Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

QUZ3
Open to Public Inspection

For calendar year 2023 or tax year beginning , 2023, and ending Name of foundation A Employer identification number West Coast Carriers Foundation 83-3475223 Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite (209) 944-5613 1477 Tillie Lewis Drive City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Stockton, CA 95206 Initial return G Check all that apply: Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated under Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method: Cash X Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here . . . line 16) (Part I, column (d), must be on cash basis.) 218,468 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and amounts in columns (b), (c), and (d) may not necessarily equal (b) Net investment for charitable (c) Adjusted net expenses per books purposes income the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 175,123 Check if the foundation is not required to attach Sch. B 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 2,535 2,535 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 10a Gross sales less returns and allowances • Less: Cost of goods sold Gross profit or (loss) (attach schedule) 11 12 177,658 2,535 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 15 Pension plans, employee benefits 16a Other professional fees (attach schedule) STM109 150 150 17 Taxes (attach schedule) (see instructions) STM110 · · · · 18 128 53 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 22 23 Other expenses (attach schedule) ... STM103 84,441 572 24 Total operating and administrative expenses. Add lines 13 through 23 775 84,719 25 Contributions, gifts, grants paid 47,020 47,020 26 Total expenses and disbursements. Add lines 24 and 25 . 775 131,739 47,020 27 Subtract line 26 from line 12: а Excess of revenue over expenses and disbursements . 45,919 Net investment income (if negative, enter -0-) 1,760 Adjusted net income (if negative, enter -0-)

Pa	ırt II	Balance Sneets Attached schedules and amounts in the description column	Beginning of year	End	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	124,727	160,824	160,824
	2	Savings and temporary cash investments		25,000	25,000
	3	Accounts receivable			
		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			
ets	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges STM136			
ä	10a	Investments - U.S. and state government obligations (attach schedule)	15,002		
	b	Investments - corporate stock (attach schedule) STM137	35,354	35,178	32,644
	С	Investments - corporate bonds (attach schedule)		•	
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	175,083	221,002	218,468
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0	0	
_		Foundations that follow FASB ASC 958, check here and			
alances		complete lines 24, 25, 29, and 30			
ĭ	24	Net assets without donor restrictions	175,083	221,002	
	25	Net assets with donor restrictions	2737333	222,002	
8		Foundations that do not follow FASB ASC 958, check			
or Fund		here and complete lines 26 through 30			
Ē	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
eţs	28	Retained earnings, accumulated income, endowment, or other funds			
Assets	29	Total net assets or fund balances (see instructions)	175,083	221,002	
χ	30	Total liabilities and net assets/fund balances (see	173,003	221,002	
Net		instructions)	175,083	221,002	
Pa	rt II		173,003	221,002	
		al net assets or fund balances at beginning of year - Part II, column (a), line 29 (i	must agree with		T
		d-of-year figure reported on prior year's return)	-	1	175,083
2		ter amount from Part I, line 27a			45,919
3		ner increases not included in line 2 (itemize)		3	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4		d lines 1, 2, and 3		4	221,002
5		creases not included in line 2 (itemize)		5	
6		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	n (b), line 29	6	221,002
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c (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gains or (loss) (e) plus (f) minus (g)) a	1a						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (h) Gain or (loss) ((e) plus (f) minus (g))	b						
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Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	3						24
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b Exempt foreign organizations - tax withheld at source	6	Credits/Payments:			1 1		
to Tax paid with application for extension of time to file (Form 8868)	а	2023 estimated tax payments	and 2022 overpayment credited to 2	023	6a		
d Backup withholding erroneously withheld	b	Exempt foreign organizations	- tax withheld at source		6b		
Total credits and payments. Add lines 6a through 6d	С	Tax paid with application for ex	xtension of time to file (Form 8868)		6c		
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	d	-	-				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	7		_				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	8		<u>-</u>	_	rm 2220 is attached	8 b	
	9					9	24
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded . 11	10	Overpayment. If line 7 is more	e than the total of lines 5 and 8, enter t	the <mark>amount overpa</mark> i	id	10	0
Form 000 DE (2023)	11	Enter the amount of line 10 to b	pe: Credited to 2024 estimated tax			Refunded . 1	

Part VI-A Statements Regarding Activities 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 Х Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the b 1b Х 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. Did the foundation file Form 1120-POL for this year? 1c С Х Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ (2) On foundation managers. \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 Х 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 х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Х b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Was there a liquidation, termination, dissolution, or substantial contraction during the year? Х If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 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 XIV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8b Х Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," 9 Х 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their 10 Х 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 Х 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 х 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.westcoastcarriersfoundation.org The books are in care of ___Mark Lill 14 Telephone no. 209-944-5613 Located at 1477 Tillie Lewis Drive, Stockton, CA 95206 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 2023, 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 Х See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Statements Regarding Activities for Which Form 4720 May Be Required Part VI-B File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes Nο During the year, did the foundation (either directly or indirectly): 1a(1) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Х (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified 1a(2) x (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3) х (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4) (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)? 1a(5) Х (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 1a(6) X 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 1d Х 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)): At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years 2a х _____, 20 ______, 20 ______, 20 ____ 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 If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 _____, 20 ______, 20 ______, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 3a 3a x If "Yes," did it have excess business holdings in 2023 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) 3b Did the foundation invest during the year any amount in a manner that would jeopardize its charitable X Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? 4b

