Department of the Treasury
Return of Private Foundation

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

For calendar year 2017 or tax year beginning
2017, and ending
Name of foundation

| Number and street (or P.O. box number if mail is not delivered to street address) |  |  | Room/suite |
| :---: | :---: | :---: | :---: |
| 625 FAIR OAKS AVENUE, STE 360 |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code |  |  |  |
| SOUTH PASADENA, CA 91030 |  |  |  |
| G Check all that apply: | Initial return <br> Final return <br> Address change | Initial return of a former public charity Amended return Name change |  |
|  |  |  |  |  |
|  |  |  |  |  |


| Number and street (or P.O. box number if mail is not delivered to street address) |  |  | Room/suite |
| :---: | :---: | :---: | :---: |
| 625 FAIR OAKS AVENUE, STE 360 |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code |  |  |  |
| SOUTH PASADENA, CA 91030 |  |  |  |
| G Check all that apply: | Initial return <br> Final return <br> Address change | Initial return of a former public charity Amended return Name change |  |
|  |  |  |  |  |
|  |  |  |  |  |

625 FAIR OAKS AVENUE, STE 360
City or town, state or province, country, and ZIP or foreign postal code

SOUTH PASADENA, CA 91030
G Check all that apply:

Initial return of a former public charity Amended return Name change
H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust $\quad$ Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$

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).)

|  | 1 | Contributions, gifts, grants, etc., received (attach schedule) |
| :--- | :--- | :--- |
| if the foundation is not required to |  |  |
| attach Sch. |  |  |.

Open to Public Inspection
A Employer identification number

95-4556814
B Telephone number (see instructions)
(626) 441-5188
C If exemption application is
pending, check here. . . . . . . .
E If private foundation status was terminated
under section $507(\mathrm{~b})(1)(\mathrm{A})$, check here .

F If the foundation is in a 60-month termination $\square$ under section 507(b)(1)(B), check here . $\square$

| (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes <br> (cash basis only) |
| :---: | :---: | :---: | :---: |
| 3,000,063. |  |  |  |
|  |  |  |  |
| 1,035. | 1,035. |  | ATCH 1 |
| 50,584. | 50,584. |  | ATCH 2 |
|  |  |  |  |
|  |  |  |  |
| 379,193. |  |  |  |
|  |  |  |  |
|  | 2,817,464. |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 2,637. |  |  |
| 3,430,875. | 2,871,720. |  |  |
| 0. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1,500. |  |  | 1,500 |
| 15,900. | 3,975. |  | 11,925 |
| 100,000. | 63,636. |  | 36,364 |
|  |  |  |  |
| 38,395. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 182. |  |  | 182 |
|  |  |  |  |
| 2,253. |  |  | 2,253 |
| 158,230. | 67,611. |  | 52,224 |
| 2,109,941. |  |  | 3,932,000. |
| 2,268,171. | 67,611. | 0. | 3,984,224. |
| 1,162,704. |  |  |  |
|  | 2,804,109. |  |  |
|  |  |  |  |



## 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).
2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) ATCH 16
Add lines 1, 2, and 3
Decreases not included in line 2 (itemize)
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

|  |  |
| ---: | ---: |
| $\mathbf{1}$ | $-663,733$ |
| $\mathbf{2}$ | $1,162,704$ |
| $\mathbf{3}$ | 241,133 |
| $\mathbf{4}$ | 740,104 |
| $\mathbf{5}$ |  |
| $\mathbf{6}$ |  |.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)

|  |  |  |
| :--- | :--- | :--- |
| $\mathbf{1} \mathbf{a}$ SEE | PART IV SCHEDULE |  |
| $\mathbf{b}$ |  |  |
| $\mathbf{c}$ |  |  |
| $\mathbf{d}$ |  |  |
| $\mathbf{e}$ |  |  |


| (e) Gross sales price | (f) Depreciation allowed <br> (or allowable) | (g) Cost or other basis <br> plus expense of sale |
| :---: | :---: | :---: |
| $\mathbf{a}$ |  |  |
| $\mathbf{b}$ |  |  |
| $\mathbf{c}$ |  |  |
| $\mathbf{d}$ |  |  |
| $\mathbf{e}$ |  |  |


| (b) How <br> acquired <br> P-Purchase <br> D-Donation | (c |  |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |


| (i) FMV as of $12 / 31 / 69$ | (j) Adjusted basis <br> as of $12 / 31 / 69$ | (k) Excess of col. (i) <br> over col. (j), if any |
| :--- | :--- | :--- |
| a |  |  |
| b |  |  |
| c |  |  |
| d |  |  |
| e |  |  |

2 Capital gain net income or (net capital loss) $\left\{\begin{array}{c}\text { If gain, also enter in Part I, line } 7 \\ \text { If (loss), enter -0- in Part I, line } 7\end{array}\right\}$
3 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

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)
If section 4940(d)(2) applies, leave this part blank.
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.
1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.


