## **Return of Private Foundation**

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

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.

For	caler	dar year 2017 or tax year beginning	ng		, 2017	7, and o	ending		. 20		
Nam	e of four	ndation			-		<del></del>	r identification number			
Jim	H FF L	IOUSE, INC						95-4395024			
		street (or P.O. box number if mail is not delive	red to street address)		Room	/suite	B Telephon	e number (see instructi	ions)		
				1				-	··-,		
	BOX 20	AU93 state or province, country, and ZIP or foreign					951 235 7537				
			bozes code	C If exemption application is pending, check here ▶							
		E CALIFORNIA 92516									
G	Check	all that apply:   Initial return		rm of a former public charity D 1. Foreign organizations, check here							
		☐ Final return	☐ Amended	· · · · · · · · · · · · · · · · · · ·							
		Address chang	e 🔲 Name cha	nge			check	here and attach compu	ntation · ▶ 🗌		
Н	Check	type of organization:	501(c)(3) exempt p	rivate founda	tion	١٥		foundation status was : 07(b)(1)(A), check here			
	Sectio	n 4947(a)(1) nonexempt charitable to	rust 🗌 Other tax	cable private t	found	ation	account of	or fulfilled, expect ness			
1	Fair m	arket value of all assets at   J /	Accounting method	: 🗸 Cash [		crual	F if the four	ndation is in a 60-mont	h termination		
	end of	year (from Part II, col. (c),	Other (specify)					tion 507(b)(1)(B), check			
	line 16		I, column (d) must be	on cash basis	i.)						
Pa	art i	Analysis of Revenue and Expens	<del></del>						(d) Disbursements		
	ببعد	amounts in columns (b), (c), and (d) may no		(a) Revenue a expenses p			investment	(c) Adjusted net	for charitable		
		the amounts in column (a) (see instructions		books	1	ur:	come	income	purposes (cash basis only)		
	4	Contributions, gifts, grants, etc., receive	· · · · · · · · · · · · · · · · · · ·		6224	الم الما الما الما الما الما	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E TO SECTION	Market Trick		
	•	· · · · · · · · · · · · · · · · · · ·	•	中国のよう			の事を	THE RESERVE TO THE RE	THE PERSON NAMED IN		
8	2	Check ▶☐ if the foundation is not requ		TO THE WAY OF	3 E	4. E.C. M.	1. 24.18C 34 19.	AND THE STEEL STATE OF THE STATE OF			
<b>SCANNET BUTHANO A</b>	3	Interest on savings and temporary		<b> </b>							
Z	4	Dividends and interest from securit	ies	ļ					<b>国际一种的国际</b>		
Z	5a	Gross rents		1000 C 2 30000			A 10.09 3 84	or about Cathannath Cares of			
	Ь	Net rental income or (loss)		<b>学生的关系</b>	वंग कर				in the same		
3	6a	Net gain or (loss) from sale of asset	- Alac Double of the Police	, -	1471133	Marie Carlot	THE WAR	THE STATE OF THE S			
eri	þ	Gross sales price for all assets on line 6		LANGE AND A		~35 A4	公理的表定	<b>这些对抗性。</b>	<b>经发现的企业</b>		
9	7	Capital gain net income (from Part	-	Contraction of				THE PARTY WAS	Control of the Adams of		
	8	Net short-term capital gain		A THERES.	354	Harris San	THE REAL PROPERTY.		发展的位式的		
4	9	Income modifications			1.0	A see See			100		
2019	10a	Gross sales less returns and allowances	S	"记载军"的自	10 V	100	1	表於語言的語言	<b>阿姆斯特特</b>		
2	b	Less: Cost of goods sold		SALAWAY.					THE PLANTS AND		
	C	Gross profit or (loss) (attach sched	ule)		]		門和何以外		<b>四条 松 如下加</b>		
	11	Other income (attach schedule) .							143		
	12	Total Add lines 1 through 11		21	16334			l , i	The individual		
	13	Compensation of officers, directors		2	29096						
enses	14	Other employee salaries and wage				-		D [ · 6 7]	ان د د		
Ë	15	Pension plans, employee benefits						<u>.</u>	ائن/		
<u> 0</u>	16a	Legal fees (attach schedule)					À	L	=		
Ä	b	Accounting fees (attach schedule)			2400		T.	1 · · ·	1:1		
9	c	Other professional fees (attach sch	edule)				Ť.		•		
ä	17	Interest									
8	18	Taxes (attach schedule) (see instru	ctione)	<del>                                     </del>							
Ë	19	Depreciation (attach schedule) and	•	<u> </u>	1823				李·阿丁尔·第二十二		
E	20	•	•	<del> </del>			<del> </del>	<u> </u>	A COURT OF THE PARTY		
A	21	Occupancy		<del>                                     </del>	74936						
פַ		<del>_</del>		<del> </del>			·	<u> </u>			
ā	22	Printing and publications	• • • •								
ğu	23	Other expenses (attach schedule)		ļ	<u> 82194</u>			<del></del>	<b></b>		
Operating and Administrative	24	Total operating and administr									
<u>1</u>	-	Add lines 13 through 23		1		to E Z 1 1 1	TALLER GLOCHES	Compare State of the contract of the			
Q	25			<del></del>		Tack	2000年1月1	TWEET THE	<b></b>		
_	26	Total expenses and disbursements.	Add tres 24 and 25	V 15	90449	a particular Car	-7 A m 4000 - 4	and or year, many the second	griding transfer street.		
	27	Subtract line 26 from line 12:			į	100		A TOWN			
	а	Excess of revenue over expenses a			25885	\$ 15 W.		<b>用加拿工工作</b>	THE PARTY OF THE P		
	Ь	Net investment income (if negative		<b>海</b> 烟雪。	# (Per ) } j						
<b></b>		Adjusted net income (if negative,		宣播 阿勒勒克尔		Mary.	THE STATE OF THE S		かんない できる で		
For	Paperv	vork Reduction Act Notice, see instruc	ctions.			11289X		For	m 990-PF (2017)		