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Part	VID Ctotomonto Dogarding Activities	undat.	ioh Form 4	700 M	ov Do Do		(sontinued)	<u> </u>		aye (
_			iich Form 4	/ 20 IVI	ау ве ке	uirea	(continued)		V	N1 -
5a	During the year, did the foundation pay or incur any amou			0.45())0				5-(4)	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer	•	•	` ''				5a(1)		X
	(2) Influence the outcome of any specific public election			-	-			5-(0)		
	man couly, any rotor rogical allors arriver							5a(2)		X
	(3) Provide a grant to an individual for travel, study, or o							5a(3)		X
	(4) Provide a grant to an organization other than a chari		_					E - (4)		
	(4)(A)? See instructions							5a(4)		X
	(5) Provide for any purpose other than religious, charital	ole, scier	ntific, literary, or	educatio	nal purposes	, or for		- (-)		
_	the prevention of cruelty to children or animals?							5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did any of the transact					ed				
	in Regulations section 53.4945 or in a current notice rega	_						5b		
С	Organizations relying on a current notice regarding disas									
d	If the answer is "Yes" to question 5a(4), does the foundate	tion clain	n exemption fror	n the tax	because it					
	maintained expenditure responsibility for the grant?							5d		
	If "Yes," attach the statement required by Regulations se									
6a	Did the foundation, during the year, receive any funds, di	rectly or	indirectly, to pay	premiui	ms on a pers	onal				
	benefit contract?							6a		Х
b	Did the foundation, during the year, pay premiums, direct	ly or indi	rectly, on a pers	onal ber	nefit contract			6b		Х
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, was the foundation a par	ty to a pr	ohibited tax she	lter trans	saction?			7a		х
b	If "Yes," did the foundation receive any proceeds or have	any net	income attributa	able to th	e transactior	? .		7b		
8	Is the foundation subject to the section 4960 tax on payr	nent(s) of	f more than \$1,0	000,000	in remunerat	on or				
								8		х
Part	VII Information About Officers, Directo	ors, Tr	ustees, Fou	ndatio	on Manag	ers, H	ighly Paid Em	ployee	es, ar	nd
	Contractors									
1	List all officers, directors, trustees, and found	lation r	nanagers an	d their	compensa	tion. S	ee instructions.	1		
	(a) Name and address		e, and average		mpensation		Contributions to	(e) Expe	nse acc	ount,
	(a) Name and address		rs per week ed to position		ot paid, ter -0-)		oyee benefit plans ferred compensation	other a	allowan	ces
Paul	Schulz	Vice	President							
1477	Tillie Lewis Drive Stoc CA 95206		2.00		0		0			0
	Lill	Treas	urer							
1477	Tillie Lewis Drive Stoc CA 95206		1.00		0		0			0
	Burgess	Presi					-			
	Tillie Lewis Drive Stoc CA 95206		1.00		0		0			0
	en Burgess	Secre					-			
	Tillie Lewis Drive Stoc CA 95206		1.00		0		0			0
2	Compensation of five highest-paid employees	s (othe		include		l - see		none.	enter	
	"NONE."	`					,	,		
							(d) Contributions to			
(6	a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w		(c) Comper	sation	employee benefit	(e) Expe		
•	,		devoted to po		(6) 55		plans and deferred compensation	otner	allowan	ces
NONE										
NONE										
					İ		1			

Mest Coast Carriers Foundation 83-3475223 Page Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VII

3	Five highest-paid independent contractors for professional service	e Soo instructions If none enter "N	ONE "
	(a) Name and address of each person paid more than \$50,000		(c) Compensation
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		
	VIII-A Summary of Direct Charitable Activities		
	st the foundation's four largest direct charitable activities during the tax year. Include relevant sta	istical information such as the number of	
	ganizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1			
2			
_			
3			
4			
•			
Part	VIII-B Summary of Program-Related Investments (see instr	ructions)	
De	escribe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1			
_			
2			
	other program-related investments. See instructions.		
3	other program-related investments. See instructions.		
•			
Total	Add lines 1 through 3		

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Part		ons, s	ee
	instructions.)		
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	42,767
b	Average of monthly cash balances	1b	155,276
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	198,043
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	0
3	Subtract line 2 from line 1d	3	198,043
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	2,971
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	195,072
6	Minimum investment return. Enter 5% (0.05) of line 5	6	9,754
Part		3	
	and certain foreign organizations, check here 🔲 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	9,754
2a	Tax on investment income for 2022 from Part V, line 5		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С	Add lines 2a and 2b	2c	24
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,730
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,730
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	9,730
Part	XI 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	47,020
b	Program-related investments - total from Part VIII-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	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	47,020