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

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

1a Exempt operating foundations described in section 4940(d)(2), check here $>\quad$ and enter "N/A" on line 1. . . . ) Date of ruling or determination letter: $\qquad$ (attach copy of letter if necessary - see instructions)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here $-X$ 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-)
3 Add lines 1 and 2
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter $-0-$ )
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 -
6 Credits/Payments:
a 2017 estimated tax payments and 2016 overpayment credited to 2017.
b Exempt foreign organizations - tax withheld at source
c Tax paid with application for extension of time to file (Form 8868).
d Backup withholding erroneously withheld

| $\mathbf{6 a}$ | $40,995$. |
| :---: | :---: |
| $\mathbf{6 b}$ |  |
| $\mathbf{6 c}$ | $7,500$. |
| 6 |  |

7 Total credits and payments. Add lines 6a through 6d
6d
8 Enter any penalty for underpayment of estimated tax. Check here $\square$ if Form 2220 is attached
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid
20,454



## Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?.
b Did it spend more than $\$ 100$ during the year (either directly or indirectly) for political purposes? See the instructions for the definition
If the answer is "Yes" to $\mathbf{1 a}$ or $\mathbf{1 b}$, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.
c Did the foundation file Form 1120-POL for this year?

|  | Yes | No |
| :---: | :---: | :---: |
| 1a |  | X |
| 1b |  | X |
| 1 c |  | X |
| 2 |  | X |
| 3 |  | X |
| 4a |  | X |
| 4b |  |  |
| 5 |  | X |
| 6 | X |  |
| 7 | X |  |
| 8b | X |  |
| 9 |  | X |
| 10 |  | X |

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

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," attach schedule. See instructions
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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

|  | Yes | No |
| :---: | :---: | :---: |
| 11 |  | $X$ |
| 12 |  | $X$ |
| 13 | $X$ |  | Website address $\quad \mathrm{N} / \mathrm{A}$

14 The books are in care of WHITTIER TRUST COMPANY Telephone no. 626-441-5188 Located at $\quad 625$ FAIR OAKS AVENUE, STE 360 SOUTH PASADENA, CA ZIP+4 91030
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 .

15
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?.
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?.

(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)?
 $\begin{array}{llll} & \text { Yes } & \text { Y } & \text { No } \\ & \text { Yes } & X & \text { No } \\ X & \text { Yes } & & \\ & & \text { No }\end{array}$ 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 $1 \mathrm{a}(1)-(6)$, 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 Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? . $\square$ Yes If "Yes," list the years
b Are there any years listed in 2 a for which the foundation is not 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.)
 c If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in $2 a$, list the years here. $>$
3a Did the foundation hold more than a $2 \%$ direct or indirect interest in any business enterprise at any time during the year? $\square$ Yes
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5 -year period (or longer period approved by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the $10-15$-, or 20 -year first phase holding period? (Use Schedule C, Form 4720 , to determine if the foundation had excess business holdings in 2017.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017 ?


|  | Yes | No |
| :---: | :---: | :---: |
| 16 |  | $X$ |
|  |  |  |

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

5a During the year, did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
 X No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
$\qquad$ . . . . . . . . . .Yes
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions $\qquad$ . . . . . . . . . . . . . . . . . . . . . . . . . .
 Yes

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? $\square$ Yes

b If any answer is "Yes" to 5 a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here - $\square$
c If the answer is "Yes" to question $5 a(4)$, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? $\qquad$ Yes
 No If "Yes," attach the statement required by Regulations section $53.4945-5(\mathrm{~d})$.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? $\qquad$ ear, pay premiums directly or indirectly on a personal benefit contract?
$\qquad$ Yes

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?. $\square$ Yes $\quad \mathrm{X}$ No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?.