Pa	rt II	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 Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	1736	3016		
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶		AN COUNTY OF THE PROPERTY OF THE PARTY OF TH		
	4	Pledges receivable ▶	TER THE PER			
		Less: allowance for doubtful accounts ▶	1 kmm. Torini Mari and Balante after a state de la participa en contra		and the second s	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)	7373	36078		
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶	A DATE CHIEF CONTRACTOR STATES AND STATES	Man Personal Construction and Construction	ALTERNATION SANTANTANIAN SANTANIAN	
2	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
AS	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
- 1	C	Investments—corporate bonds (attach schedule)			<del> </del>	
	11	Investments—land, buildings, and equipment: basis ► 18348				
	••	Less: accumulated depreciation (attach schedule) > 16499	CATHERSON STATEMENT OF THE PARTY OF A PARTY OF	1849	CALIBRATION OF THE STATE OF THE	
j	12	Investments—mortgage loans	3072	1045		
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis				
	14	Less: accumulated depreciation (attach schedule)			PARTICIPATION DE PROPERTIES	
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers—see the		•		
	10	instructions. Also, see page 1, item I)	15058	40943		
$\neg$	17	Accounts payable and accrued expenses	13030	40343		
	18	Grants payable				
63	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable (attach schedule)				
Ĭ	22	Other liabilities (describe >				
	23	Total liabilities (add lines 17 through 22)				
$\dashv$	233					
8		Foundations that follow SFAS 117, check here				
alances	24					
ja	25					
	26	Temporarily restricted			Value and the second second	
Fund B	200	Permanently restricted				
F		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
23	28	Paid-in or capital surplus, or land, bldg., and equipment fund			THE COUNTY OF THE VALUE OF THE	
96	29	Retained earnings, accumulated income, endowment, or other funds				
A	30	Total net assets or fund balances (see instructions)	45050			
Net Assets			15058	40943		
Ž	31					
P۵	rt	Analysis of Changes in Net Assets or Fund Balances	l		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN T	
			(-) ! 62 (	4 1		
7		d net assets or fund balances at beginning of year—Part II, colu- of-year figure reported on prior year's return)	пт (a), ше 30 (mus	_	***	
2		-ot-year tigure reported on prior year's return)		2	15058	
2		er amount from Part I, line 27a		3	25885	
3 4		lines 1, 2, and 3		4	0	
4 F		40943				
ت ء		reases not included in line 2 (itemize)	Port II column (h) 5	ne 30 <b>6</b>	0	
	10(8	in her assers on rung parantes at end of year time 4 minus line 3)—	. e. c., commit (D), 11	16 30   6	40943	

