Form 990-PF

## **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PFfor instructions and the latest information.

	entorthe reasury r		•	this form as it may be m ictions and the latest inf		pen to Public Inspection
For cal	endar year 2018 or tax year beginr	ing		, 2018, and endi		, 20
Name of	foundation	$\overline{\mathcal{D}}$	- A		A Employeridenti	lication number
SUG.	AR FAMILY FOUNDATION	KU	NA		47-	-3980241
Number	and street (or PO box number if mail is not de	livered to s	treet address)	Room/suite	B Telephone numb	er (see instructions)
	. BOX 1501, NJ2-130-03-3				60	09-274-6834
City or to	own, state or province, country, and ZIP or fore	gn postal c	ode		1_	I
•	/				C If exemption application pending, check here	
PEŃ	NINGTON, NJ 08534-1501					
<b>G</b> Che	ck all that apply Initial return	1	Initial return o	of a former public char	Ity D 1 Foreign organiza	tions, check here .
	Final return		Amended ret	urn	2 Foreign organiza 85% test, check	
	Address cha		Name change			
H_Che	ck type of organization: X Sectio	n 501(c <u>)</u>	(3) exempt private fo	oundation ()	E If private foundation	n status was terminated
	ection 4947(a)(1) nonexempt charitable		Other taxable pri			b)(1)(A), check here . >
I Fair	market value of all assets at	$\overline{}$	_	ish Accrual	F If the foundation is	in a 60-month termination
	of year (from Part II, col (c), line		er (specify)		under section 507(	b)(1)(B),check here . >
			lumn (d) must be on car	sh basis)		T (1) Deskusses at 1
Part	Analysis of Revenue and Expense total of amounts in columns (b), (c), and		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
	may not necessarily equal the amounts		expenses per books	income	income	purposes (cash basis only)
	column (a) (see instructions) )					(casir basis offiy)
1	Contributions, gifts, grants, etc., received (attach sche		2, 000, 236.			
2	attach Sch B	$\cdots$				<del></del>
3	Interest on savings and temporary cash invest		87,356.	85,765.		STMT 1
4	Dividends and interest from securities		81,336.	85,765.		- SIMI I
5a	Gross rents					
- 1	Net rental income or (loss)		-15,230.		) - RF(	EIVED
	Net gain or (loss) from sale of assets not on lift Gross sales price for all 3,830		-13,230.			101
Hevenue				877,847.	154 WVA	7 2019 18
된 7	Capital gain net income (from Part IV. III	1e 2) ·  -		077,017.		1 7 2019 1001
9	Net short-term capital gain.				L	i':
	Gross sales less returns and allowances			,	OGL	)EN, UT
Ь,	Less Cost of goods sold .				<u> </u>	,
- 1	Gross profit or (loss) (attach schedule)					<u> </u>
11	Other income (attach schedule)		200.			STMT 2
12	Total Add lines 1 through 11		2,072,562.	963,612.		i
13	Compensation of officers, directors, trustees,	etc				
S 14	Other employee salaries and wages			NONE	NON	
15	Pension plans, employee benefits			NONE	NON:	<u> </u>
<mark>닭</mark> 16a	Legal fees (attach schedule)			77077		2 500
e p	Accounting fees (attach schedule) STM		2,500.	NONE	NON	
£ c	Other professional fees (attach schedule	¥· 4 ·  -	28,319.	16,991.		11,328
and Administrative Expense: 14 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Interest	<u>,, ;</u> . ⊢	20 105	1 540		
<u>اڅ</u> ا	Taxes (attach schedule) (see instructions		20,105.	1,540.		+
E 19	Depreciation (attach schedule) and depl		<del></del>			
¥ 20	Occupancy			NONE	NON	H
	Travel, conferences, and meetings	- 1		NONE	NON	
E 22	Printing and publications Other expenses (attach schedule) STM		577.	567.	11011	10
= 23	Total operating and administrative exp		511.	307.		1
E 24	Add lines 13 through 23		51,501.	19,098.	NON	E 13,838
Operating 24 25 25	Contributions, gifts, grants paid		627,300.	22,090.		627,300
26	Total expenses and disbursements Add lines 24		678,801.	19,098.	NON	
27	Subtract line 26 from line 12		2,0,032.			
a a		ements	1,393,761.		-	
	Net investment income (if negative, en	· ·		944,514.		
	Adjusted net income (if negative, enter		31	,		. 1
For Pa	perwork Reduction Act Notice, see instr					Form 990-PF (2018)
110 1 000	GZW442 T92P 05/01/2019	12:32:	:39		725 1	71115, 4 -
	, , -				1	iriv
				_	•	

JSA For Paperwork Reduction Act Notice, see instructions.

