_{готт} 990-РF

Return of Private Foundation

Return of Private Foundation

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

On 17

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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				, 2017,	and endin		, 20
•						1	
							
Numbe	er and street (or P O box number if mail is not delivered	to street	address)		Room/suite	B relephone numb	er (see instructions)
100	O O NORDOLK GERRER CER 150					(650) 03	21_3400
		4al a				(650) 9.	51-3400
City or	town, state or province, country, and ZIP or foreign pos	iai code				C If exemption applic	atron is
יג תים	MATEO CA 04402-1161					pending, check here	• ▶ ☐
			I Instead materials	-f a farmar n	ublic chord		
Cne	· · · · · · · · · · · · · · · · · · ·	\vdash	_	-	oublic charit		
H			→ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			85% test, check	here and attach
Cho		c)(3) a	_ -		601	computation .	
							_
	C	-	_	3311 A00	i dai	1	b)(1)(B), check here
	• • • • • • • • • • • • • • • • • • • •			sh basis)		_	
	· · · · · · · · · · · · · · · · · · ·	_	``	· · · · · · · · · · · · · · · · · · ·			(d) Disbursements
	total of amounts in columns (b), (c), and (d)		kpenses per	` '		(c) Adjusted net	for charitable purposes
	may not necessarily equal the amounts in column (a) (see instructions))		books				(cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)		92,159.				
2	Check If the foundation is not required to attach Sch B.						
3	Interest on savings and temporary cash investments.						
4	Dividends and interest from securities					••	
5a	Gross rents					FYF	DEWES -
b	Net rental income or (loss)					KE	CEIVED
6a							
	assets on line 6a					MAY G	1 4 2018 9 -
7	Capital gain net income (from Part IV, line 2).				U.		2 1 2010
8	Net short-term capital gain,						
9 10a							VEN, UI
	and allowances						
1	_						
	, , , , , , , , , , , , , , , , , , , ,						
1			92,159.		0.		
			0.				
15							
16a			86,445.				86,445.
ь			4,500.				4,500.
С	•						
17	Interest					 	_
18	Taxes (attach schedule) (see instructions)						<u> </u>
19	Depreciation (attach schedule) and depletion.						<u> </u>
20	Occupancy						
21	Travel, conferences, and meetings						
22	Printing and publications		1 014			· · · · · · · · · · · · · · · · · · ·	10
23			1,214.				10.
24	Total operating and administrative expenses.		02 150				90,955.
	Add lines 13 through 23		32,139.				30,333.
25			92 150	<u> </u>			90,955.
26	Total expenses and disbursements Add lines 24 and 25	L	92,109.				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TC .			ا م				
a	•				0.		
1	, -						
		L		L			Form 990-PF (2017)
	THE Number 190 City or Can SAN Che SAN	Pr calendar year 2017 or tax year beginning Name of foundation THE HELEN DILLER FOUNDATION Number and street (or P O box number if mail is not delivered 1900 S NORFOLK STREET, STE 150 City or town, state or province, country, and ZIP or foreign pos SAN MATEO, CA 94403−1161 Check all that apply Initial return Final return Address change Check type of organization. X Section 501(Section 4947(a)(1) nonexempt chantable trust Fair market value of all assets at end of year (from Part II, col (c), line 16) ►\$ 211 Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) 1 Contributions, grits, grants, etc. received (attach schedule). 2 Check ► if the foundation is not required to attach Sch B. 3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities. 5 Gross rents. 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 6 Gross sales pince for all assets on line 60 7 Capital gain net income (from Part IV, line 2). 8 Net short-term capital gain. 9 Income modifications. 10 a Gross sales less returns and allowances. b Less Cost of goods sold. c Gross profit or (loss) (attach schedule). 11 Other income (attach schedule) ATCH 2. 12 Cother professional fees (attach schedule) ATCH 2. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages. 15 Pension plans, employee benefits. 16 Legal fees (attach schedule) ATCH 2. 17 Cother professional fees (attach schedule). 17 Interest. 18 Taxes (attach schedule) ATCH 2. 19 Depreciation (attach schedule) ATCH 3. 20 Other professional fees (attach schedule) ATCH 3. 21 Travel, conferences, and meetings. 22 Printing and publications. 23 Other expenses (attach schedule) ATCH 3. 24 Total operating and administrative expenses. 25 Add lines 13 through 23. 26 Contributions, gifts, grants paid. 27 Subtract line 26 firm mine 12 28 Excess of revenue over expenses and disbursements. 29 Net i	Precial calculation of the company o	Proceedings Process Process	Calendar year 2017 or tax year beginning Calendar year 2017 or town, state or province, country, and ZIP or foreign postal code	Accounting method Accounting the private foundation Accounting method Accounti	procedural year 2017 of tax year beginning without of foundation THE HELEN DILLER FOUNDATION 1900 S NORFOLK STREET, STE 150 (650) 9: (7) of town, state or province, country, and 2P or foreign postal code SAN MATEO, CA 94 03−1161 Check all that apply Initial return Amended return Name change 1. Fersign organization Name change 1. Fersign organizat