iom 990-PF (201

Part	(a) List and describe the kind(s	osses for Tax on Investm s) of property sold (for example, real e or common stock, 200 shs. MLC Co.	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)	
1a				D Domation			
b	P 14						
<u>c</u>							
<u>d</u>							
<u>       e                             </u>						<u></u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g))	
a							
<u> </u>					<u> </u>	<del></del>	
<u>C</u> _					<u> </u>	<del></del>	
d_						<del></del>	
е	Complete only for assets showing	ng gain in column (h) and owned	by the foundation	on 12/31/69.	#) Cours #0	1 (h) ania mana	
	(i) FMV as of 12/31/69	as of 12/31/69  (i) Adjusted basis as of 12/31/69  (j) Adjusted basis as of 12/31/69  (k) Excess of col. (i) over col. (j), if any		(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
a							
<u>b</u>							
<u> </u>					·		
<u>d</u>							
ее	L	( K	alaa aataa ia Da	# 1 line 7 \	1		
2	Capital gain net income or (r	tet capital loss) { If (loss)	also enter in Pa , enter -0- in Pa	rt I, line 7	2		
3	If gain, also enter in Part I,	or (loss) as defined in sections line 8, column (c). See instru	ctions. If (loss)	, enter -0- in )	3		
Part		Section 4940(e) for Redu			-	······································	
	ptional use by domestic priva						
	ion 4940(d)(2) applies, leave t				one moomo.y	NA	
	he foundation liable for the se s," the foundation doesn't qua				pase period?	☐ Yes ☐ No	
1	Enter the appropriate amour	nt in each column for each yea	ar, see the instru	uctions before ma	aking any entries.		
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value o	(C) f nonchantable-use as		(d) tribution ratio divided by col (c))	
	2016						
	2015						
	2014						
<del></del>	2013						
	2012						
2	Total of line 1, column (d)					J/A	
3		r the 5-year base period—div ndation has been in existence			· 1		
4	Enter the net value of nonch	aritable-use assets for 2017 f	rom Part X, line	5	. 4		
5	Multiply line 4 by line 3 .				. 5		
6	Enter 1% of net investment	income (1% of Part I, line 27b	)		. 6		
7	Add lines 5 and 6				. 7	<del>,</del>	
8		from Part XII, line 4 If than line 7, check the box in			. 8 that part using a	1% tax rate. See the	

Form 990-PF (2017)

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ctio	ns)						
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	NAME THOUSE AND AREAST	en San et	Tremporate a						
	here ▶ ☐ and enter 1% of Part I, line 27b	13.7	線術							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	Λ I Λ								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	NA	,							
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										
6	Credits/Payments:									
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a									
b	Exempt foreign organizations—tax withheld at source 6b									
С	Tax paid with application for extension of time to file (Form 8868) . 6c									
d	Backup withholding erroneously withheld 6d									
7	Total credits and payments. Add lines 6a through 6d	AND THE PROPERTY OF SAME	Mary Tarket	N. Martine						
8	Enter any penalty 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									
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	<del></del>								
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11	-								
Part	VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	200	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 the 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 materials published or distributed by the foundation in connection with the activities.	1438								
С	Did the foundation file Form 1120-POL for this year?	1c	3335,2005.2	9.5005						
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. ▶ \$									
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. • \$									
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	975'ED	2.5 14.5 N						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of									
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	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 retum on Form 990-T for this year?	4b		/_						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	serat la	20 married to						
_	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:									
	language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	Manual Market								
_	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 Part XV	7	Charles and	<u></u>						
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.   AULORNIA									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		NA						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV.	9		7						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their									
	names and addresses	1 10 1		•						