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Part XII Undistributed Income (see instructions) Years prior to 2022 Corpus 2023 1 Distributable amount for 2023 from Part X, line 7 9,730 2 Undistributed income, if any, as of the end of 2023: Total for prior years: 20 , 20 , 20 Excess distributions carryover, if any, to 2023: From 2018 From 2019 103,148 **c** From 2020 47,000 56<u>,</u>525 **d** From 2021 From 2022 21,647 Total of lines 3a through e 228,320 Qualifying distributions for 2023 from Part XI, 47,020 line 4: \$ Applied to 2022, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) **d** Applied to 2023 distributable amount 9,730 Remaining amount distributed out of corpus 37,290 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 265,610 Prior years' undistributed income. Subtract 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 Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be 0 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) Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a 265,610 Analysis of line 9: a Excess from 2019 103,148 **b** Excess from 2020 47,000 <u>56,5</u>25 c Excess from 2021 d Excess from 2022 21,647 e Excess from 2023 37,290

Part	Alli Private Operating Founda	ations (see instr	uctions and Par	t vi-A, question 9)	
1a	If the foundation has received a ruling or deter	rmination letter that it	is a private operatin	g		
	foundation, and the ruling is effective for 2023	, enter the date of the	e ruling			
b	Check box to indicate whether the foundation		ŭ		4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years) or
	income from Part I or the minimum		(h) 2022	,	(4) 2020	(e) Total
	investment return from Part IX for	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
	each year listed					
b	85% (0.85) of line 2a					
С	Qualifying distributions from Part XI, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities • • •					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter: (1) 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 investment return shown in					
	Part IX, line 6, for each year listed • • • • •					
•						
С	"Support" alternative test - enter: (1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		` .		he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year -	see instruction	ıs.)			
1	Information Regarding Foundation Manag	gers:				
а	List any managers of the foundation who have	e contributed more t	han 2% of the total c	ontributions received b	y the foundation	
	before the close of any tax year (but only if the	ey have contributed	more than \$5,000). (See section 507(d)(2).)	
Tono.						
None b	List any managers of the foundation who own	n 10% or more of the	stock of a corporation	on (or an equally large	nortion of the	
-	ownership of a partnership or other entity) of				portion or the	
T	•		-			
None 2	Information Regarding Contribution, Gran	at Gift Loan Schol	archin ata Bragra	me		
2	_		., , ,			
	Check here if the foundation only makes					
	unsolicited requests for funds. If the foundation	0 . 0	s, etc., to individuals	or organizations unde	r other conditions,	
	complete items 2a, b, c, and d. See instruction					
а	The name, address, and telephone number of	or email address of the	ne person to whom a	pplications should be a	addressed:	
	_					
	OOAPP					
b	The form in which applications should be sub	omitted and informati	on and materials the	y should include:		
	Any submission doadlines:					
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, suc factors:	h as by geographica	l areas, charitable fie	elds, kinds of institution	s, or other	

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West Coast Carriers Foundation Part XIV **Supplementary Information** (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation status of Purpose of grant or contribution Amount any foundation manager or substantial contributor recipient Name and address (home or business) Paid during the year Make Dreams Real 100 Sycamore Ave 20,000 Modesto CA 95354 None PC Program Contribution Desert Arc 73255 Country Club Drive Palm Desert CA 92260 None PC Program Contribution 27,020 47,020 Approved for future payment

Form **990-PF** (2023)

Form 990-PF (2023) Page 12 West Coast Carriers Foundation 83-3475223 Analysis of Income-Producing Activities Part XV-A Enter gross amounts unless otherwise indicated. (e) Unrelated business income Excluded by section 512, 513, or 514 Related or exempt function income (a) (b) (c) (d) (See instructions.) Business code Exclusion code Amount Amount Program service revenue: d f **g** Fees and contracts from government agencies . . . 2 3 Interest on savings and temporary cash investments . . 4 1,948 5 Net rental income or (loss) from real estate: **b** Not debt-financed property Net rental income or (loss) from personal property . . . 7 Gain or (loss) from sales of assets other than inventory . 9 Net income or (loss) from special events 91,343 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b Subtotal. Add columns (b), (d), and (e) 1,948 93,291 (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Part XV-B Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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23) West Coast Carriers Foundation 83-3475223 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Part XVI Organizations