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions.

| (a) Name and address | (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 |
| :---: | :---: | :---: | :---: | :---: |
| ATCH 17 |  | 0. | 0. | 0. |
| - |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

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

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## 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 |
| :--- | :---: | :---: |
| ATCH 18 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total number of others receiving over $\$ 50,000$ for professional services $\ldots \ldots 00$ |  |  |

## Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| :---: | :---: |
| 1 N/A |  |
| 2 |  |
| 3 |  |
| 4 |  |
| Part IX-B Summary of Program-Related Investments (see instructions) |  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 . | Amount |
| 1 NONE |  |
| 2 |  |
| All other program-related investments. See instructions. <br> 3 $\qquad$ |  |
| Total. Add lines 1 through 3................................................ |  |

## Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

 see instructions.)| a | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <br> Average monthly fair market value of securities . | 1a | 3,555,230. |
| :---: | :---: | :---: | :---: |
| b | Average of monthly cash balances. | 1b | 199,797. |
| c | Fair market value of all other assets (see instructions). | 1c | 10,956. |
| d | Total (add lines 1a, b, and c) | 1d | 3,765,983. |
|  | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) |  |  |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 |  |
| 3 | Subtract line 2 from line 1d | 3 | 3,765,983. |
|  | Cash deemed held for charitable activities. Enter $1 \quad 1 / 2 \%$ of line 3 (for greater amount, see instructions). | 4 | 56,490. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,709,493. |
| 6 | Minimum investment return. Enter 5\% of line 5 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 6 | 185,475. |

## Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations

 and certain foreign organizations, check here $\square$ and do not complete this part.)

## Part XII Qualifying Distributions (see instructions)

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

Part XIII Undistributed Income (see instructions)
1 Distributable amount for 2017 from Part XI, line 7
2 Undistributed income, if any, as of the end of 2017
a Enter amount for 2016 only
b Total for prior years: 20 15
,20 14 2013
3 Excess distributions carryover, if any, to 2017:
a From 2012 . . . . . $\quad 351,112$.
b From 2013 . . . . . $\quad 994,559$.
c From 2014 . . . . . . $\quad 2,265,434$
d From 2015 . . . . . $\quad 2, ~ 2,664,413$.
f Total of lines 3 a through e
e. .

4 Qualifying distributions for 2017 from Part XII, line 4: $\qquad$ 3,984,224.
a Applied to 2016, but not more than line 2a . . .
b Applied to undistributed income of prior years (Election required - see instructions)
c Treated as distributions out of corpus (Election required - see instructions)
d Applied to 2017 distributable amount.
e Remaining amount distributed out of corpus.
5 Excess distributions carryover applied to 2017 (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:
a Corpus. Add lines 3 f, 4 c , and 4 e . Subtract line 5
b Prior years' undistributed income. Subtract line 4b from line 2b.
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed
d Subtract line 6c from line 6b. Taxable amount - see instructions.
e Undistributed income for 2016. Subtract line 4 a from line 2a. Taxable amount - see instructions
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1 . This amount must be distributed in 2018
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or $4942(\mathrm{~g})(3)$ (Election may be required - see instructions)
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . . . .
10 Analysis of line 9:
a Excess from 2013
b Excess from 2014
. .

| $994,559$. |
| ---: |
| $2,265,434$. |
| $2,664,413$. |
| $2,257,295$. |
| $3,826,790$. |


| (a) Corpus | (b) <br> Years prior to 2016 | $\begin{gathered} \text { (c) } \\ 2016 \end{gathered}$ | $\begin{gathered} \text { (d) } \\ 2017 \end{gathered}$ |
| :---: | :---: | :---: | :---: |
|  |  |  | 157,434. |
|  |  |  |  |
|  |  |  |  |
| 8,532,813. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | 157,434. |
| 3,826,790. |  |  |  |
|  |  |  |  |
| 12,359,603. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 351,112. |  |  |  |
| 12,008,491. |  |  |  |
|  |  |  |  |

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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)
$1 \mathbf{a}$ If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling
b Check box to indicate whether the foundation is a private operating foundation described in section $\quad$ 等
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. . . . . . . .
b $85 \%$ of line 2 a
c Qualifying distributions from Part XII, line 4 for each year listed
d Amounts included in line 2 c not used directly for active conduct of exempt activities . . . . .
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c
3 Complete 3a, b, or c for the alternative test relied upon:
a "Assets" alternative test - enter:
(1) Value of all assets. . . .
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .
b "Endowment" alternative testenter $2 / 3$ of minimum investment return shown in Part X , line 6 for each year listed . . .
C "Support" alternative test - enter:
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . .
(2) Support from general public and 5 or more exempt organizations as exempt organizations as
provided in section 4942 (j)(3)(B)(iii)
(3) Largest amount of support from an exempt organization. . . . . .
(4) Gross investment income .

## Part XV Supplementary Information (Complete this part only if the 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).)

## LAURE L. WOODS

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.

## NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here $X$ 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


| Part XVI-A Analysis of Income-Producing Activities |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Enter gross amounts unless otherwise indicated. | Unrelated business income |  | Excluded by section 512, 513, or 514 |  | (e) <br> Related or exempt function income (See instructions.) |
|  | $\begin{gathered} \text { (a) } \\ \text { Business code } \end{gathered}$ | (b) Amount |  | $\begin{gathered} \text { (d) } \\ \text { Amount } \end{gathered}$ |  |
| 1 Program service revenue: <br> a |  |  |  |  |  |
|  |  |  |  |  |  |
| c |  |  |  |  |  |
| d |  |  |  |  |  |
| e |  |  |  |  |  |
| $f$ |  |  |  |  |  |
| g Fees and contracts from government agencies |  |  |  |  |  |
| 2 Membership dues and assessments . . . . |  |  |  |  |  |
| 3 Interest on savings and temporary cash investments. |  |  | 14 | 1,035. |  |
|  |  |  | 14 | 50,584. |  |
| 4 Dividends and interest from securities .... <br> 5 Net rental income or (loss) from real estate: |  |  |  |  |  |
| a Debt-financed property $\qquad$ |  |  |  |  |  |
| b Not debt-financed property . . . . . . . . |  |  |  |  |  |
|  |  |  |  |  |  |
| 6 Net rental income or (loss) from personal property |  |  |  |  |  |
| 8 Gain or (loss) from sales of assets other than inventory |  |  | 18 | 379,193. |  |
| 9 Net income or (loss) from special events . . . |  |  |  |  |  |
| 10 Gross profit or (loss) from sales of inventory . . |  |  |  |  |  |
| 11 Other revenue: a |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| d |  |  |  |  |  |
| e |  |  |  |  |  |
| 12 Subtotal. Add columns (b), (d), and (e) |  |  |  | 430,812. |  |
| 13 Total. Add line 12, columns (b), (d), and (e) . . (See worksheet in line 13 instructions to verify calc | culations.) |  |  |  | 430,812. |

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

| Line No. <br> $\boldsymbol{\nabla}$ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the <br> accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
| :---: | :--- |
|  |  |
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|  |  |

7E1492 1.000

## Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501 (c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| $1 a(1)$ |  | $X$ |
| $1 a(2)$ |  | $X$ |
| $1 b(1)$ |  | $X$ |
| $1 b(2)$ |  | $X$ |
| $1 b(3)$ |  | $X$ |
| $1 b(4)$ |  | $X$ |
| $1 b(5)$ |  | $X$ |
| $1 b(6)$ |  | $X$ |
| $1 c$ |  | $X$ |

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
| :--- | :--- | :--- | :--- |
|  | N/A |  | $\mathrm{N} / \mathrm{A}$ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 ?
 b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |


|  Under <br> correc <br> Cign <br> Here  | 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 (ather than_taxpayer) is based_on_all.jnformation of which preparer has any knowledge. $\rightarrow$ TAXPAYER'S COPY <br> May the $\mathbb{R S}$ discuss this return with the preparer shown below? <br> Signature of officer or trustee <br> Date <br> Title $\square$ Yes $\square$ No |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Paid <br> Preparer <br> Use Only | Print/Type prepar STEPHANIE | rer's name WILKINSON |  |  | Date |  | Check $\square$ if self-employed |  | $23161$ |
|  | Firm's name | - HOLTHOUSE | IN |  |  | Firm's EIN | EIN 95- | 345 | 526 |
|  | Firm's address | 3011 TOWN <br> WESTLAKE |  | $91361$ |  | Phone no | no. 805-3 | 74 | 8555 |

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME


JSA
7E1730 1.000

Organization type (check one):


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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

$\square$ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $331 / 3 \%$ support test of the regulations under sections $509(\mathrm{a})(1)$ and $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{vi})$, that checked Schedule A (Form 990 or $990-E Z$ ), Part II, line 13, 16a, or 16 b , 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 exc/usively 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
\$ $\qquad$
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, $990-E Z$, or $990-\mathrm{PF}$ ), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 | LAURE L. WOODS <br> 625 FAIR OAKS AVENUE, STE 360 SOUTH PASADENA, CA 91030 | \$ 3,000,063. | Person <br> Payroll Noncash <br> (Complete Part II for noncash contributions.) |
| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ |  Person <br> Payroll <br> Noncash $\square$ |


|  |  |
| :---: | :---: |
|  |  |
| (a) | (b) |
| No. | Name, address, and ZIP + 4 |
|  |  |



| (a) | (b) |
| :---: | :---: |
| No. | Name, address, and ZIP +4 |
|  |  |
|  |  |

$\square \longrightarrow$
(a) No.
(b)

Name, address, and ZIP + 4
\$ Noncash
(Complete Part II for noncash contributions.)
(d)

Type of contribution

|  |  |
| :--- | :--- |
| Person | $\square$ |
| Payroll | $\square$ |
| Noncash | $\square$ |

(Complete Part II for noncash contributions.)
(d)

Type of contribution

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)
(d)

## Type of contribution

Person
Payroll
Noncash

(Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.