_	art II	Rajanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	art ii	Dalance Sileets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beam	ng			
	2	Savings and temporary	cash investments			
		Accounts receivable				
		Less allowance for dou	btful accounts ▶			
	4	Pledges receivable ▶				
			btful accounts ▶			
			officers, directors, trustees, and other		-	
		disqualified persons (att	tach schedule) (see instructions)			
	7	Other notes and loans r	eceivable (attach schedule)			
			btful accounts >			
ts			e			
Assets			eferred charges			
A			e government obligations (attach schedule).			
			stock (attach schedule)			
		•	bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis				
		Less accumulated deprecia (attach schedule)	ition >			
	12	• ,	loans			
			ich schedule)			
		Land, buildings, and	•			
-		Less accumulated deprecia	tion >			
	15	(attach schedule) Other assets (describe	ATCH 4	23,797.	23,797	
			completed by all filers - see the			
		instructions Also, see pa	age 1, item I)	23,797.	23,797	. \ \ \ \ \ \ 0.
	17	Accounts pavable and a	ccrued expenses			,
]
Š	19					1
豆	20	Loans from officers, directo	rs, trustees, and other disqualified persons]
ğ	21		tes payable (attach schedule)			
ات	19 20 21 22		· • •	-		1
		•				
	23	Total liabilities (add line	s 17 through 22)	0.	0	,
		Foundations that follow	SFAS 117, check here]
ces			through 26, and lines 30 and 31.			
일	24	Unrestricted				
aga	25					
8	26	Permanently restricted .				1
Ĕ			ot follow SFAS 117, check here ▶ 🏻 🗍			
Ē		and complete lines 27 (
ō	27	Capital stock, trust princ	opal, or current funds			
ets	28		land, bldg, and equipment fund			
SS	29	Retained earnings, accumu	ilated income, endowment, or other funds	23,797.	23,797	
2	24 25 26 27 28 29 30 31	Total net assets or fund	balances (see instructions)	23,797.	23,797]
윈	31	Total liabilities and	net assets/fund balances (see			
\exists		instructions)	<u> </u>	23,797.	23,797	·
Р			nges in Net Assets or Fund Bala	nces		
1	Tota	net assets or fund b	alances at beginning of year - Part I	II, column (a), line 30 (i	must agree with	
			d on prior year's return)		-	23,797.
2			line 27a			0.
			led in line 2 (itemize) ▶			
4						23,797.
5		reases not included in			5	
_6			alances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 30 6	23,797.
						5 990 PE (2047)