1	Did the	e organization direc	tly or indirectly enga	ge in any of th	e following with a	ny other org	anizatio	on described					Yes	No
	in sec	tion 501(c) (other th	an section 501(c)(3)) organizations	s) or in section 52	7, relating to	politic	al						
	organi	zations?												
а	Transf	fers from the reporti	ng foundation to a n	oncharitable e	exempt organization	on of:								
	(1) Ca	ash										1a(1)		х
	(2) Ot	ther assets										1a(2)		х
b	Other	transactions:												
			oncharitable exempt	organization								1b(1)		х
	` '		rom a noncharitable	•	ization							1b(2)		x
	• •		ipment, or other ass									1b(3)		
	• •		•											х
	٠,		gements									1b(4)		X
		=	ees									1b(5)		X
	` '		es or membership o	•								1b(6)		Х
			ment, mailing lists, o									1c		Х
		-	above is "Yes," com		-			-						
	value	of the goods, other	assets, or services o	given by the re	porting foundation	n. If the foun	dation	received less	than f	air ma	rket			
	value i	n any transaction or	sharing arrangeme	nt, show in col	umn (d) the value	of the goods	s, other	assets, or se	ervices	receiv	ed.			
(a) Line	no. ((b) Amount involved	(c) Name of no	oncharitable exe	empt organization	(d)	Descrip	tion of transfer	s, trans	actions	, and sha	aring arrar	ngemen	its
2a	ls the	foundation directly o	or indirectly affiliated	with or relate	ed to one or more	tax-exempt	organi	zations						
		•	c) (other than section			•	•					☐ Ye	s X	No
		s," complete the folio		11 00 1(0)(0)) 0.										
		(a) Name of organiz		(b)	Type of organization	1		(c)	Descri	otion of	relations	hip		
		(a) Hame of organiz		(~)	. ypo o. o.gazao.			(0)	2000	J				
	Under	penalties of periury. I dec	lare that I have examined	this return. includ	ing accompanying sch	edules and state	ements. a	and to the best of	f my knov	wledge a	nd belief.	it is true.		
Sign	correct	, and complete. Declarati	ion of preparer (other than	taxpayer) is base	ed on all information of	which preparer	has any	knowledge.	,	9	,	,		
						~=~						RS discuss		
Here		ark Lill ature of officer or trustee			Date	CFO Title				—	See instru	reparer shouctions.	Yes	No No
	Olgilla	Print/Type preparer's na	ame	Preparer's	s signature	THIC		Date		<u>L</u>	Π	PTIN		
Paid		,, , ,		i-Tepaters	o orginaturo					Check	☐ if			
Prepa	rer	Amy Monroe,						04-25-20		self-em	oloyed	P0155	6754	
•		_	t Law Corpor						Firm's E					
USE (Ge Only Firm's address 2999 Douglas Boulevard SuiteRols 260 ville CA 95661 Phone no. 916-299-0331													

Schedule B (Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

83-3475223

Department of the Treasury Internal Revenue Service Name of the organization

West Coast Carriers Foundation

Go to www.irs.gov/Form990 for the latest information.

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** 🗴 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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), 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 nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

West Coast Carriers Foundation

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Williams Tank Lines 1477 Tillie Lewis Drive Stockton CA 95206	\$10,000	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	Cox Petroleum Transport 118 Cox Transport Way Bakersfield CA 93307	\$10,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Beneto Family Trust 950 Glenn Drive, Suite 120 Folsom CA 95630	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Boyett Petroleum 601 Mchenry Ave Modesto CA 95350	\$10,000	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
5	California Truck Center 100 Opportunity Street Sacramento CA 95838	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Polar Tank Co./PSC 12810 County Road 17 Holdingford MN 56340	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

West Coast Carriers Foundation

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Ramos Oil Co. 1515 S River Road West Sacramento CA 95691	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Pape Trucks 29550 Airport Rd. Eugene OR 97402	\$5,000	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	High Valley Angus Ranch 684 High Valley Drive Ironton MO 63650	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Pirelli Tire Co. 100 Pirelli Drive Rome GA 30161-7000	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	Opperman & Sonds Inc 280 Kinley Drive Healdsburg CA 95448	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Beall Manufacturing Co. 9200 N. Ramsey Blvd. Portland OR 97203	\$5,000	Person X Payroll Complete Part II for noncash contributions.)

West Coast Carriers Foundation

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	Chevron Products Company 6001 Bollinger Canyon Rd. San Ramon CA 94583	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	Fuel Delivery Services 4895 S. Airport Way Stockton CA 95206	5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_15	Henner Tank Lines 2201 E Monte Vista Ave Vacaville CA 95688	5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16	Interstate Truck Center 2110 S. Sinclair Ave Stockton CA 95215	5,000	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	San Joaquin Refining 3500 Shell Street Bakersfield CA 93308	5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Tyack Tire Co. 211 Summer Street Bakersfield CA 93305	5,000	Person X Payroll Complete Part II for noncash contributions.)