Part	VII-A Statements Regarding Activities (continued)			
		7	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 >			
'7	The books are in care of $\triangleright$ ARNETTA WILLIAMS Telephone no. $\triangleright$ 909. Located at $\triangleright$ SAN DIMAS CA 91713 ZIP+4 $\triangleright$ 97	768	13	54
15	Located at SAN DIMAS, CA 9/71.3 ZIP+4 9/ 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	7/3	•	<b>&gt;</b> 🗆
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	<del>'/'</del>	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	「經濟		1000
	the foreign country ▶			學認為
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1.425.424		
	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) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	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?			1
	(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)?			15.00
	(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			
С	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?	1c		V
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()(3) or 4942()(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a 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.)	2		13/33
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		*****
Ü	► 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 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.)		ŽŽŽ.	1000
4-	,	3b		
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	1. T. 128	Take in
	charitable number that had not been removed from jeonardy before the first day of the tay year beginning in 20172	200	ALCOHOL:	

Pari	VII-5 Statements Regarding Activities	s for which i	-orm	4/20 [	мау ве к	equire	ed (contii	nued)			
5a	During the year, did the foundation pay or incur a	any amount to	);						1	Yes	No
	(1) Carry on propaganda, or otherwise attempt to						Yes Yes	🗹 No	1/80 mg	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 1800
	(2) Influence the outcome of any specific public		e secti	on 495	5); or to ca	arry on,	,				
	directly or indirectly, any voter registration dri	ive?					Yes	☑No	78.5		14 (4) 14 (4)
	(3) Provide a grant to an individual for travel, stud	dy, or other si	milar <sub>l</sub>	purpose	es?		Yes	✓ No	13244	50745 En 18 27	18
	(4) Provide a grant to an organization other than	n a charitable,	etc.,	organiza	ation descr	ribed in	ŀ				<b>建</b>
	section 4945(d)(4)(A)? See instructions						☐ Yes	Ď No	مر العمر والمراد		
	(5) Provide for any purpose other than religious,	charitable, se	cientifi	ic, litera	ry, or educ	cational	t			Adams (A) Legan (A)	
	purposes, or for the prevention of cruelty to o	children or ani	mals?				☐Yes	☑ No	1		7 - 75 7 - 75 7 - 75
b	If any answer is "Yes" to 5a(1)-(5), did any of the								7		<b>成型</b>
	Regulations section 53.4945 or in a current notice	regarding disa	ster as	ssistanc	e? See inst	ructions	s. ,	1a	5b		V-2224 (19
	Organizations relying on a current notice regarding	ng disaster as	sistan	ce, che	ck here .			ં ▶ 🗆	- 1 1960 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 150 mg	3.423.35
С	If the answer is "Yes" to question 5a(4), does to	he foundation	claim	exemp	otion from	the tax			3,377	18 184 18 184	116.4
	because it maintained expenditure responsibility	for the grant?	'				☐ Yes	☐ No		A 1634	152
	If "Yes," attach the statement required by Regula	ations section	53.49	45–5(d)	i.						1. 10
6a	Did the foundation, during the year, receive any	funds, directly	or in	directly,	to pay pre	emiums	;	_			
	on a personal benefit contract?						☐ Yes	Ø No	15		4 (2)
								6b	<b>20421_4</b> 0		
	If "Yes" to 6b, file Form 8870.			•	•					1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19257
7a	At any time during the tax year, was the foundation a	a party to a pro	hibited	i tax she	elter transac	tion?	☐ Yes	☑ No	27.6		
b	If "Yes," did the foundation receive any proceeds								7b		
Par	VIII Information About Officers, Direct	tors, Truste	es, F	oundat	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and found			d their	compens	ation. S	See instru	uctions			
	(a) Name and address	(b) Title, and av hours per we	erage	(c) Cor	npensation of paid,		Contribution byee benefit		(e) Expe		
84.7		devoted to pos		en	ter -0-)	and def	erred compe	ensation	other a	allowar	ices
<i>suk</i>	HURSERT NEAN	Direct	ひに	20	<i>C</i> 0		40			iy-	
7712				48	58		<u> </u>				
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2	Compensation of five highest-paid employee "NONE."	es (otner tha	n tno:	se incit	raea on 11	ne 1	see instr	uctions	s). It no	one,	enter
	NONE.	<del></del>					l	1	<del></del>		
	(a) Name and address of each employee paid more than \$50,00	(b) Titl	e, and a	verage veek	(c) Compe	acation	(d) Contribi employee		(e) Expe	nse ac	count,
	(a) Name and address of each employee paid more than \$50,00	devo	ted to p	osition	(c) Compe	Sation	plans and compens	deferred sation	other	allowar	ices
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Total	number of other employees paid over \$50,000 .										