Pai	rt IV Capital Gains	and Losses for Tax on Inv	vestment Income						
	(a) List and des	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo, day, yr)					
	2-story bi	rick warehouse, or common stock, 200	U Shs MLC Co)	D - Donation		(mo, day, yr)			
<u>1 a</u>	<u> </u>			 -					
<u>b</u>				 					
<u>c</u>		-		 					
d				 					
<u>e</u>	· · · · · · · · · · · · · · · · · · ·	(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (lo	es)			
	(e) Gross sales price	(or allowable)	plus expense of sale	((e) plus (f) minus (g))					
a				-					
<u> </u>				 					
<u>c</u>									
d				+					
е	Complete only for assets s	howing gain in column (h) and owne	d by the foundation on 12/31/69	 					
	Complete only for assets si		Gains (Col (h) ga (k), but not less t						
(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		Losses (from co				
а									
b									
c					· · · ·				
d									
е			<u> </u>	1					
2	Capital gain net income	or (not canital loce)	gain, also enter in Part I, line 7						
		(11)	(loss), enter -0- in Part I, line 7	2					
3		ain or (loss) as defined in section							
			nstructions If (loss), enter -0- in						
Pai		Index Section 4040(a) for De	educed Tax on Net Investment I	3					
			he section 4940(a) tax on net invest	-	\				
Was			ibutable amount of any year in the b	oase perio	d?	Yes No			
			ear, see the instructions before mak	100 004 00	trios				
1_	(a)			ing any er	(d)				
C=1	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	İ	Distribution ra (col (b) divided by	itio			
Cart	2016	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	1	(cor (b) divided by	cor (c))			
	2015		1	<u> </u>					
	2014		-	 					
	2013			<u> </u>		-			
	2012	· · · · ·		<u> </u>					
2	Total of line 1, column (d)		2					
3			de the total on line 2 by 5 0, or by						
-			e if less than 5 years	3		***			
4	Enter the net value of no	oncharitable-use assets for 2017	from Part X, line 5	4					
5	Multiply line 4 by line 3			5					
3	muniply line 4 by line 5.								
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)	6					
7	Add lines 5 and 6			7					
•		ann from Dest VIII her 4		8					
8	Enter qualifying distribut If line 8 is equal to or general VI instructions	ions from Part XII, line 4	ox in Part VI, line 1b, and complete		t using a 1% ta	x rate See th			

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	Enter the states to which the foundation reports or with which it is registered. See instructions.							
ls the foundation claiming status as a private operating foundation within the meaning of 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions	to the Attorney General							
4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions								
, ,	of section 4942(j)(3) or							
complete Part XIV	·							

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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

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Par	t 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	X	
	Website address ▶ N/A			
14	The books are in care of ▶ TAX DEPARTMENT Telephone no ▶ 650-931	-340	0	
	Located at ▶1900 S NORFOLK STREET, STE 150, SAN MATEO, CA ZIP+4 ▶ 94403-1	161		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified persons			
	(a) I difficulty a displacement of the description in the displacement person.			
	(1) to some state of the period of the management periods in the period of the period			
	(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)?			
	the benefit or use of a disqualified person)?			
	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		:	
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	1		
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)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ļ	Ï	
•	Out the foundation hold many them a 20% depart or reduced in the property of the foundation holds.			
Зa	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
L				
D	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)	3b		
4 a	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	*****		
_	shoritable surgers that had not been compared from congrety before the first day of the tay year beginning in 20172	46		X

7 4b X Form 990-PF (2017)

	rt VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Red	uired (continu	ied)			
5a	During the year, did the foundation pay or incur any ar	mount to.					Yes	No
	(1) Carry on propaganda, or otherwise attempt to infl	uence legislation (section	on 4945(e))?	Yes	X No			
	(2) Influence the outcome of any specific public e	election (see section	4955), or to carry or),				
	directly or indirectly, any voter registration drive?			Yes	X No	1 1		
	(3) Provide a grant to an individual for travel, study, or			1 1 1	X No	1 1		
	(4) Provide a grant to an organization other than	•						
	section 4945(d)(4)(A)? See instructions			1 1 1	X No			
	(5) Provide for any purpose other than religious,						j	
	purposes, or for the prevention of cruelty to childre	·	•		X No	1 1		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the						Į	
_	Regulations section 53 4945 or in a current notice reg					5ь	-	
	Organizations relying on a current notice regarding dis					╗┟┷╧┥		
_	If the answer is "Yes" to question 5a(4), does the					ا [ا	j	
С	because it maintained expenditure responsibility for the		•		No	1 1	ľ	
						1 1	ı	
ο-	If "Yes," attach the statement required by Regulations	• •	-41 4			1 1]	
6a	Did the foundation, during the year, receive any f	•			X No	1 1	ŀ	
	on a personal benefit contract?				A) NO	.		Х
b	Did the foundation, during the year, pay premiums, di	rectly or indirectly, on a	personal benefit contra	ict ^o		6b		
	If "Yes" to 6b, file Form 8870				₹.		i	
7a						1 1	Ì	
b						7b		
Pai	Information About Officers, Direct and Contractors	ors, Trustees, Fol	indation Manager	s, Hignly Palo	Emplo	yees,		
1	List all officers, directors, trustees, foundation			instructions.				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit p		e) Expens		
	(-)	devoted to position	enter -0-)	and deferred compen		other all	owance	s
		_						_
ATC	H 5		0.		0.			0.
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		_						
		_						
		_						
		-						
2	Compensation of five highest-paid employee	s (other than thos	se included on lin	e 1 - see inst	tructions). If no	one, e	ente
2	Compensation of five highest-paid employee "NONE."		se included on line). If no	one, e	ente
		s (other than thos (b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions employee bene	s to	e) Expens	e accou	nt,
	"NONE."	(b) Title, and average		(d) Contributions	s to efit (o		e accou	nt,
	"NONE."	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE."	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions employee bene plans and defen	s to efit (o	e) Expens	e accou	nt,