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D	Attached schedules and amounts in the	Beginning of year	End o	f year	
Part	Balance Sheets description column 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	2.	4,280.	4,280	
2	Savings and temporary cash investments	59,530.	299,857.	299,857.	
3	Accounts receivable			<b>_</b>	
	Less allowance for doubtful accounts ▶				
4	Pledges receivable ▶				
,	Less allowance for doubtful accounts ▶				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other				
	disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule)				
'	Less allowance for doubtful accounts ► NONE		İ		
8 2	Inventories for sale or use				
Assets	Prepaid expenses and deferred charges				
Š 10:		- **-			
100					
11	Investments - land, buildings, and equipment basis Less accumulated depreciation				
12	(attach schedule)  Investments - mortgage loans				
13 14	Investments - other (attach schedule) STMT .7 Land, buildings, and	2,305,599.	3,241,112.	3,297,007	
i	equipment basis Less accumulated depreciation	*			
15	Less accumulated depreciation (attach schedule) Other assets (describe )				
16	Total assets (to be completed by all filers - see the				
'"	instructions Also, see page 1, item I)	2,365,131.	3,545,249.	3,601,144	
1.		2,303,131.	3,313,213.	3,001,111	
17	Accounts payable and accrued expenses			•	
رم 18 در ا	Grants payable				
19 19	Deferred revenue				
<b>≘</b> 20	Loans from officers, directors, trustees, and other disqualified persons.			,	
Liabilities 12 02 12 22	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ▶)		***************************************	1	
<b>-</b>  22	Other liabilities (describe				
23	Total liabilities (add lines 17 through 22)		NONE	1	
+23			IVOIVE		
alances 25	Foundations that follow SFAS 117, check here > and complete lines 24 through 26, and lines 30 and 31.			ı	
E 24	Unrestricted				
ල් 25	Temporarily restricted			1	
힏 26	Permanently restricted			- <u> </u>	
Net Assets or Fund B 20 20 20 30 31 30 30 30 30 30 30 30 30 30 30 30 30 30	Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31				
g 27	Capital stock, trust principal, or current funds	2,365,131.	3,545,249.		
28	Paid-in or capital surplus, or land, bldg , and equipment fund				
ğ 29	Retained earnings, accumulated income, endowment, or other funds			<u> </u>	
¥ 30	Total net assets or fund balances (see instructions)	2,365,131.	3,545,249.		
Ž 31	Total liabilities and net assets/fund balances (see				
	instructions)	2,365,131.	3,545,249.		
<u>Part</u>					
	otal net assets or fund balances at beginning of year - Part				
	nd-of-year figure reported on prior year's return)			2,365,131.	
	nter amount from Part I, line 27a		•	1,393,761.	
<b>3</b> O	ther increases not included in line 2 (itemize) $ ightharpoons$ INCOME ADJUS	TMENT	3	298.	
	dd lines 1, 2, and 3			3,759,190.	
	ecreases not included in line 2 (Itemize) $ ightharpoonup$ ADJUST MARKET TO !			213,941.	
6 T	otal net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b	), line 30 <b>6</b>	3,545,249.	

