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## DLN: 93491151008049

OMB No 1545-0052

## **Return of Private Foundation**

Internal Revenue Service

<sub>:.rm</sub>990-PF

2018 or Section 4947(a)(1) Trust Treated as Private Foundation Department of the Treasury Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018 A Employer identification number THE STEIN FAMILY FOUNDATION 26-1173132 Number and street (or P O  $\,$  box number if mail is not delivered to street address) PO BOX 8650 B Telephone number (see instructions) (858) 756-5753 City or town, state or province, country, and ZIP or foreign postal code RANCHO SANTA FE, CA 92067  ${f C}$  If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) ▶\$ 3,778,706 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment Adjusted net (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 91,657 91,657 Gross rents 5a b Net rental income or (loss) 85,004 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 85,004 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 176,661 176,661 13 Compensation of officers, directors, trustees, etc 14.400 14.400 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . ارچە 1,158 1,158 5,810 5,810 Accounting fees (attach schedule) 9 Other professional fees (attach schedule) 29,051 29,051 [چە 12,114 2,941 9,173 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 209 209 Total operating and administrative expenses. 24 Add lines 13 through 23 . . . . 62,742 31,992 30,750 197,000 197,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 259,742 31,992 227,750 27 Subtract line 26 from line 12 Excess of revenue over expenses and -83,081 disbursements

Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-) . . .

3,632,282

3,632,282

3,632,282

3,632,282

3,552,501

3,552,501

3.552,501

3,552,501

3,632,282

3,552,889

3,552,501 Form **990-PF** (2018)

-83,081

3,688

388

1

2

3

4

5

3,778,706

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . . .

Foundations that follow SFAS 117, check here

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

Foundations that do not follow SFAS 117, check here ▶

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

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

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

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

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

. . . . . . .

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

Analysis of Changes in Net Assets or Fund Balances

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

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

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

instructions Also, see page 1, item I)

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Other liabilities (describe ▶\_

Temporarily restricted

Permanently restricted . .

16

17 18

19 20

21

22 23

24

25

27 28

29

31

Part III

2

3

5

Liabilities

Balances

Fund 26

ō

Assets

Net 30

(b)

Page **3** 

		(s) of property sold (e g , or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a MORGAN STA	NLEY - SEE ATTACHE	D		Р	2018-12-31	2018-12-31
<b>b</b> MORGAN STA	NLEY - SEE ATTACHE	D		Р	2016-01-01	2018-12-31
c LITIGATION S	SETTLEMENT PROCEE	DS		Р	2018-12-31	2018-12-31
d						
e						
(e Gross sa		<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)
a	344,413	·		358,025		-13,612
b	726,745			628,195		98,550
С	66					66
d						
e						
Complete on	ly for assets showing	gaın ın column (h) and ow	ned by the foundation	on 12/31/69	(	I)
	i) of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a						-13,612
b						98,550
С						66
d						
e						
If gain, also in Part I, lin  Part V Quali  (For optional use by	enter in Part I, line 8 e 8 ification Under Se	ss) as defined in sections, column (c) (see instructions).  ection 4940(e) for Remarkations subject to the second	ons) If (loss), enter -0	Investment In		
If "Yes," the foundar	tion does not qualify i	4942 tax on the distributa inder section 4940(e) Do	not complete this part	·		es 🔽 No
	propriate amount in e	ach column for each year,	see instructions before	making any entrie		
(a) Base period years year (or tax year be		<b>(b)</b> ed qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rati (col (b) divided by c	
2017		167,337		3,982,711		0 04202
2016		192,537		3,666,856		0 05251
2015		193,027		3,854,402		0 05008
2014		189,910		3,992,886		0 04756
2013		188,042		3,857,153	1	0 04875
2 Total of line	, , ,			2		0 240917
number of ye	ars the foundation ha	-year base period—divide s been in existence if less e-use assets for 2018 fron	than 5 years	0, or by the 3 4		0 048183 4,102,132
5 Multiply line 4	by line 3			5		197,653
<b>6</b> Enter 1% of r	net investment incom	e (1% of Part I, line 27b)		6		1,447
<b>7</b> Add lines 5 ar	nd 6			7		199,100
		Part XII, line 4 , line 7, check the box in Pa		8 oplete that part usin	ng a 1% tax rate Se	227,750 e the Part VI

