas, charitable fie	elds, kinds of ins	titutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year  UC DAVIS  ONE SHIELDS AVENUE  DAVIS CA 95616		NONE	SCHOLARSHIP FOR RICARDO NUNEZ	2,000.
UNIVERSITY OF CALIFORNIA, LOS ANGELES A-129J MURPHY HALL BOX 951435 LOS ANGELES CA 90095-1435		NONE	SCHOLARSHIP FOR JASMINE LOUIE	2,000.
UNIVERSITY OF CALIFORNIA, BERKLEY OFFICE OF THE REGISTRAR BERKELEY CA 94720		NONE	SCHOLARSHIP FOR BEN KERN	1,000.
SAN JOAQUIN DELTA COLLEGE 5151 PACIFIC AVENUE STOCKTON CA 95207		NONE	SCHOLARSHIP FOR SAMANTHA BELTRAN	1,000.
UNIVERSITY OF CALIFORNIA, SANTA BARBARA 5221 CHEADLE HALL SANTA BARBARA CA 93106 UNIVERSITY OF CALIFORNIA, FULLERTON		NONE	SCHOLARSHIP FOR LILY ORTIZ  SCHOLARSHIP FOR KRISTINA MATSUMOTO	1,000.
800 N STATE COLLEGE BLVD FULLERTON CA 92831		NONE	BUILDING TON INVESTIGATION OF	1,000.
Total			▶ 3a	0.000
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	· · · ·		8,000.
Total			<b>▶</b> 3b	

	gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	Program service revenue:					(Coo mondonono,
e Ł			-			
		-		_		
ì	· · · · · · · · · · · · · · · · · · ·		-			
•						
f						
ç	Fees and contracts from government agencies					
2 1	Nembership dues and assessments					
	nterest on savings and temporary cash investments					5,079.
	Dividends and interest from securities					
	let rental income or (loss) from real estate:		<u> </u>	<u> </u>		
<i>a</i>				ļ <u> </u>		
e t				-	-	
	let rental income or (loss) from personal property Other investment income			<del> </del>		
	cain or (loss) from sales of assets other than inventory			<del>                                     </del>		
	let income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
Ŀ				-		
c					· · · - · ·	
c						
e						
12 5	subtotal. Add columns (b), (d), and (e)					5,079.
40 -	otal. Add line 12, columns (b), (d), and (e)				13	5,079.
						3,0,5.
See w	orksheet in line 13 instructions to verify calculation	s.)		4 D		
See w Part	orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	•	•		
See w Part	orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	•	•		
See w Part Line I ▼	orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
See w Part Line I ▼	Torksheet in line 13 instructions to verify calculation  XVI-B  Relationship of Activities to the A  No.  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	s.) ccomplishm income is repo poses (other than	orted in column n by providing fun	(e) of Part XVI	-A contributed ir oses). (See instruc	
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Firm's address ▶

BAA

949 N. CENTER ST

STOCKTON

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		Cash Other assets .			 				· ·					1a(1) 1a(2)	-	×
b	(1)	er transactions: Sales of assets to												1b(1)		×
	(3) I (4) I	Purchases of asso Rental of facilities Reimbursement a Loans or loan gua	i, equipme irrangemer	nt, or othe	er assets								  	1b(2) 1b(3) 1b(4) 1b(5)		× × ×
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CA 95202-1327

SUITE A

Phone no. (209) 948-6400

Form **990-PF** (2018)

**Continuation Statement** KIWANIS CLUB OF STOCKTON FOUNDATION
Form 990-PF: Return of Private Foundation
Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account; other allowances
	TRUSTEE	•0	.0	0.
3711 WOOD DUCK CIRCLE	0.00			
STOCKTON, CA 95207				
E. URBAN ERNST	TRUSTEE	0	0.	0.
4 ATHERTON ISLAND	0.00			
STOCKTON, CA 95204				
	TRUSTEE	0	0	0
3532 LARCHMONT DRIVE	0.00			
Stockton, CA 95209				
SAM TOY	TRUSTEE	0	0	0.
NE.	0.00			
STOCKTON, CA 95219				
RON ABBOTT	TRUSTEE	0.	0	0.
1335 LENCOE DR.	00.00			
STOCKTON, CA 95210				
	TRUSTEE	0	0	0
SEA	0.00			
LODI, CA 95240				
KRISTINE GIBSON	TRUSTEE	0	0.	.0
2215 DEL RIO DRIVE	00.00			
STOCKTON, CA 95204				
		0	0	0.

# Additional information from your Form 990-PF: Return of Private Foundation

## Form 990-PF: Return of Private Foundation

## Taxes

**Continuation Statement** 

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FRANCHISE TAX BOARD	10.			
SECRETARY OF STATE	0.			
Total	10.			

## Form 990-PF: Return of Private Foundation

## **Other Expenses**

### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
AWARDS	417.			
BANK CHARGES	0.			
LUNCHES/DINNERS	315.	/		
Total	732.			