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
(a) List and de	scribe the kind(s) of property sold (for express warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a PUBLICLY TRADED	SECURITIES				
b					
C					-
<u>e                                      </u>	T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 3,829,255.		2,951,408.			<u>877,847.</u>
b					
_ с					
d					
<u>e</u>		10 (04 (00			
Complete only for assets s	howing gain in column (h) and owned b			Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
	as 01 12/31/05	Over cor (j), ir arry	ļ		077 047
					877,847.
<u>C</u>					
<u>d</u>					
е	f If a	ain, also enter in Part I, line 7			
2 Capital gain net income	or (not canital loss)	oss), enter -0- in Part I, line 7	2		877,847.
3 Net short-term capital of	gain or (loss) as defined in sections	,	<del>-</del>		011,011.
	Part I, line 8, column (c) See ins				
			3		
	Under Section 4940(e) for Red		come		
	the section 4942 tax on the distrib		ase perio	od?	Yes X N
	n't qualify under section 4940(e) D				
	mount in each column for each year	er, see the instructions before making	ng any er T	ntries (d)	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	col (c))
_2017	653,118.	1,738,400.			0.375701
2016	957,599.				0.646016
2015	286,412.	326,884.			0.876188
2014	_				
2013		<u> </u>			
					1 007005
	(d)		2	· · · · · · · · · · · · · · · · · · ·	1.897905
	tio for the 5-year base period - divid		,		0 622625
the number of years the	e foundation has been in existence	if less than 5 years	3		0.632635
4 Enter the net value of r	noncharitable-use assets for 2018 fi	rom Part X, line 5	4	3	057,166.
5 Multiply line 4 by line 3	3		5	1	934,070.
6 Enter 1% of net investment	nent income (1% of Part I, line 27b)		6		9,445.
7 Add lines 5 and 6			7	1	,943,515 <u>.</u>
8 Enter qualifying distribution of	utions from Part XII, line 4 greater than line 7, check the box	un Part VI line 1h and complete	8 that part	tusing a 1% ta	641,138.
Part VI instructions	greater than line 7, theth the box	tin rait vi, inte 15, and complete	mar pari		

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ctions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			j
	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		18,8	<u>90.</u>
	here and enter 1% of Part I, line 27b			,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE
3	Add lines 1 and 2		18,8	90.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0		18,8	90.
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 15,435.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		15,4	35.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3,4	55.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ► NONE Refunded ► 11			
Par	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		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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	'		
С	Did the foundation file Form 1120-POL for this year?	1c		X
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		2_		<u>X</u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	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			1
-	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			_
	conflict with the state law remain in the governing instrument?	6	X	
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_	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions   CA			[ [
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
3	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			``
	complete Part XIV	9		Х.
4.5				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		x
	names and addresses		0-PF	

∘Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address ►N/A			
14	The books are in care of ► US TRUST FIDUCIARY TAX SERVICES Telephone no ► (609) 274	-683	4	
17	Located at ▶ 1300 AMERICAN BOULEVARD, PENNINGTON, NJ ZIP+4 ▶ 08534			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
15	and enter the amount of tax-exempt interest received or accrued during the year			ш
10	and onto the smooth of the smo		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a <sub>1</sub> signature or other authority	16		X
	over a bank, securities, or other financial account in a foreign country?	\$2000373 Y X	157 <b>37 57 2</b>	TOWARD TO A
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
Da	the foreign country ►  LYUBE Statements Regarding Activities for Which Form 4720 May Be Required	BOOK OF THE	noncess.	3472-band
		BUT W	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies	18 A A	Espir	24774
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? Yes X No	8		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		124	
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the		7	
	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		14.4	82.2
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	234224a4	.~ Stell233
•	Organizations relying on a current notice regarding disaster assistance, check here		3	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N. V.	E E
	were not corrected before the first day of the tax year beginning in 2018?	1c	** Tell. de . 20	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			<b>9</b> 23
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years		100	
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		130	
	all years listed, answer "No" and attach statement - see instructions )	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			323
	<b>&gt;</b>			學門
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		200	
	at any time during the year?			
Ŀ	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		汉蒙	
	foundation had excess business holdings in 2018 )	3b		
Δa	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Co.		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
		.m 99	O DE	