Page **6** 

Pai	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continued)	)			
5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 5	✓ No			
	(2) Influence the outcome of any s	pecıfı	c public election (see sect	ion 4955), or to carry					
	on, directly or indirectly, any vo	oter re	egistration drive?		· · 🗌 Yes	✓ No			
	(3) Provide a grant to an individua				☐ Yes 5	✓ No			
	(4) Provide a grant to an organizat			· -					
	in section 4945(d)(4)(A)? See i				· · Yes	✓ No			
	(5) Provide for any purpose other t			• • • • • • • • • • • • • • • • • • • •					
	educational purposes, or for the		· ·		∟ Yes Ľ	✓ No			
b	If any answer is "Yes" to 5a(1)-(5)		=						
	Regulations section 53 4945 or in a				_	-	5b		No
_	Organizations relying on a current i								
С	If the answer is "Yes" to question 5			•					
	tax because it maintained expendit				· · L Yes	<b>✓</b> No			
_	If "Yes," attach the statement requ		· -						
6a	Did the foundation, during the year	-			ums on				
L	a personal benefit contract?				· Yes	✓ No	6		l NI
D	Did the foundation, during the year If "Yes" to 6b, file Form 8870	, pay	premiums, directly or ind	irectiy, on a personal be	nerit contract/		6b		No
7-	At any time during the tax year, wa	c tha	foundation a party to a n	robibited tay chalter trai	ncaction? $\Box$	_			
7a b	If yes, did the foundation receive a				∟ res ⊔	✓ No	7b		No
8	Is the foundation subject to the sec						<del>                                     </del>		<b>-</b> ''
0	excess parachute payment during t					<u> </u>			
					res_L			<u> </u>	
Pai	and Contractors	JIIIC	ers, Directors, Trust	ees, roundation Ma	anagers, Highly Paid	Emplo	уссь,	•	
1	List all officers, directors, truste			•					
	(a) Name and address	(	<b>b)</b> Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans a deferred compensation	nal , ;	Experother a		
See /	Additional Data Table								
_2_	Compensation of five highest-pa	id er	nployees (other than th	nose included on line :	1-see instructions). If i	none, e	nter "	NONE	<u>."                                    </u>
(a)	Name and address of each employee more than \$50,000	paid	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		Expen ther all		
			devoted to position		compensation				
NON	E								
Tota	I number of other employees paid or	er \$5	0,000		<u> </u>				
						Fo	rm <b>99</b> 1	0-PF	(201

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produce:		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
Iotal. Add lines 1 through 3		Form <b>990-PF</b> (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

227.750

1.447

226.303

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33,502

170,158

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Page 9

Forn	n 990-PF (2018)	
P	art XIII Undistributed Income (see ınstru	ctions)
	Destrobastable and control from 2010 forms Bank VI. Inc. 7	
1	Distributable amount for 2018 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2018	
а	Enter amount for 2017 only	
h	Total for prior years 20 20 20	

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

194,248

194,248

- Excess distributions carryover, if any, to 2018 From 2013. . . . .
- **b** From 2014. . . . c From 2015. . d From 2016. . . . e From 2017. . . . .
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part

  - XII, line 4 ▶ \$
- a Applied to 2017, 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

same amount must be shown in column (a) )

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2019 . . . . . 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 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must

indicated below:



iter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Progran	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
f						
Membe	and contracts from government agencies ership dues and assessments it on savings and temporary cash					
ınvestr				14	91,657	
Net re	ntal income or (loss) from real estate			14	91,037	
	financed property					
	ebt-financed property					
	nvestment income					
	(loss) from sales of assets other than					
invento	,			18	85,004	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
b						
е					176 661	
e				13	176,661	
e Subtot <b>Total.</b> (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )			176,661	
e Subtot <b>Total.</b>	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	176,661
Subtot Total. (See w art XV	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
e Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
e Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
e Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
e Subtot Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
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Subtot Total. (See w art XV ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
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O 11 (20.	10)		
	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	:able	
		. ,	1