Form 990-PF (2017) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments See instructions 3 NONE

Form 990-PF (2017)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b		1 1	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0.
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	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1 1/2% 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	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Pai	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
	and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2017 from Part VI, line 5 2a		
b]	
С		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		
4	Recoveries of amounts treated as qualifying distributions		
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	0.
Da			
r a	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	90,955.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
	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	90,955.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	90,955.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating whether th	ne foundation
	qualifies for the section 4940(e) reduction of tax in those years		

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Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				0.
2	Undistributed income, if any, as of the end of 2017	1			}
а	Enter amount for 2016 only,				
t	Total for pnor years 20 15 ,20 14 ,20 13				
3	Excess distributions carryover, if any, to 2017				
а	From 2012				
b	From 2013				
c	From 2014				
ć	From 2015				1
	From 2016				
	Total of lines 3a through e	0.			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$90,955.				
	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election		1		
لد.	required - see instructions)			 	
	I Applied to 2017 distributable amount	90,955.		· · · · · · · · · · · · · · · · · · ·	
	Excess distributions carryover applied to 2017				
ŭ	(If an amount appears in column (d), the same				
c	amount must be shown in column (a)) Enter the net total of each column as				Į
0	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	90,955.			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	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	Ì			
	distributed in 2018				
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				
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				
•	Subtract lines 7 and 8 from line 6a	90,955.			
10	Analysis of line 9				
а	Excess from 2013				
b	Excess from 2014				
C	Excess from 2015				
	Excess from 2016				
е	Excess from 2017 90, 955.				L

Form	n 990-PF (2017)	THE HELE	N DILLER FOUNDA	TION		81-3945624	Page 10
Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPL	
1 a	If the foundation has	received a ruling or o	letermination letter tha	t it is a private opera	ating		
	foundation, and the rulin	g is effective for 2017, e	nter the date of the ruling		▶[
þ	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section	4942(j)(3) or 49	42(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	·	(e) Total	
2.0	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	1 (0) 1012	
	I or the minimum investment	ĺ]]		
	return from Part X for each year listed	H				<u></u>	
b	85% of line 2a						
c	Qualifying distributions from Part						
_	XII, line 4 for each year listed .				1		
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						
а	"Assets" alternative test - enter		}]		
•	(1) Value of all assets		/				
	(2) Value of assets qualifying						
	under section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test-						
	enter 2/3 of minimum invest-						
	ment return shown in Part X, line 6 for each year listed						
С	"Support" alternative test - enter						
	(1) Total support other than	1					
	gross investment income (interest, dividends, rents,						
	payments on securities						
	loans (section 512(a)(5)), or royalties)						
	(2) Support from general						
	public and 5 or more exempt organizations as						
	provided in section 4942 (j)(3)(B)(iii)						
	(3) Largest amount of sup-						
	port from an exempt organization						
	(4) Gross investment income .	/					
Pa	rt XV Supplemer	ntary Information (Complete this part	only if the foundat	tion had \$5,	000 or more in ass	ets at
	any time d	uring the year - see	instructions.)				
1	Information Regardin						
а	List any managers of	the foundation who I	nave contributed mor	e than 2% of the tota	d contributions	s received by the fou	ndation
	before the close of any		ney have contributed r	nore than \$5,000). (Se	ee section 507	(a)(2))	
	SANFORD N I						
b	List any managers of					equally large portion	of the
	ownership of a partner	rsnip or other entity) of	rwnich the toundation	nas a 10% or greater	interest		
	(-						
	N/A	0 10 10 10 10	077				
2	Information Regardin	<u>-</u>		• • •			
	Check here ► X if t	he foundation only	makes contributions	to preselected char-	table organiza	ations and does not	accept
	unsolicited requests for			ints, etc., to individua	ls or organiza	tions under other con	ditions,
	complete items 2a, b,						
а	The name, address, a	na telephone number	or email address of the	ne person to whom app	lications should	1 be addressed.	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include		
	Any submission deadli	nes					
C	Any submission deduit	1103					
d	Any restrictions or li factors:	mitations on awards	, such as by geogra	aphical areas, charita	ble fields, kir	nds of institutions, or	other