## Part III Exclusively 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 exclusively religious, charitable, etc., contributions of $\$ 1,000$ or less for the year. (Enter this information once. See instructions.) \$
Use duplicate copies of Part III if additional space is needed.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee
$\square$
$\square$
(Rev. January 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6 -month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities \& Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Enter filer's identifying number, see instructio |  |  |  |
| :---: | :---: | :---: | :---: |
| Type or print | Name of exempt organization or other filer, see instructions. <br> LAUREL FOUNDATION | Employer identification number (EIN) or$95-4556814$ |  |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O. box, see instructions. 625 FAIR OAKS AVENUE, STE 360 | Social security number (SSN) |  |
| return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTH PASADENA, CA 91030 |  |  |
| Enter the | Code for the return that this application is for (file a separate applicatio |  |  |


| Application <br> Is For | Return <br> Code | Application <br> Is For | Return <br> Code |
| :--- | :---: | :--- | :---: |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

WHITTIER TRUST COMPANY

- The books are in the care of 625 FAIR OAKS AVENUE, STE 360 SOUTH PASADENA CA 91030

Telephone No. 626 441-5188
Fax No.

- If the organization does not have an office or place of business in the United States, check this box $\qquad$
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) $\qquad$ If this is for the whole group, check this box . . . . . $\square$. If it is for part of the group, check this box $\qquad$ and attach a list with the names and EINs of all members the extension is for.
1 I request an automatic 6-month extension of time until_______11/15_,2018_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- X
calendar year 2017 or
- tax year beginning $\qquad$ 20 _ _ _, and ending 20 _ _ _.

2 If the tax year entered in line 1 is for less than 12 months, check reason: $\square$ Initial return $\square$ Final return $\square$ Change in accounting period
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

|  |  |  |  |
| :---: | :---: | :---: | :---: |
|  | $3 \mathbf{a}$ | $\$$ | $48,495$. |
|  | $3 \mathbf{b}$ | $\$$ | $40,995$. |
|  | $3 \mathbf{c}$ | $\$$ | $7,500$. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.
For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Form 8868 (Rev. 1-2017)


|  | $95-4556814$ |
| :--- | :--- |
| ATTACHMENT 2 |  |



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| － $789^{\prime} 09$ |  |
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| $95-4556814$ |  |
| :--- | :--- |
| ATTACHMENT 3 |  |



[^0]| ATTACHMENT 4 95－4556814 |
| :--- |



DESCRIPTION
LEGAL FEES




|  | $\begin{aligned} & { }_{6}^{2} \\ & \mathbf{n} \\ & 6 \\ & \mathbf{n} \end{aligned}$ |
| :---: | :---: |




DESCRIPTION

FEDERAL EXCISE TAXES

> | REVENUE |
| :---: |
| AND |
| EXPENSES |
| PER BOOKS |

38,395 .
TOTALS
$38,395$.

|  | $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ |
| :---: | :---: |

2017 FORM 990－PF


| BEGINNING |
| :--- |
| BOOK VALUE |

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| ATTACHMENT 10 <br> ENDING <br> BOOK VALUE | ENDING <br> FMV |
| ---: | ---: |
| $50,000$. |  |

2017 FORM 990－PF
$\underline{\underline{\text { FORM 990PF，PART II－U．S．AND STATE OBLIGATIONS }}}$

| BEGINNING |
| :--- |
| BOOK VALUE |

$\begin{array}{r}150,160 . \\ \hline 150,160 .\end{array}$

DESCRIPTION

| 7,864 | SHS SPDR S\＆P 500 | $1,250,874$. |
| :--- | :--- | ---: |
| 1,830 SHS ISHARES INC CORE MSC | $23,135$. |  |
| 3,445 SHS VGRD EUROPE ETF | $20,854$. |  |
| 1,404 SHS ISHARES RUSSELL 2000 | $471,436$. |  |
| 78 SHS MIDCAP SPDR TR UNIT | $103,493$. |  |
| 10,798 SHS ISHS RUSSELL 1000 | $1,132,710$. |  |
| 533 SHS POWERSHARES QQQ TRUST |  |  |