Form 990-PF (2017)

rall		ığıı iou	inuations,
	see instructions.)	्रिट्ट व	<u></u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		- 1
a	Average monthly fair market value of securities	1a	NIA
Ď	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	<del></del>
e	Reduction claimed for blockage or other factors reported on lines 1a and	4 th 10 th	
	1c (attach detailed explanation)	经证	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6		6	·
Part .	Minimum investment return. Enter 5% of line 5	ounda	tions
1	Minimum investment return from Part X, line 6	1	NA
2a	Tax on investment income for 2017 from Part VI, line 5	A TOTAL	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	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:	100	2/0
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	N/A
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:	9 - A	
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	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1	
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	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 whet	ther the foundation

Part	XIII Undistributed Income (see instruction	ons)	/ <i>P</i>		
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(C) 2016	(d) 2017
_	line 7	N/A			SAPE ANGLES, SING I MAKE S MAKENDANIA
2	Undistributed income, if any, as of the end of 2017:				是你去亲说的
а	Enter amount for 2016 only			CERTIFIC P. CONTROL STREET, ST	
b	Total for prior years: 20,20,20			A PART OF THE PART	
3	Excess distributions carryover, if any, to 2017:				
a	From 2012				
D	From 2013				
q,	From 2014				
u e	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
	line 4: ▶ \$				
а	Applied to 2016, but not more than line 2a .				
b	Applied to undistributed income of prior years		NAMES AND ASSESSMENT OF A STATE O		
1	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2017 distributable amount				
е	Remaining amount distributed out of corpus	,		<b>西班牙斯拉斯斯</b>	
5	Excess distributions carryover applied to 2017		<b>到于美国的第三人称单数</b>		
	(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	Marketta and Marketta Marketta			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
, C	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				
٠e	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2017. Subtract lines				
_	4d and 5 from line 1. This amount must be distributed in 2018				
7					
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2012 not				
Ū	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2018.				Commission Contract Contract
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014				
C	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	))	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for		_	•		
b	Check box to indicate whether the four		operating foundar		ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	.,
	each year listed				/	
b	85% of line 2a			<u></u>		
С	Qualifying distributions from Part XII, line 4 for each year listed		_			
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	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:		/			
а	"Assets" alternative test-enter:					1
	(1) Value of all assets					
	(2) Value of assets qualifying under				1	
	section 4942(j)(3)(B)(i)		/			
Đ	"Endowment" alternative test—enter 43 of minimum investment return shown in					
	Part X, line 6 for each year listed					<u> </u>
С	"Support" alternative test—enter:		/	ł	1	
	(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)	//		<u> </u>	<del></del>	
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income			1	-1.05.000	
Part		•	•	ne foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		is.)		<del></del>	
1	Information Regarding Foundation			// -£1b- 1-1-11		h the farmalation
а	List any managers of the foundation vectors the close of any tax year (but o					by the foundation
b	List any managers of the foundation	who own 10% or	more of the sto	ck of a corporation	n (or an equally la	rge portion of the
	ownership of a partnership or other en					inge portion of the
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship.	etc., Programs:		
_	Check here ▶ ☐ if the foundation		•		organizations and	I does not accept
	unsolicited requests for funds. If the f	oundation makes	gifts, grants, etc.,	to individuals or o	rganizations unde	r other conditions,
а	The name, address, and telephone nu	ımber or email add	iress of the perso	on to whom applica	ations should be a	ddressed:
	NA					
b	The form in which applications should	I be submitted and	d information and	materials they sho	ould include:	
	Any submission deadlines:					
С	Any submission deadlines:  Any restrictions or limitations on av	P		·		
d		vards, such as b	y geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other
	factors: $D/A$					