Part XVII	Exempt Organia	zations				acionompo irrem i				
1 Did the ord (c) (other	ganization directly or in than section 501(c)(3)	directly engage in	any of the	following with an 527, relating to po	y other organi ditical organiza	zation described in se ations?	ection 501		Yes	No
a Transfers t	from the reporting foun	dation to a nonch	arıtable exe	empt organization	of		Ī			
( <b>1</b> ) Cash.							[	1a(1)		No
(2) Other	rassets							1a(2)		No
<b>b</b> Other tran	sactions									
	of assets to a nonchari							1b(1)		No
	ases of assets from a n		-				F	1b(2)		No
	al of facilities, equipmer	•						1b(3)		No
	bursement arrangemen						F	1b(4)		No
` ,	s or loan guarantees.							1b(5)		No
	mance of services or m	·	-					1b(6)		No
_	facilities, equipment, ner to any of the above		-				r market v	1c		No
of the goo	ds, other assets, or sernsaction or sharing arra  (b) Amount involved	vices given by the	reporting column (d	foundation If the  i) the value of the	foundation red goods, other	ceived less than fair n	narket value ceived	<b>!</b>	ngement	ts
	ndation directly or indire	•	•	•	·	_	1 F	1		
	in section 501(c) (other		(c)(3)) or i	in section 527? .		L	J Yes <b>⊻</b>	No		
<b>b</b> If "Yes," co	omplete the following so (a) Name of organization		1 4	<b>b)</b> Type of organization	on I	(c) Doscript	tion of relation	achin		
	(a) Name of organization	)(I)	(,	b) Type of Organization	)II	(c) Descrip	LIGHT OF TELACION	ізпір		
of m whic	er penalties of perjury, ly knowledge and belief :h preparer has any kno	, it is true, correct								
Sign Here				2019-05-31			return	e IRS dis e prepar		
	Signature of officer or ti	rustee		Date	Title	I		str)? 🔽	<b>Z</b> γes □	□No
	Print/Type preparer's	name Prep	oarer's Sigr	nature	Date	Check if self- employed ▶ □	PTIN	P00145	865	
Paid Preparer	MARK BENITO CPA					employed P				
Use Only	Third Harrie P Delli	to & Company					Firm's EI	N ▶33-	07390	62
= /		801 Thornmint Ro	oad Suite 1	50						
	Sa	n Diego, CA 921.	27				Phone no	(858)	487-0	777
	•						-			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JEROME STEIN President 2,400 5 00 PO BOX 8650 RANCHO SANTA FE, CA 920678650 SHARON STEIN Vice President 2,400 5 00 PO BOX 8650 RANCHO SANTA FE, CA 920678650 GREGORY STEIN Trustee 2,400 5 00 4904 FINLEY DRIVE AUSTIN, TX 78731 KAREN NUNEZ Director 2,400 5 00 1346 HARDIN DRIVE EL CAJON, CA 92020 DANA STEIN Director 2,400 5 00 14831 ESPOLA ROAD POWAY, CA 92064 LISA STEIN 2,400 Director 5 00 847 MOHAWK ST

COLUMBUS, OH 43206

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year sta325 BUENA CREEK RD NONE PUBLIC 67,000 GENERAL OPERATING EXPENSES SAN MARCOS, CA 92069 .... ..... 1 000 CVOTTO FIRE COLO FOLING ATTOM CENTER AT A DEED ATTALK EVERTICES

10455 SORRENTO VALLEY RD 103 SAN DIEGO, CA 92121	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
THE ELIZABETH HOSPICE FOUNDATION 500 LA TERRAZA BLVD 130 ESCONDIDO CA 92025	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000

Total .

197,000

▶ 3a

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

or substantial contributor

a Paid during the year				
JEWISH FAMILY SERVICE 8804 BALBOA AVENUE	NONE	PUBLIC	GENERAL OPERATING EXPENSES	15,000

SAN DIEGO, CA 92123				
KIDS INCLUDED TOGETHER 2820 ROOSEVELT RD STE 202 SAN DIEGO, CA 92106	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
NORTH COAST REDERTORY THEATRE	NONE	DUBLIC	CENERAL OBERATING EVBENCES	11 000

RIDS INCLUDED TOGETHER 2820 ROOSEVELT RD STE 202 SAN DIEGO, CA 92106	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000
NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DR STE D SOLANA BEACH, CA 92075	NONE	PUBLIC	GENERAL OPERATING EXPENSES	11,000

Total			▶ 3a	197,000
NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE DR STE D SOLANA BEACH, CA 92075	NONE	PUBLIC	GENERAL OPERATING EXPENSES	11,000
SAN DIEGO, CA 92106				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year RADY CHILDREN'S HOSPITAL NONE PUBLIC GENERAL OPERATING EXPENSES 10,000 **FOUNDATION** 

3020 CHILDRENS WAY SAN DIEGO, CA 92123				
JEWISH FEDERATION OF SD COUNTY 4950 MURPHY CANYON RD SAN DIEGO, CA 92123	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000
THE VISION OF CHILDREN	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000

JEWISH FEDERATION OF SD COUNTY 4950 MURPHY CANYON RD SAN DIEGO, CA 92123	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,00
THE VISION OF CHILDREN FOUNDATION 12555 HIGH BLUFF DR 330	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,00

THE VISION OF CHILDREN NONE PUBLIC GENERAL OPERATING EXPENSES	123			
FOUNDATION 12555 HIGH BLUFF DR 330 SAN DIEGO, CA 92130	DR 330	PUBLIC	GENERAL OPERATING EXPENSES	1,000

▶ 3a

197,000

THE VISION OF CHILDREN FOUNDATION	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,0
12555 HIGH BLUFF DR 330				

Total .