Par	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Red	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e)) <sup>7</sup>	. Yes X No	,		:
	(2) Influence the outcome of any specific public ele	ection (see section	1955), or to carry or	n,			
	directly or indirectly, any voter registration drive?			. Yes X No	,		,
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes		. Yes X No	, '		
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described	n			,
	section 4945(d)(4)(A)? See instructions			. Yes X No	,	} }	1
	(5) Provide for any purpose other than religious, ch	naritable, scientific,	literary, or education	el			
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	,		•
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	ر <sub>ح</sub> ر ا		` .
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions .		5b_		
	Organizations relying on a current notice regarding disas	ster assistance, check	here				
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	1		,
	because it maintained expenditure responsibility for the	grant <sup>7</sup>		. Yes No	,		•
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)			-		
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiu	ms			
	on a personal benefit contract?			. Yes X No	<b>,</b>		
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	act?	. 6b		<u>X</u>
	If "Yes" to 6b, file Form 8870					ì	
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	•		
b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transact	on <sup>7</sup>	. 7b		
8	Is the foundation subject to the section 4960 tax on pay						•
	remuneration or excess parachute payment(s) during the						
.Par	Information About Officers, Directo and Contractors	rs, Trustees, Fol	indation ivianagei	s, Hignly Paid Em	pioyees,		
4	List all officers, directors, trustees, and foundatio	n managare and th		A ! 4 4!			
<u> </u>	List all bilicers, directors, trustees, and foundation						
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all		
RONAL	(a) Name and address D D SUGAR	(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			
RONAL 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
RONAL 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LE S SUGAR	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
RONAL 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			
RONAL 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LE S SUGAR	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
RONAL 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LE S SUGAR	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
RONAL 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LE S SUGAR	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LE S SUGAR	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  -0-	other all	owance	-0- -0-
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1	(c) Compensation (lf not paid, enter -0-)  -0-  -0-	(d) Contributions to employee benefit plans and deferred compensation  -0-  -1-  -1-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  COMPANSATION OF FIVE highest-paid employees	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than those	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit	ons). If n	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- enter
RONAL 228 C VALER 228 C (a)	(a) Name and address  D D SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  LIE S SUGAR  OPA DE ORO RD, LOS ANGELES, CA 90077-3804  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  TRUSTEE  1  (other than thos  (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one,	-0- -0- enter

Pa	ne	

	sighest-paid independent contractors for professional services. See instructions If none, enter "NONE	II .
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE NONE
	er of others receiving over \$50,000 for professional services	NON
Part IX-A	Summary of Direct Charitable Activities	
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of is and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		-
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	Amount
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
Allashaaa	ogram-related investments. See instructions	
All other br		
	l la companya di managantan di managantan di managantan di managantan di managantan di managantan di managanta	
3 NONE		

Form **990-PF** (2018)

Par	Minimum Investment Return (All domestic foundations must complete this part Fi see instructions )	oreign found	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	ο,	
	purposes:	-	
а	Average monthly fair market value of securities		2,957,650.
b		, I	146,072.
C	Fair market value of all other assets (see instructions),		NONE
	Total (add lines 1a, b, and c)	1d	3,103,722.
е	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	NONE
3		. 3	3,103,722.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, se	ee	
	instructions),	4	46,556.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line	4 5	3,057,166.
6	Minimum investment return Enter 5% of line 5	. 6	152,858.
Par	Tt XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating find and certain foreign organizations, check here   and do not complete this part )	foundations	
1	Minimum investment return from Part X, line 6	1	152,858.
2a	10.00		
b			
c	modification to the control of the c	2c	18,890.
3	Distributable amount before adjustments Subtract line 2c from line 1		133,968.
4	Recoveries of amounts treated as qualifying distributions		- NONE
5	Add lines 3 and 4		133,968.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part X		
•	line 1	1 _ 1	133,968.
Par	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	641,138.
b			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et		
_	purposes		NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		641,138.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		
	Enter 1% of Part I, line 27b. See instructions		N/A
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	641,138.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when	calculating	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Page 9

Part XIII Undistributed Income (see Instruc	ctions)		··	Page <b>9</b>
	(a)	(b)	(c)	(d)
1 Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
line 7				133,968.
2 Undistributed income, if any, as of the end of 2018	İ		NONE	
a Enter amount for 2017 only		NONE	NONE	
b Total for prior years 20,20		NONE		
3 Excess distributions carryover, if any, to 2018 a From 2013 NONE				J
NONE				
b From 2014 NONE c From 2015		1		
d From 2016 900, 927.	j			
e From 2017				
f Total of lines 3a through e	1,764,353.			
4 Qualifying distributions for 2018 from Part XII,	1,704,333.			· · · · · · · · · · · · · · · · · · ·
line 4 > \$ 641,138.				
a Applied to 2017, but not more than line 2a			NONE	
· · · · · · · · · · · · · · · · · · ·			1101112	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				<del></del>
required - see instructions)	NONE			•
d Applied to 2018 distributable amount	-			133,968.
e Remaining amount distributed out of corpus	507,170.			
5 Excess distributions carryover applied to 2018				
(If an amount appears in column (d), the same amount must be shown in column (a)	NONE			NONE
6 Enter the net total of each column as indicated below:	-			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,271,523.			
b Prior years' undistributed income Subtract				,
line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed	Į			
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		NONE		
d Subtract line 6c from line 6b Taxable				•
amount - see instructions		NONE		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				
instructions			NONE	
f Undistributed income for 2018 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2019				NONE
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	11011			ı
required - see instructions)	NONE			<u> </u>
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	NONE	<b>,</b>		
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	2,271,523.			
10 Analysis of line 9				
a Excess from 2014 NONE				ı
<b>b</b> Excess from 2015 276,654.				ļ
c Excess from 2016 900, 927.				, ,
<b>d</b> Excess from 2017 586,772.				į
<u>e</u> Excess from 2018 507,170.		<u></u>		