$\underline{\underline{\text { ATTACHMENT } 12}}$

$$
\begin{gathered}
\overline{96 L^{\prime} 6 \varepsilon} \\
\frac{96 L 6 \varepsilon}{\overline{\text { ANJ }}} \\
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\end{gathered}
$$

$\frac{96 L^{\prime} 6 \varepsilon}{96 L^{1} 6 \varepsilon}$
$\frac{\text { H月TVA MOOG }}{\text { DNIGN＇H }}$

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| :---: | :---: |
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| ENDING | ENDING |
| BOOK VALUE | FMV |

$96 L^{\prime} 6 \varepsilon$
$\cdot 96 L^{\prime} 6 \varepsilon$

| BEGINNING |
| ---: |
| BOOK VALUE |
| $114,436$. |
| $114,436$. |

FORM 990PE，PART II－CORPORATE BONDS

| LAUREL FOUNDATION | 2017 FORM 990－PF |
| :---: | :---: |
| FORM 990PF，PART II－OTHER INV |  |
| DESCRIPTION | BEGINNING <br> BOOK VALUE |
| WHITTIER VALUE FUND | 208，482． |
| WHITTIER INTERNATIONAL FUND A | 142，526． |
| TOTALS | 351，008． |

ENDING

BOOK VALUE $\quad$| $243,558$. |
| ---: |
| $175,461$. |
| $419,019$. |



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FORM 990PE, PART II - OTHER LIABILITIES
DESCRIPTION

| BEGINNING | ENDING |
| :--- | :---: |
| BOOK VALUE | BOOK VALUE |

ACCRUED EXPENSES
DEFERRED EXCISE TAXES
FEDERAL EXCISE TAXES

8,333.
20,900.
8,333.
13,494.
798.

TOTALS
29,233. $22,625$.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

UNREALIZED GAIN ON INVESTEMENTS 241,133.
TOTAL
241,133.

95－4556814
ATTACHMENT 17



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LAUREL FOUNDATION 2017 FORM 990－PF
FORM 990PF，PART VIII－LIST OF OFFICERS，DIRECTORS，AND TRUSTEES
LAUREL FOUNDATION 2017 FORM 990－PF
FORM 990PF，PART VIII－LIST OF OFFICERS，DIRECTORS，AND TRUSTEES
NAME AND ADDRESS
LAURE L．WOODS
625 FAIR OAKS AVENUE，STE 360
SOUTH PASADENA，CA 91030
VIRGINIA L．SJOBERG
625 FAIR OAKS AVENUE，STE 360
SOUTH PASADENA，CA 91030
PEGINE E．GRAYSON
625 FAIR OAKS AVENUE，STE 360
SOUTH PASADENA，CA 91030

TYPE OF SERVICE

PHILANTHROPIC SVCS. 100,000.

WHITTIER TRUST COMPANY
625 FAIR OAKS AVENUE, SUITE 360 SOUTH PASADENA, CA 91030
$100,000$.

|  | Attachment 19 |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| PROGRAM SUPPORT－ON－CAMPUS MENTAL HEALTH ASSESSMENTS AND COUNSELING． | 15，000． |
| TO SUPPORT THE EXPANDED LEARNING TIME AT HOOVER COMMUNITY SCHOOL． | 75，000． |
| EAStSIde Scholarship program． | 58，000． |
| Learning and engagement strategy． | 50，000． |
| general operating support． | 450，000． |
| general operating and program support and | 579，000． |
| engagement with patient talk to produce video |  |
| SERIES ON LYME disease． |  |

RECIPIENT NAME AND ADDRESS
ADOLESCENT COUNSELING SERVICES
643 BAIR ISLAND ROAD，SUITE 301
REDWOOD CITY，CA 94063
BOYS AND GIRLS CLUB OF THE PENINSULA
401 PIERCE ROAD
MENLO PARK，CA 94025
EASTSIDE COLLEGE PREPARATORY SCHOOL
1041 MYRTLE STREET
EAST PALO ALTO，CA 94303
MARINE MAMMAL CENTER
2000 BUNKER ROAD，FORT CRONKHITE
SAUSALITO，CA 94965
ICE911 RESEARCH CORPORATION
325 SHARON PARK DRIVE，\＃632
MENLO PARK，CA 94025
LYMELIGHT FOUNDATION
1229 BURLINGAME AVENUE，SUITE 205
BURINGME 94010

| ATTACHMENT 19 （CONT＇D） |  |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| CApital Campaign support． | 70，000． |
| KIDS \＆HORSES EDUCATION PROGRAM－OPERATIONAL <br> EXPENSES AND CAPITAL IMPROVEMENTS． | 50，000． |
| general operating support． | 5，000． |
| general operating support． | 10，000． |
| higher education scholarships for seventeen young SOUTH SUDANESE WOMEN IN EAST AFRICA． | 50，000． |
| general operating and development support． | 175，000． |