Par	Supplementary Information (conti	nuea) 🗡	1/17		
3	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		or substantial contributor	recipient		
a		or substantial contributor		·	
	Total	<del> </del>	<del></del>	<u>.</u> ▶ 3a	
b	Approved for future payment			2)	

Enter gross amounts unless otherwise indicated.	Unrelated bus		Excluded by secu	on 512, 513, or 514	-l (e)
	(a)	(b)	(c)	(d)	Related or exemption function income
1 Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
a					
b NA					
<u> </u>					ļ
e					
f					<del> </del>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	. 3	18 15 mm.		7	r war in
a Debt-financed property					ļ ·
b Not debt-financed property	<b></b>	<del></del>		<del></del>	ļ — · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal property 7 Other investment income	-	<del></del>			
8 Gain or (loss) from sales of assets other than inventory	<u> </u>				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					<u></u>
d					
e	i .		1 1		1
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		<del> </del>		<del></del>
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12 Subtotal. Add columns (b), (d), and (e)	s.) ccomplishme	ent of Exemp	t Purposes		importantly to the

Part	XVII	Information Organization		ling Trans	sfers to an	d Transacti	ons and R	elationship	s With N	Nonchar	itable Exempt
1	in se	ne organization dection 501(c) (or dizations?	lirectly or i								Yes No
а		fers from the repash	•			_	_				1a(1)
	` '										1a(2)
b		transactions:									
•		ales of assets to	a nonchai	ritahla avai	mnt organiz	ation					1b(1)
		urchases of asse							• • •	• •	1b(2)
	` '					_					1b(3)
		ental of facilities,									
			nbursement arrangements								
	• •	_							• • •		1b(6)
_		erformance of se			-	_				• •	1c
		ng of facilities, e									
đ											v the fair market than fair market
		in any transaction									
(a) Line	no. (	b) Amount involved	(c) Na	ame of nonch	aritable exempt	organization	(d) Desci	iption of transfe	rs, transactio	ons, and sna	nng arrangements
						······································			<del></del>		
		NA	<u> </u>								
						<del></del>					
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	$\neg$						-				
							-1				
	desc	e foundation dire ribed in section to es," complete the	501(c) (oth	er than se	ction 501(c)(			re tax-exem	pt organiz		Yes 🗹 No
		(a) Name of organ		, 00000.0		Type of organization	nn l		(c) Descripti	on of relation	nship
		(c) Name of organ				.,po o. o.ga	<u> </u>		(-,		
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Si~~		er penames or perjury, i ect, and complete. Deci	aration of ore	nave examine parer (other tha	an taxpayer) is ba	issed on all informati	on of which prec	arer has any kno	wiedge.		ige and belief, it is true
Sign	<b>L</b>		1, '	,		- Lielian	$\sim$	,	_		RS discuss this return reparer shown below?
Here		TAL	$\mathcal{A}_{\mathcal{N}}$			2/19/187 _	DIVE	ctor			ctions   Yes   No
	Sign	ature of officer or tru			Da	te ' T	tle		<del></del>	<u> </u>	
Paid		Print/Type preparer	's name		Preparer's si	gnature		Date		ck [_] if [	PTIN
Prep	arer								self-	employed	
Use		Firm's name							Firm's EIN	<b>•</b>	
USE '	Citiy	Firm's address ▶							Phone no		

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**2017** 

**Employer identification number** 

JUBILEE HOUSE 954395024 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. · Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** JUBILEE HOUSE, INC 95-4395024 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 RIVERSIDE COUNTY TREASURER, OF RIVERSIDE, CALIFORNIA Person **Payroll** 36,000 Noncash 3525 PRESLEY AVE, (Complete Part II for noncash contributions.) **RIVERSIDE, CA 92501** (a) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash 124,503 (Complete Part II for noncash contributions.) (a) (d) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli П Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll П Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person Payroll

Noncash (Complete Part II for noncash contributions.)