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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:

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Form 990-PF (2018)			47-3980241	Page 1
Part XV Supplementary Information	continued)		· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid Duri	ng the Year or App			
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	COMMODIUM	<del></del>
a Paid during the year				
CONNECTING CULTURES MOBILE MUSEUM			UNRESTRICTED GENERAL	
	N/A	PC	SUPPORT	700
2558 AIKEN AVE LOS ANGELES CA 90064-3306	N/A	PC	SUPPORT	700
UNIVERSITY OF SOUTHERN CALIFORNIA			UNRESTRICTED GENERAL	
INIVERSITY PARK LOS ANGELES CA 90089-0001	N/A	PC	SUPPORT	100,000
ONIVERDITI TARK BOD ANGEBED CA 70007 0001	II./ II.	1.0		200,000
LOS ANGELES PHILHARMONIC ASSOCIATION			UNRESTRICTED GENERAL	
151 S GRAND AVE LOS ANGELES CA 90012-3034	N/A	PC	SUPPORT	160,000
ist b diamb and hob inicable on your you.	.,,			,
THE UCLA FOUNATION			UNRESTRICTED GENERAL	
10920 WILSHIRE BLVD, STE 900 LOS ANGELES CA	N/A	PC	SUPPORT	340,000
	.,		1	
DESERT COMMUNITY FOUNDATION			UNRESTRICTED GENERAL	
75105 MERLE DR STE 300 PALM DESERT CA 92211-	N/A	PC	SUPPORT	100
ALLIANCE FOR COLLEGE READY PUBLIC SCHOOLS			UNRESTRICTED GENERAL	
601-S-FIGUEROA ST 4TH FL LOS-ANGELES CA 9001	N/A	PC	SUPPORT	26,000
BOYS & GIRLS CLUB OF COACHELLLA VALLEY			UNRESTRICTED GENERAL	
42600 COOK ST STE 120 PALM DESERT CA 92211-5	N/A	PC	SUPPORT	500
•				
		ļ		
		İ		
			1	
Total			▶ 3a	627,300
b Approved for future payment		Ĭ		
		1		
	-			
		1		
Total	· · · ·	•		

Analysis of Income-Producing Activities

Enter gross amoun	ts unless otherwise indicated	Unrela	ited business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_					· ·	
						<u> </u>
		-				
f						<del></del>
	ntracts from government agencies		··· <del>-</del> -	<u> </u>		
•	ues and assessments					<u>.</u>
•	as and temporary cash investments	1				
`	interest from securities	1		14	87,356.	
	me or (loss) from real estate					
	ed property · · · · · · · ·					
	anced property					
	ne or (loss) from personal property	l .				
	ent income					
	m sales of assets other than inventory	1		18	-15,230.	
	(loss) from special events · · ·					
	(loss) from sales of inventory					
1 Other revenue	·					<u> </u>
ь <u>FEDER</u> A	AL TAX REFUND			1	200.	
d						
е		<u> </u>				
2 Subtotal Add	columns (b), (d), and (e)				72,326.	72,326
	Relationship of Activities  plain below how each activities  complishment of the foundati	ty for whic	h income is reported	in column (	e) of Part XVI-A contrib	
-			PERMANENT	······································		
			NOT APPLICABL	.F.		
		· -				
						Form <b>990-PF</b> (201