West Coast Carriers Foundation

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_19	Cost Per Mile 3967 E Central Avenue Fresno CA 93725	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(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

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN West Coast Carriers Foundation 83-3475223 Name and title of officer or person subject to tax Mark Lill, CFO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here . . . 2a Form 1120-POL check here . . 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here . . . 24 Form 8868 check here 5a 6a Form 990-T check here Form 4720 check here Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a 9a Form 5330 check here 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Wright Law Corporation to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 04-24-2024 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 687914 12345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 04-25-2024 ERO's signature ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements Name(s) as shown on return West Coast Carriers Foundation Page 1 Tax ID Number 83-3475223

Form 990PF - Part VI-A - Line 10 Substantial Contributors Schedule

Statement #114

Name Beneto Family Trust

Address 950 Glenn Drive, Suite 120

Folsom CA 95630

Name Boyett Petroleum Address 601 Mchenry Ave

Modesto CA 95350

Name Superior Tank Lines
Address 601 S Hunts Lane
Colton CA 92324

Name Williams Tank Lines
Address 1477 Tillie Lewis Drive

Stockton CA 95206

Name Cox Petroleum

Address 118 Cox Transport Way Bakersfield CA 93307

Danelbileia di 55507

Name California Truck Centers
Address 2727 E Central Ave

Address 2727 E Central Ave Fresno CA 93725

Name Polar Tank Co.

Address 12810 County Road 17

Holdingford MN 56340

Name PT Coupling
Address PO Box 3909
Enid OK 73702

Name Ramos Oil Co.
Address 1515 S. River Road

West Sacramento CA 95691

Name Pape Trucks
Address 29550 Airport Rd.

Eugene OR 97402

Name Opperman & Sons/Beall Address 280 Kinley Drive

Healdsburg CA 95448

Federal Supporting Statements Name(s) as shown on return West Coast Carriers Foundation Page 1 Tax ID Number 83-3475223

Form 990PF - Part II - Line 10(a)
Investments: U.S. Government Obligation Schedule

Statement #136

Category	Book Value (BOY)	Book Value (EOY)	FMV (EOY)
Government Securities	15,002		
Totals	15,002		

PG01

Form 990PF - Part II - Line 10(b)
Investments: Corporate Stock Schedule

Statement #137

Category	BOY	Book Value	EOY FMV
Mutual Funds	35,354	35,178	32,644
Totals	35,354	35,178	32,644

	Federal Supporting Statements	2023 PG01
Name(s) as shown on return		Tax ID Number
West Coast Carriers	Foundation	83-3475223

Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103~

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
Golf Tournament Expenses	83,780	0	0	0
Office Supplies	89	0	0	0
Other Investment Expenses	572	572	0	0
Totals	84,441	572	0	0

PG01

Form 990PF - Part I - Line 16(c) - Other Professional Fees Schedule

Statement #109~

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
Broker Fee	150	150	0	0
Totals	150	150	0	0

		1
	Federal Supporting Statements	2023 PG01
l	Name(s) as shown on return	Tax ID Number
l	West Coast Carriers Foundation	83-3475223

Form 990PF - Part I - Line 18 - Taxes Schedule

Statement #110~

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
IRS	21	21	0	0
CA Attorney General	75	0	0	0
Foreign Withholding Tax	32	32	0	0
Totals	128	53	0	0

Federal Supporting Statements (This page is e-filed with the return. Include it if paper-filing.)	2023 PG01
Name(s) as shown on return	Your Social Security Number
West Coast Carriers Foundation	83-3475223

Form 990PF - Part XIV - Line 2
Application Submission Information

Grant Program

West Coast Carriers

Applicant Name

Mark Lill

Address

1477 Tillie Lewis Drive Stockton CA 95206

Telephone

209-944-5613

Email Address

Form & Content

Letter

Submission Deadline

None

Restrictions on Award

The corporation will provide grants to nonprofit organizations that are dedicated to charitable and educational activities for the benefit of children and very low or no income families.

2023 CA199 Filing Instructions West Coast Carriers Foundation

Form filed:

CA199 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

05-15-2024

Other instructions:

The return reflects neither a refund nor a balance due

TAXABLE YEAR 2023

California Exempt Organization Annual Information Return



199

Competing Part Constitution Register Constitution of the Constitution of the Constitution Register Constitut	Calenda	Year 2023 or fiscal year beginning (mm/dd/yyy	Λ	and end	ling (mm/dd/yyyy)	
MEST_CAST_CARTIERS FOUNDATION		, , , , , , , , , , , , , , , , , , , ,		, and one		a corporation number
Street address (suite or room)		9	TON			
Same address (sush or room) 1477 TILLIE LEWIS DRIVE			TON			± 4 / L
Several actions (pauls) or morn) 1/4 7.7 TTLLIE LEWIS DRIVE State 2/P pose 5/20 6	Additional	information. See instructions.				
A F77 TILLIE LEWIS DRIVE State SP206S					83-3	3475223
State ZiP code STOCKTON	Street add	ress (suite or room)				PMB no.
Foreign province/state/country name	1477	TILLIE LEWIS DRIVE				
Foreign province/state/county Foreig	City				State	ZIP code
Foreign province/state/county Foreign province/state/county Foreign postal code	STOC	KTON			CA	95206
A First return Yes			Foreign province/sta	te/county	011	
B Amended return	i oroigii o	and Thame	Torcigit province/ou	to/oodinty		r creight postal odde
B Amended return	A First red	The state of the s	□ Voc □ No	I Did the organization have or	av shangas to its guidal	linea
C IRC Section 4947(a)(1) trust Yes No				9		_ 🗆 📆
Definal information return? □ Dissolved Surrendered (Withdrawn) Merged/Reorganized Exhibited ast: Cimbrol 23701g? □ Ves Merced (Withdrawn) Merged/Reorganized Exhibited ast: Cimbrol 23701g? □ Ves Merced (Withdrawn) Merged/Reorganized Ves Merced (Withdrawn) Merged/Reorganized Ves Merced (Withdrawn) Merged/Reorganized Ves Merced (Withdrawn) Merged/Reorganized Ves Merced (Withdrawn) Merged/Reorganized (Withdraw			= =	·		
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E Check accounting method	_		Reorganized	- '		
Federal return filed? (1)			ω Π αυ			
(4) ☐ Other 980 series Call shis a group filing? See instructions ☐ Yes ☑ No ☐ Yes ☐ Yes ☑ No ☐ Yes ☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes				· ·		
H is this a group filing? See instructions			3) • Sch H (990)			_ 🗆 🗔
H Is this organization in a group exemption gr	—		🗔			
Part Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8						
Part Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	H Is this c	rganization in a group exemption	· · ∐ Yes ☒ No			
Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	If "Yes,"	what is the parent's name?		O Is federal Form 1023/1024 p	ending?	Yes X No
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 1777, 658 00				Date filed with IRS		
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8						
2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3.	Part I	Complete Part I unless not required to file this for	m. See General Info	mation B and C.		
Receipts and Revenues 4 Total gross receipts for filing requirement test. Add line 1 through line 3.		1 Gross sales or receipts from other sources. Fro	m Side 2, Part II, line 8			• 1 177,658 o c
Revenues		2 Gross dues and assessments from members an	d affiliates			• 2 00
Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B		3 Gross contributions, gifts, grants, and similar am	nounts received			• 3 00
S Cost of goods sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses and disbursements S Cost or other basis, and sales expenses and disbursements S Cost or other basis, and sales expenses and disbursements S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales expenses S S Cost or other basis, and sales S S S S S S S S S		4 Total gross receipts for filing requirement test. A	dd line 1 through line 3	3.		
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6 Cost or other basis, and sales expenses of assets sold						
7 Total costs. Add line 5 and line 6						
8 Total gross income. Subtract line 7 from line 4						
Payments						
Payments 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 17 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 18 Preparer's signature 19 Preparer's signature 10 Date 11 Total payments 10 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 10 Date 11 Total payments 12 Use tax. See General Information K 13 000 14 Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12 15 000 16 000 17 Date 18 Date 19 Date 10 Date 10 Date 10 Date 10 Date 10 Date 11 Date 12 On DATE						
Total payments 11 Total payments 12 Use tax. See General Information K 12 00	Expenses	· ·	_,			
12			nents. Subtract line 9	non me o		
Payments 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 17 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer MARK LILL Preparer's signature of officer MARK LILL Preparer's signature of officer of MARK LILL Preparer's signature of officer of MARK LILL Preparer's signature of Officer off		, ,				
14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	Payments					
15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 17 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer MARK LILL		•				
Title Date Outled preparer's Signature Officer MARK LILL Date Outled preparer's Firm's name (or yours, if self-employed) and address Outled preparer O		,		e 12		
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title		15 Penalties and interest. See General Information	J			
Firm's name (or yours, if self-employed) and address Name of officer ►MARK LILL Preparer's signature ► Name of officer ►MARK LILL Preparer's signature ► Name of officer ►MARK LILL Date Odd/25/2024 Check if self-employed ► Odd/25/2024 Employed ► Odd/25/54 Preparer's odd/25/2024 Employed ► Odd/25/2024 Employed ► Odd/25/54 Prim's name (or yours, if self-employed) Address Name of officer ►MARK LILL Preparer's Signature ► Name of officer ► Name of o					•	
Firm's name (or yours, if self-employed) and address And ARK LILL CROPORATION Position of officer ►MARK LILL CROPORATION WRIGHT LAW CORPORATION 2999 DOUGLAS BOULEVARD SUITE 120 ROSEVILLE, CA 95661 Telephone 209-944-5613 • PTIN P01556754 • Firm's FEIN Telephone 209-944-5613 • Telephone 209-944-5613	Sian	true, correct, and complete. Declaration of preparer (other	tnis return, including accol r than taxpayer) is based o	mpanying schedules and statements, on all information of which preparer ha	and to the best of my knov as any knowledge.	vieage and belief, it is
Paid Preparer's Signature ► WARK LILL CFO 04/24/2024 209-944-5613 Preparer's Signature ► Date Ody (Check if self-employed) ► PTIN P01556754 Firm's name (or yours, if self-employed) and address 2999 DOUGLAS BOULEVARD SUITE 120 ROSEVILLE, CA 95661 Preparer's Signature ► Telephone 916-299-0331	Here	Signature				1 .
Paid Preparer's Use Only Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address And address O4/25/2024 employed ▶ □ P01556754 ● Firm's FEIN ● Firm's FEIN ● Telephone ROSEVILLE, CA 95661 916-299-0331		of officer ►MARK LILL		CFO	04/24/2024	209-944-5613
Paid Preparer's Use Only Firm's name (or yours, if self-employed)		Dranarar's		Date	Check if self-	• PTIN
Preparer's Use Only Firm's name (or yours, if self-employed) and address WRIGHT LAW CORPORATION Telephone 2999 DOUGLAS BOULEVARD SUITE 120 Telephone 916-299-0331				04/25/2024	employed ►	P01556754
Use Only if self-employed) WRIGHT LAW CORPORATION 2999 DOUGLAS BOULEVARD SUITE 120 Telephone ROSEVILLE, CA 95661 916-299-0331		Firm's name (or yours				Firm's FEIN
and address 2999 DOUGLAS BOULEVARD SUITE 120 • Telephone ROSEVILLE, CA 95661 916-299-0331		if self-employed)	LAW CORP	ORATION		
ROSEVILLE, CA 95661 916-299-0331		and additional to the second s			120	Telephone
						1
			<u> </u>			