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NONE
PC
RECIPIENT NAME AND ADDRESS
FRIENDS OF PALO ALTO JUNIOR MUSEUM \＆ZOO
1451 MIDDLEFIELD ROAD
PALO ALTO，CA 94301
VICTORY RANCH INC．
5951 GARCES AVENUE
SAN JOSE，CA 95123
AUTRY MUSEUM OF THE AMERICAN WEST
4700 WESTERN HERITAGE WAY
LOS ANGELES，CA 90027
GRASSROOTS ECOLOGY
3921 E．BAYSHORE ROAD
PALO ALTO，CA 94303
MERCY BEYOND BORDERS
1885 DE LA CRUZ BLVD，STE． 101
SANTA CLARA，CA 95050
TEAM GIVING
P． 0 ．BOX $510 ~ 9244$ OLD NEW CASTLE HIGHWAY
NEWCASTLE，CA 95658

| PURPOSE OF GRANT OR CONTRIBUTION | ATTACHMENT 19 （CONT＇D） |  |
| :---: | :---: | :---: |
|  |  | AMOUNT |
| NATURE VAN PROGRAM． |  | 10，000． |
| AT－RISK YOUTH PROGRAMS． |  | 20，000． |
| TO SUPPORT IGNITE＇S NATIONAL EXPANSION P | PROJECT． | 100，000． |
| AnIMOBILE \＆THERAPEUTIC RIDING PROJECTS． |  | 50，000． |
| TEEN MENTAL HEALTH InItiAtive． |  | 40，000． |
| DEFENDING WOMEN＇S LABOR RIGHTS IN THE GA | GARMENT | 50，000． |
| INDUSTRY． |  |  |

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WILDLIFE ASSOS 3098
HALF MOON BAY，CA 94019
IGNITE
510 16TH STREET
HELEN WOODWARD ANIMAL CENTER
RANCHO SANTA FE，CA 92067
CHILDREN＇S HEALTH COUNCIL
650 CLARK WAY
HUMAN RIGHTS WATCH
350 FIFTH AVE．， 34 TH FLOOR
NEW YORK，NY 10118

|  | ATTACHMENT 19 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| BRING MINDFUL EDUCATION TO CHILDREN IN SILICON VALLEY． | 25，000． |
| EXTENDING IMPACT：EMPOWERING A GENERATION OF YOUNG LEADERS． | 50，000． |
| CONSTRUCTION OF THE WINDMILL SCHOOL AND FAMILY EDUCATION CENTER． | 2，000，000． |
| total contributions paid | 3，932，000． |


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RECIPIENT NAME AND ADDRESS
SILICON VALLEY URBAN DEBATE LEAGUE SOBRATO CENTER FOR NONPROFITS 502 VALLEY WAY
MILPITAS，CA 95035
240 MONROE DRIVE，\＃307
MOUNTAIN VIEW，CA 94040
PORTOLA VALLEY，CA 94028
SEPTEMBERS MISSION FOUNDATION
240 MONROE DRIVE，\＃307 502 VALLEY WAY
WINDMILL SCHOOL

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RECIPIENT NAME AND ADDRESS
LYMELIGHT FOUNDATION
1229 BURLINGAME AVENUE，SUITE 205
1229 BURLINGAME AVENU．
BURLINGAME，CA 94010
EASTSIDE COLLEGE PREPARATORY SCHOOL 1041 MYRTLE STREET
EAST PALO ALTO，CA 94303
ICE911 RESEARCH CORPORATION 325 SHARON PARK DRIVE，\＃632
MENLO PARK，CA 94025
MERCY BEYOND BORDERS
1885 DE LA CRUZ BLVD，STE 101
SANTA CLARA，CA 95050
WINDMILL SCHOOL
PORTOLA VALLEY，CA 94028
ENVIRONMENTAL VOLUNTEERS
2560 EMBARCADERO ROAD
PALO ALTO，CA 94303
LATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

| ATTACHMENT 20 （CONT＇D） |  |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| girls learn international program． | 25，000． |
| DEFENDING WOMEN＇S LABOR RIGHTS IN THE GARMENT INDUSTRY． | 150，000． |
| GENERAL OPERATING SUPPORT TOWARDS IGNITE CONTINUED NATIONAL EXPANSION． | 100，000． |
| general operating support． | 20，000． |
| Youth violence prevention education and LeADERSHIP TRAINING． | 20，000． |
| total contributions approved | 2，596，000． |

ELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT
罢
囩
NONE
PC
NONE
PC
NONE
PC
HUMAN RIGHTS WATCH
10118
RAVENSWOOD FAMILY HEALTH CENTER
1885 BAY ROAD
Youth Alive！
OAKLAND，CA 94609

FEDERAL ELECTIONS

DESCRIPTION: ELECTION TO AMORTIZE BOND PREMIUM

FORM \& LINE/INSTRUCTION REFERENCE: FORM 990-PF, PAGE 1, PART I, LINE 3

REGULATION REFERENCE: IRC SECTION $171(C)$

LAUREL FOUNDATION HEREBY ELECTS UNDER SECTION $171(C)$ OF THE INTERNAL REVENUE CODE TO AMORTIZE BOND PREMIUM PURSUANT TO TREASURY REGULATION 1.171-4 (A).

| 2220 | Underpayment of Estimated Tax by Corporations <br> - Attach to the corporation's tax return. <br> Go to www.irs.gov/Form2220 for instructions and the latest information. |  | OMB No. 1545-0123 |
| :---: | :---: | :---: | :---: |
| Department of the Treasury Internal Revenue Service |  |  | Q(0) 17 |
| Name ${ }^{\text {LAUREL }}$ FOUND |  | Employer identification number$95-4556814$ |  |
|  |  |  |  |  |  |

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2 , line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

## Part I Required Annual Payment

| 1 | Total tax (see instructions) | 1 | 28,041. |
| :---: | :---: | :---: | :---: |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line $1 . . \quad$ 2a |  |  |
| b | Look-back interest included on line 1 under section 460 (b)(2) for completed long-term contracts or section $167(\mathrm{~g})$ for depreciation under the income forecast method. |  |  |
| c | Credit for federal tax paid on fuels (see instructions) . . . . . . . . . . . . . 2 2c |  |  |
| d | Total. Add lines 2a through 2c. | 2d |  |
| 3 | Subtract line 2d from line 1. If the result is less than $\$ 500$, do not complete or file this form. The corporation doesn't owe the penalty. | 3 | 28,041. |
| 4 | Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line $\mathbf{3}$ on line 5 . | 4 | 12,960. |
| 5 | Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 12,960. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.
$6 \quad$ Ine corporation is using the adjusted seasonal installment method.
7 The corporation is using the annualized income installment method.
8 X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . . . . . .
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7 ) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter $25 \%$ ( 0.25 ) of line 5 above in each column.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.
Complete lines 12 through 18 of one column before going to the next column.
12 Enter amount, if any, from line 18 of the preceding column . . .
13 Add lines 11 and 12 . . . . . . . . . . . .
14 Add amounts on lines 16 and 17 of the preceding column
15 Subtract line 14 from line 13. If zero or less, enter -0- . .
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-
17 Underpayment. If line 15 is less than or equal to line 10 , subtract line 15 from line 10 . Then go to line 12 of the next column. Otherwise, go to line 18 .
18 Overpayment. "If line ${ }^{\prime} 0^{\prime}$ is less than line ${ }^{\prime} 15$, subtract line 10 from line 15 . Then go to line 12 of the next column . . . . . . . . . . . .

|  | (a) | (b) | (c) | (d) |
| :---: | :---: | :---: | :---: | :---: |
| 9 | 05/15/2017 | 06/15/2017 | 09/15/2017 | 12/15/2017 |
| 10 | 3,240. | 10,781. | 7,010. | 7,010. |
| 11 | 35,995. |  |  | 5,000. |
| 12 |  | 32,755. | 21,974. | 14,964. |
| 13 |  | 32,755. | 21,974. | 19,964. |
| 14 |  |  |  |  |
| 15 | 35,995. | 32,755. | 21,974. | 19,964. |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 | $32,755$. | 21,974. | 14,964. |  |

## Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line $\mathbf{1 7}$ - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.
Form $2 \mathbf{2 2 0 ( 2 0 1 7 )}$
JSA
7X8006 2.000

Part IV Figuring the Penalty

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.


[^0]:    NET INCOME FROM PARTNERSHIPS