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

II	n sec rganiz	tion 501(c) (other zations?	than section	501(c)(3) organization	ons) or in sec	iny other organization tion 527, relating ti	1	Yes	No
(1	I) Cas	sh	g foundation to	a noncharitable exem	pt organization o	of 	<u>1a(1)</u>		_ <u>X</u> _
	•	ransactions					1a(2)		Χ
	(1) Sales of assets to a noncharitable exempt organization							_X_	
(2	2) Pur	chases of assets from	n a noncharitab	le exempt organizatio	n		1Ь(2)		X
-	-	•	-	assets			<u>1b(3)</u>		X
		mbursement arrange Ins or loan guarantee		. <b></b>			1b(4)		X
		•					<del></del>		<u>X</u>
			_						<u>X</u>
		·		•	-	Column (b) should a If the foundation re	•		
						of the goods, other			
(a) Line		(b) Amount involved	<del></del>	ioncharitable exempt organiz		escription of transfers, transa			
			<del> </del>						
		<del></del>							
	-+	<del></del>	<u> </u>			<del></del>	<del></del>		
	-	<del></del>	<u> </u>			<del></del>			
			ļ						
	-+		<del></del>						
		<del></del>	<del> </del>						
	-+		<del> </del>						
	-				<del></del>				
			•			ore tax-exempt organi		es X	7 610
		" complete the follow		em to negrous	ection 527			2S	ये १४०
		(a) Name of organization		(b) Type of orga	nization	(c) Descrip	tion of relationship		
							<del></del>		
Sign Here	Under			ned this return, including accor expayer) is based open information	on of which preparer has	d sratements, and to the best sany knowledge	May the IRS discus	s this	return
	J.W.	3.03.3.3.3.6.					Oce mandenons A	∟ ۳۰۰۰	لتن
Paid	-	Print/Type preparer's nar	me	Preparer's signature	~		neck of PTIN		
repa	rer	KAREN J KISE			Hisir	05/01/2019 se			.7
Jse C			NK OF AMER O BOX 1802		<del> </del>	Firm's Ell	v ▶ 94-1687	665	
C	, , , , y	•	O BOX 1802 OVIDENCE,	RI	02901-18	302 Phone no	888-866-3	275	
							Form 99		2018)

## Schedule B

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

Go to www.irs.gov/Form990for the latest information

OMB No 1545-0047

2018

Employer identification number

47-3980241 SUGAR FAMILY FOUNDATION Organization type (check one) Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 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 X 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 nonexclusivelyreligious, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization SUGAR FAMILY FOUNDATION

Employer identification number 47-3980241

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	RONALD AND VALERIE SUGAR  228 COPA DE ORO RD  LOS ANGELES, CA 90077-3804	\$ 500,054.	Person Payroll Noncash  (Complete Part II for noncash contributions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	RONALD AND VALERIE SUGAR  228 COPA DE ORO RD  LOS ANGELES, CA 90077-3804	\$ 500,092.	Person Payroll Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3_	RONALD AND VALERIE SUGAR  228 COPA DE ORO RD  LOS ANGELES, CA 90077-3804	\$500,042	Person Payroll Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	RONALD AND VALERIE SUGAR  228 COPA DE ORO RD  LOS ANGELES, CA 90077-3804	\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization
SUGAR FAMILY FOUNDATION

Employer identification number

47-3980241

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	3475 SHS VANGUARD TOTAL STOCK MARKET		
		\$500,054.	06/20/2018
(a) No from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	3379 SHS VANGUARD TOTAL STOCK MARKET		
		\$\$	08/22/2018
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	3514 SHS VANGUARD TOTAL STOCK MARKET		•
		\$5 <u>00,042</u> .	10/18/2018
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4_	3660 SHS VANGUARD TOTAL STOCK MARKET		
		\$\$	_12/12/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \$	
(a) No from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME	4,276. 11,766. 1,591. 19,539. 14. 14. 74. 3,980. 46,116. 4,276. 11,766. 19,539. 14. 74. 74.	87,356. 85,765.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST US GOVERNMENT INTEREST REPORTED AS QUALINONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL

47-3980241

SUGAR FAMILY FOUNDATION

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

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DESCRIPTION

FEDERAL TAX REFUND

200.