Part	II Organizations with gross receipts of more th regardless of amount of gross receipts - com	•				83-347522) 3				
	1 Gross sales or receipts from all business ac	-		•	1	175,123	00				
	2 Interest				2	1,062	_				
	3 Dividends						00				
Receip	4-				3	1,473	00				
from	4 Gross rents				4		00				
Other Source	5 Gross royalties				5		00				
Cource	6 Gross amount received from sale of assets	•			6		00				
					7		00				
	8 Total gross sales or receipts from other sources.	Add line 1 through line 7. Er	nter here and on Side 1, Part	, line 1 • • • • •	8	177,658 47,020	00				
	9 Contributions, gifts, grants, and similar amou	Contributions, gifts, grants, and similar amounts paid. Attach schedule									
	10 Disbursements to or for members	Disbursements to or for members									
	11 Compensation of officers, directors, and trus	stees. Attach schedule		•	11		00				
	12 Other salaries and wages			•	12		00				
Expens	ses 13 Interest			•	13		00				
and	14 Taxes			•	14	128	00				
Disbur	se- 15 Rents			•	15		00				
	16 Depreciation and depletion (See instructions	3)		•	16		00				
	17 Other expenses and disbursements. Attach				17	84,591	00				
	18 Total expenses and disbursements. Add line				18	131,739	00				
Sche	edule L Balance Sheet	Beginning of				able year					
Asse		(a)	(b)	(c)	OI tux	(d)					
	Cash	(u)	124,727	(0)		• 185,82	2 /				
	Net accounts receivable		124,121			• 105,02					
	le de la companya de					•					
	Net notes receivable					•					
	Inventories					•					
	Federal and state government obligations										
	Investments in other bonds		E0 0E6			•					
	Investments in stock		50,356			• 35,17	<u> </u>				
8 1	Mortgage loans					•					
9 (Other investments. Attach schedule					•					
10 a	a Depreciable assets										
ı	b Less accumulated depreciation										
11	Land					•					
12 (Other assets. Attach schedule					•					
13	Total assets		175,083			221,00)2_				
Liab	ilities and net worth										
14 /	Accounts payable					•					
	Contributions, gifts, or grants payable					•					
	Bonds and notes payable					•					
	Mortgages payable					•					
	Other liabilities. Attach schedule										
	Capital stock or principal fund					•					
	Paid-in or capital surplus. Attach reconciliation					•					
	Retained earnings or income fund		175,083			• 221,00	12				
	Total liabilities and net worth		175,083			221,00	72				
		with income new wetcome				221,00	12_				
SCH		•		#F0 000							
	Do not complete this schedule if the an										
	Little House Por Books	• 45,919	7 Income recorded on	=		_					
	Federal income tax	•	not included in this r		aule	•					
	Excess of capital losses over capital gains	8 Deductions in this return not charged									
	Income not recorded on books this year.		against book income								
	Attach schedule	•	Attach schedule .			•					
5 I	Expenses recorded on books this year not		9 Total. Add line 7 and	line 8							
(deducted in this return. Attach schedule	•	10 Net income per retui	n.							
6	Total. Add line 1 through line 5	45 , 919	Subtract line 9 from	line 6	<u></u> .	45,91	19				
	-	•	•								

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE

RRF-1 (Rev. 02/2021)