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

or substantial contributor.

	or substantial contributor			
a Paid during the year				
VISTA HILL FOUNDATION 8910 CLAIREMONT MESA BLVD	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000

			I .	
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PUBLIC	GENERAL OPERATING EXPENSES	

650 SECOND STREET ENCINITAS, CA 92024				·
MIRA COSTA COLLEGE FOUNDATION ONE BARNARD DR OCEANSIDE. CA 92056	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000

Total			▶ 3a	197,000
MIRA COSTA COLLEGE FOUNDATION ONE BARNARD DR OCEANSIDE, CA 92056	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000
ENCINITAS, CA 92024				

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

or substantial contributor

Total .

a Paid during the year				
JUVENILE DIABETES RESEACH FOUNDATIO	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000

5665 OBERLIN DR STE 106 SAN DIEGO, CA 92121				
MAMA'S KITCHEN3960 HOME AVENUE SAN DIEGO, CA 92105	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,50

MAMA'S KITCHEN3960 HOME AVENUE SAN DIEGO, CA 92105	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,500
SOLUTIONS FOR CHANGE 722 WEST CALIFORNIA AVE	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000

SAN DIEGO, CA 92105				,
SOLUTIONS FOR CHANGE 722 WEST CALIFORNIA AVE VISTA, CA 92083	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000

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

· ·	or substantial contributor			
a Paid during the year				
MHS FAMILY RECOVERY CENTER 1100 SPORTFISHER DRIVE	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000

OCEANSIDE, CA 92054				
ANY BABY CAN OF AUSTIN INC 6207 SHERIDAN AVE AUSTIN, TX 78723	NONE	PUBLIC	GENERAL OPERATING EXPENSES	6,000

ANY BABY CAN OF AUSTIN INC 6207 SHERIDAN AVE AUSTIN, TX 78723	NONE	PORTIC	GENERAL OPERATING EXPENSES	6,000
REEB AVENUE CENTER 330 WEST SPRING ST COLUMBUS, OH 43215	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500

Total	197.000			
REEB AVENUE CENTER 330 WEST SPRING ST COLUMBUS, OH 43215	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500
6207 SHERIDAN AVE AUSTIN, TX 78723				

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

Name and address (home or business)	or substantial contributor			
a Paid during the year				
STAND WITH US SAN DIEGO	NONE	PUBLIC	GENERAL OPERATING EXPENSES	3,000

PO BOX 341069 LOS ANGELES, CA 90034				·
SPIRIT OF LIBERTY FOUNDATION 18029 CALLE AMBIENTE STE 506 PANCHO SANTA FE CA 92067	NONE	PUBLIC	GENERAL OPERATING EXPENSES	500

SPIRIT OF LIBERTY FOUNDATION 18029 CALLE AMBIENTE STE 506 RANCHO SANTA FE, CA 92067	NONE	PUBLIC	GENERAL OPERATING EXPENSES	500
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000

18029 CALLE AMBIENTE STE 506 RANCHO SANTA FE, CA 92067	NONE	POBLIC	GENERAL OPERATING EXPENSES	300
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 78751	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000

RANCHO SANTA FE, CA 92067				
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 78751	NONE	PUBLIC	GENERAL OPERATING EXPENSES	4,000
Total			▶ 3a	197,000

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

or substantial contributor

Name and address (home or business)

a Paid during the year				
THE CENTER FOR HEALTHY FAMILIES 500 SOUTH FRONT ST STE 930 COLUMBUS, OH 43215	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500

COLUMBUS, OH 43215				
VILLAGE PROJECT AFRICA INC PO BOX 382 NOBLESVILLE, IN 46061	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000
ARMS WIDE OPEN	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500

	407.000			
ARMS WIDE OPEN 237 EAST MAIN STREET EL CAJON, CA 92020	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500
VILLAGE PROJECT AFRICA INC PO BOX 382 NOBLESVILLE, IN 46061	NONE	PUBLIC	GENERAL OPERATING EXPENSES	10,000

Total			▶ 3a	197,000
ARMS WIDE OPEN 237 EAST MAIN STREET EL CAJON, CA 92020	NONE	PUBLIC	GENERAL OPERATING EXPENSES	2,500
NOBLESVILLE, IN 46061				

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAVED IN AMERICAPO BOX 270 NONE PUBLIC. GENERAL OPERATING EXPENSES 1,000 OCEANSIDE CA 92049

WILDFIRE EDUCATION255 E BECK ST COLUMBUS, OH 43206	NONE	PUBLIC	GENERAL OPERATING EXPENSES	5,000
CHESED HOME HOPE VILLAGE SAN DIEGO PO BOX 151676 SAN DIEGO, CA 92175	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000

Total . .

Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DEAT COMMUNITY CEDVICE OF CAN NIONE DUBLIC CENTERAL OPERATING EVENICES 7 E00

DIEGO 1545 HOTEL CIRCLE SOUTH STE 300 SAN DIEGO, CA 92108	NONE	POBLIC	GENERAL OPERATING EXPENSES	7,500
SDNETS CO T GOERGEN	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000

SDNETS CO T GOERGEN 8096 AUBERGE CIRCLE SAN DIEGO, CA 92127	NONE	PUBLIC	GENERAL OPERATING EXPENSES	1,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -			DLN: 93491	151008049
TY 2018 Accounting Fe	es Sch	edule					
_							
	Name:	THE STE	IN FA	MILY FOUNDA	.TION		
	<b>EIN</b> : 26-1173132						
Softw	<b>Software ID:</b> 18007218						
Software V	/ersion:	2018v3.1	T				
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes						aritable	
BOOKKEEPING		1,903		О		0	1,903
TAX PREPARATION & CONSULTING		3,907		0		0	3,907

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491151008049
TY 2018 Investments Governr	nent Obligati	ons Schedule	_
Name:	THE STEIN FAN	MILY FOUNDATION	
EIN:	26-1173132		
Software ID:	18007218		
Software Version:	2018v3.1		
US Government Securities - End of Year Book Value:		157,202	
US Government Securities - End of Year Fair Market Value:		157,873	
State & Local Government Securities - End of Year Book Value:			
State & Local Government Securities - End of Year Fair Market Value:			

As Filed Data -	DLN: 93491151008049
Schedule	
THE STEIN FAMILY FOUNDATION	
26-1173132	
18007218	
2018v3.1	
	Schedule  THE STEIN FAMILY FOUNDATION 26-1173132 18007218

Dollard Colorell 2010/011						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
RANCHO SANTA FE OFFICE CENTER	AT COST	97,181	97,181			
CITI SMITH BARNEY (028200)	AT COST	3,235,537	3,461,071			

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	N: 93491151008049
TY 2018 Legal Fees Schedu	le			
Nam	ne: THE STEIN F	FAMILY FOUNDATI	ON	
EI	<b>IN:</b> 26-1173132			
Software I	<b>ID:</b> 18007218			
Software Version	on: 2018v3.1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,158	0	0	1,158

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491151008049
TY 2018 Other Decreases School	edule		
Name:	THE STEIN FA	MILY FOUNDATION	
EIN:	26-1173132		
Software ID:	18007218		
Software Version:	2018v3.1		
De	escription		Amount
PASSTHROUGH ENTITY LOSS			388

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491151008049
TY 2018 Other Expenses Sche	dule			
Name:	THE STEIN FAN	MILY FOUNDATION		
EIN:	26-1173132			
Software ID:	18007218			
Software Version:	2018v3.1			
Other Expenses Schedule	<u> </u>			<del></del> (
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	209	,		209

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491151008049
TY 2018 Other Increases Sche	edule		
Name:	THE STEIN FA	MILY FOUNDATION	
EIN:	26-1173132		
Software ID:	18007218		
Software Version:	2018v3.1		
De	escription		Amount
CHANGE IN PRIOR YEAR COST BASIS			3,688

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491151008049			
TY 2018 Other Professional Fees Schedule							
Na	me: THE STEIN F	: THE STEIN FAMILY FOUNDATION					
E	IN: 26-1173132						
<b>Software ID:</b> 18007218							
Software Version: 2018v3.1							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INVESTMENT FEES	29,051	29,051	0	0			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN: 93491151008049			
TY 2018 Taxes Schedule						
Name: THE STEIN FAMILY FOUNDATION						
EIN	<b>I:</b> 26-1173132					
Software ID	18007218					
Software Version: 2018v3.1						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ATTORNEY GENERAL	75			75		
FEDERAL TAXES	9,088			9,088		
FOREIGN TAXES WITHHELD	2,941	2,941				
FRANCHISE TAX FEES	10			10		