TOTALS

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	CHARITABLE PURPOSES			2,500.	
	ADJUSTED NET INCOME		11111111111	NONE	II II II II II II II II II II
	NET INVESTMENT INCOME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	# 11
l <del>i</del>	REVENUE AND EXPENSES PER BOOKS	2,500.	;	2,500.	## H H H H H H H H H H H H H H H H H H
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	DESCRIPTION	TAX PREPARATION FEES			

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CHARITABLE PURPOSES	11,328.  11,328. ============
NET INVESTMENT INCOME	16,991.
REVENUE AND EXPENSES PER BOOKS	28,319.
DESCRIPTION	INVESTMENT MANAGEMENT FEES TOTALS

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NET INVESTMENT INCOME	392. 1,540.
REVENUE AND EXPENSES PER BOOKS	1,148. 3,130. 15,435. 392. 
DESCRIPTION	FOREIGN TAXES EXCISE TAX - PRIOR YEAR EXCISE TAX ESTIMATES FOREIGN TAXES ON NONQUALIFIED

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EXPENSES	
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CHARITABLE PURPOSES	10.	.     .     .   .   .   .   .   .   .
NET INVESTMENT INCOME	150. 150. 267.	567.
REVENUE AND EXPENSES PER BOOKS	150. 150. 10. 267.	577.
,		TOTALS
DESCRIPTION	OTHER INVESTMENT FEE OTHER INVESTMENT FEE STATE FILING FEE INVSTMT EXPENSE	4

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FORM 990PF, PART II - OTHER INVESTMENTS

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DESCRIPTION	COST/ FMV C OR F	BEGINNING BOOK VALUE.	ENDING BOOK VALUE	ENDING FMV 
THE RESERVENCE OF THE PERSON O	ζ	, , , , ,	707 00	91 426
7 Q	) כ	01,759.	٠, ل ب ر ر	7 7 7
44417303 98758100	ט ני	4,77	5,80	1,38
18287 ARISTOTLE/SAUL	Ü	0,82	51,937.	53,180.
4134R834 HOTCHKIS	ບ	2,16	8,57	1,89
9252M883 BLACKROCK BOND F	บ	2,87		
3937B746 POWERSHARI	บ	2,26		
3936T763 POWERSHARES FTS	ບ	0,53		
64288448 SHARES DJ EPAC S	ပ	1,40		
64286525 ISHARES TRUST S	บ	2,00		
9252X509 BLACKROCK WORI	ບ	7,14		
0768D798	ט	9,19	9,36	2,92
0766Y299 KOPERN	บ	0;14	61,570.	9
21909768 VANGUARD TOTAL	บ	4,34	1,20	0,68
2201M867 PIMCO ALL ASSET	บ	3,96		
2201M719 PIMCO INCOME FUND	บ	3,60		
77902573 EATON VANCE	บ	3,91	1,84	87,20
4128K751	บ	7,89	116,501.	0,7
6166Y404 TORTOISE N	ບ	4,79	8,10	3,64
43916464	บ	6,83		
6434V621 ISH T	บ	9,97	88,719.	91,574.
MODSIM 699XL177	ບ	8,30	9,78	1,53
2647K507 VICTORY MUNDE	บ	9,46		
4441J829 PRUDENTIAL ABSC	บ	7,55	125,425.	121,514.
77130867	บ	9,63		
2913L684	บ	2,66		
22908769 VANGUARD TOTA	บ	91,9	8,14	5,85
4134R800 HOTCHKIS	บ	0,94	64,687.	55,447.
39330825 AMER FUNDS WA	ບ	5,58	7,67	8,28
		-		

- OTHER INVESTMENTS

PART II

FORM 990PF,

	OST/ FMV	BEGINNING 175	ENDING	END ING
DESCRIPTION	H	BOOK VALUE		) I I
39F106 VANECK V	ŭ			
86H404 LYRICAL	บ	9,57		
285105 ISHARES COMEX GOLD	ט י	ω ω		
50929	บ	4,24		1
375827 AMER FUNDS	บ	15,28	47,634.	47,558.
81N20	U	1,41		
41P866	บ	, 50	6,88	2,43
76P698	ບ		7,47	7,47
38E628	U		6,10	1,79
792407	U			59,003.
34G855	บ		7,05	0,34
44R305 CREDIT SUISS	ບ		1,42	9,63
544101 FPA NEW INCOM	ט		8,55	8,67
63V107 SPDR	ט			
72201M594 PIMCO SHORT-TERM FUN	ບ		5,38	$\sim$
248587 DELA	ບ			
38E727 INVE	ບ		6,71	H
620301 DOUB	U		, 95	33,00
34X127 FIRST TR EN	ט		4,77	, 10
32F834 ISHARES CORE MSC	U		0,1	4
01M792 PIMCO FLOATING IN	บ	,	136,621	135,81
Ţ	TOTALS	2,305,599.	3,241,112.	3,297,007.
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