Part XV Supplementary Information (continued)

Page **11**

3 Grants and Contributions Paid Durin	g the Year or Appr	oved for F	uture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, , , , , , , , , , , , , , , , , , ,
a Paid during the year				
,				
				1
				Ì
			•	
				1
		1		
			,	
			•	
Total	<u> </u>	<u></u>	<u> ▶ 3a</u>	
b Approved for future payment		,		
, ,				
į				
Total			▶ 3b	
			<u> </u>	5 000 DE (0045

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Page **12**

Part XVI-A Analysis of Income-	Producing Act	ivities			
Enter gross amounts unless otherwise indicate	ed Unrela	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
c					<u> </u>
d		· · · · · · · · · · · · · · · · · · ·			
e		<u> </u>			
f					
g Fees and contracts from government ager	ncies				
2 Membership dues and assessments	1				
3 Interest on savings and temporary cash investme			 		
4 Dividends and interest from securities		 			
5 Net rental income or (loss) from real estate	t				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal prop 7 Other investment income					
B Gain or (loss) from sales of assets other than inv	l l	·			
9 Net income or (loss) from special events	- 1		_		
O Gross profit or (loss) from sales of inventor	1				
1 Other revenue a					
b	1				
С					
d					
e					
2 Subtotal Add columns (b), (d), and (e)				L	-
3 Total. Add line 12, columns (b), (d), and (e	e),		• • • • • • •	¹³	
See worksheet in line 13 instructions to verife Part XVI-B Relationship of Actionship		ocomplishment of	Evennt Dur		
					
Line No. Explain below how each a				•	
▼ accomplishment of the four	nuation's exemp	t purposes (other thai	n by providing	runds for such purposes	s) (See instructions)
			- -		
				· · · · · · · · · · · · · · · · · · ·	
		 			
					
					··
		 			·
					
 					

JSA 7E1492 1 000

Par	t XŶII	Information R Exempt Orga		ansfers to and Trans	actions and	Relationsh	ips With Nonc	hari	table	
1	Did the	e organization direc	tly or indirectly	engage in any of the follo	wing with any	other organiz	ation described		Yes	No
	ın şec	ction 501(c) (other	than section	501(c)(3) organizations)	or in section	n 527, relat	ing to political			
	organiz	zations?						1		
а	Transfe	ers from the reporting	ng foundation to	a noncharitable exempt o	rganization of:					
								1a(1)		X
								1a(2)		X
		transactions:						ļ		Х
				mpt organization						X
				able exempt organization						_ <u>X</u>
		•	•	assets				1	1 1	X
		-						I .		X
		_						,		X
_				nip or fundraising solicitation sts, other assets, or paid em					-	X
				es," complete the followin					fair m	
				ices given by the reporting						
		•		gement, show in column (•					
	ne no.	(b) Amount involved	T	noncharitable exempt organization			, transactions, and shar			
		N/A			N/A					
_										
										_
			_	- 						
			<u> </u>							
			ļ							
										
			<u></u>			 				
			<u> </u>							
			-	filiated with, or related to		tax-exempt o	rganizations	\neg	es X	۔ ہد ا
				ction 501(c)(3)) or in section	on 52/?			''	es [סאו ך
D	ii res	complete the follo (a) Name of organization		(b) Type of organization		(c) (Description of relations	hin		
		(a) Name of organization		(b) Type of organization			Description of relations	пъ		
_				ned this return, including accompany			ne best of my knowledg	e and l	elief, it	is true
. :		t, and complete Declaration	of preparer (other than t	axpayer) is based on all information of v	which preparer has an	y knowledge				
Sign		/ /s/ /		1/5/11/18	VICE	PRESIDENT	May the IRS			
lere	Sign	nature of officer or trustee		Date /	Title	<u> </u>	See instruction:	_	Yes	No
		VV					<u> </u>			=_
		Print/Type preparer's na	ame	Preparer's signature	44 4 4	Date	Check If F	TIN		
Paid		MICHAEL S GOI	DSTEIN	Muchael A. 9	Hololot	† 5-7-18	-	2012	5269	5
ret ^o	arer	Firm's name SE	EILER LLP		8	Fi	m's EIN ▶ 94-16	5242	76	
مما	Only		DEE TACOON	DD CTE 400						

Form 990-PF (2017)

650-365-4646

REDWOOD CITY,

Phone no

94065

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

THE HELEN DILLER FOUNDATION 81-3945624 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 501(c)(3) exempt private foundation Form 990-PF 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 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, 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).

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) (2017)

Employer identification number 81-3945624

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	SANFORD N DILLER 1900 S NORFOLK STREET, STE 150 SAN MATEO, CA 94403-1161	\$\$.	Person X 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)	
(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)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\ \$ ·	Person Payroli Noncash (Complete Part II for noncash contributions)	

Name of organization THE HELEN DILLER FOUNDATION

Employer identification number 81-3945624

art II ` Nonc	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		
n) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
			-		
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_		 			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE HELEN DILLER FOUNDATION

Employer identification number

81-3945624

	(10) that total more than \$1,000 for the	ons described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) and			
	the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	year. (Enter this information	the total of exclusively religious, charitable, etc., once. See instructions.) ► \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
(a) No.	422				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		

81-3945624

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4/25/2018
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		CHARITABLE PURPOSES	86,445.	86,445.
ATTACHMENT 1		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	86,445.	86,445.
	FORM 990PF, PART I - LEGAL FEES			TOTALS
	FORM 990PF, PARI	DESCRIPTION	LEGAL FEES	

81-3945624

FORM 990PF, PART I

ACCOUNTING FEES

DESCRIPTION

NT 2	,	CHARITABLE	4,500.	4,500.
ATTACHMENT 2		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
	n	REVENUE AND EXPENSES PER BOOKS	4,500.	4,500.
	- ACCOUNTING FEES			TOTALS

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ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

DESCRIPTION FTB FILING FEE LATE FILING FEE

1,204.

CHARITABLE PURPOSES 10.

10.

TOTALS

1,214.

ATTACHMENT 3

ATTACHMENT 4

PART II - OTHER ASSETS FORM 990PF,

DESCRIPTION

ORGANIZATION COSTS

ENDING BOOK VALUE

23,797.

23,797.

TOTALS

1129MJ M200 4/25/2018 1:15:10 PM V 17-4.2F

12209

ATTACHMENT 4

ATTACHMENT

AND TRUSTEES

- LIST OF OFFICERS, DIRECTORS,

PART VIII

FORM 990PF,

0 ٠. · EXPENSE ACCT ALLOWANCES AND OTHER CONTRIBUTIONS BENEFIT PLANS 。 。 。 TO EMPLOYEE 。 0 0 COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION TREASURER & SECRETARY GRAND TOTALS VICE PRESIDENT 1.00 1.00 1.00 PRESIDENT 1900 S NORFOLK STREET, STE 150 1900 S NORFOLK STREET, STE 150 1900 S NORFOLK STREET, STE 150 SAN MATEO, CA 94403-1161 SAN MATEO, CA 94403-1161 SAN MATEO, CA 94403-1161 SANFORD N DILLER NAME AND ADDRESS JACLYN SAFIER PHYLLIS COOK