(Rev. 02/2021) MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

WEST COAST CARRIERS FOUNDATION			I				
1477 TILLIE LEWIS DRIVE Address (Number and Street)			State Cha	arity Registration Number CT - 0 2 6	3486		
STOCKTON, CA 95206 City or Town, State, and ZIP Code			Corporati	ion or Organization No. 423447	1		
209-944-5613 Telephone Number	т	E-mail Address	Federal E	Employer ID No. 83-3475223			
ANNUAL REGIST	TRATION F	RENEWAL FEE SCHEDULE (11 Cal. Code Make Check Payable to Department					
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue	<u> </u>	Fee_	
Less than \$50,000	\$25	Between \$250,001 and \$1 milion	\$100	Between \$20,000,001 and \$100 millio	n \$	800	
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 milli	on \$	1,000	
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$	1,200	
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $01-01-23$ ending $12-31-23$) list:							
Total Revenue \$							
· · · · · · · -	(including noncash contributions) 177,657 Noncash Contributions \$ Total Assets \$ 221,002						
Program Ex	penses \$ _	Total E	Expenses	<u> 131,739</u>			
PART B - STATEMENTS REGARDING	ORGANIZA	ATION DURING THE PERIOD OF THIS RI	EPORT				
Note: All questions must be answere	d. If you ans	swer "yes" to any of the questions below, you	must attac	h a separate page			
providing an explanation and d	etails for ea	ch "yes" response. Please review RRF-1 ins	tructions fo	r information required.	Yes	No	
	•	ntracts, loans, leases or other financial trans or with an entity in which any such officer,		· ·		Х	
2. During this reporting period, was the	re any thef	t, embezzlement, diversion or misuse of the	e organizati	on's charitable property or funds?		Х	
3. During this reporting period, were ar	ny organizat	tion funds used to pay any penalty, fine or ju	udgment?			Х	
During this reporting period, were the coventurer used?	e services (of a commercial fundraiser, fundraising cou	nsel for cha	aritable purposes, or commercial		X	
5. During this reporting period, did the	organizatio	n receive any governmental funding?				Х	
6. During this reporting period, did the organization hold a raffle for charitable purposes?					Х		
7. Does the organization conduct a vehicle donation program?					X		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					Х		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					X		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
		MADIZ TITI	~ =	30	24	2024	
Signature of Authorized Agent		MARK LILL Printed Name	<u>C</u>	Title 0 4	- 24 - 1 Da	<u>∠ ∪ ∠ 4</u> ate	
•							

Date Accepted

California e-file Return Authorization for Exempt Organizations

8453-EO

Exempt Organ	ization name	<u> </u>			dentifying number
		IERS FOUNDATION Information (whole dollar	s only)	8	3-3475223
		•	• • • • • • • • • • • • • • • • • • • •		177 650
ŭ	•	ated business taxable income (•	, line 5)	177,658 177,658
		ax (Form 199, line 8 or Form 10	70, 1110 1 1)		
•		ements (Form 199, line 9)			···· 3131,739_
	nent (Form 109, line 23)				5
	•	,			
Part II S	settle Your Acco	ount Electronically for Tax	kable Year 2023		
6 Direc	t Deposit of refund	(Form 109 only.)			
7 Electi	ronic funds withdra\	wal 7a Amount	7	'b Withdrawal date (mm/dd/y	yyy)
Part III S	chedule of Estimate	d Tax Payments for Taxable Year	2024 (These are NOT installm	ent payments for the current amo	unt the exempt organization owes.)
		First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount	•	,	,	<u> </u>	
9 Withdra					
	l	-0711 25-10	1		I
		ation (Have you verified th	e exempt organization's i	panking information?)	
10 Routing r	-			of account: Checking	Covingo.
Part V	Declaration of O	fficor	12 Type	of account: Checking	Savings
		s account to be settled as designat	ad in Part II If Leback Part II has	6 I declare that the bank accoun	t specified in
		agrees with the authorization stated			·
	•	timated payment amounts listed on	,	· ·	
Under penaltie	es of perjury, I declare	that I am an officer of the above ex	empt organization and that the i	nformation I provided to my electro	onic return originator
		service provider and the amounts in	-	• =	•
•		onic return. To the best of my know			•
	-	alance due return, I understand tha e exempt organization will remain I		•	· · ·
		ng schedules and statements be tr			
-		ation's return or refund is delayed	ed, I authorize the FTB to discl	ose to the ERO or intermediate	service provider the
	the delay of the date	when the refund was sent.			
Sign	>		<u> </u>	CFO	
Here	Signature of office				
		Electronic Return Origina			
		oove exempt organization's return a diate service provider, I understand		'	•
• .	•	ccurately reflects the data on the re	· ·		
Ü		have provided the organization offi	' '		
		cribed in FTB Pub. 1345, 2023 Han n or four years from the date the ex			
•		the paid preparer, under penalties	• •		· ·
-	•	statements, and to the best of my k			
based on all in	formation of which I h	ave knowledge.			
	EDOI:		Date	Check if Check also paid if self-	ERO's PTIN
ERO	ERO's signature			also paid if self- preparer employed [] P01556754
Must	Firm's name (or you	wright LAW C	ORPORATION	Firm	's FÉIN
Sign	if self-employed)	"▶ 2999 DOUGLAS	BOULEVARD SU	TE 120	ZIP code
	and address	ROSEVILLE ,	CA		95661
•		that I have examined the above or	•		
my knowledge	and belief, they are to Paid	rue, correct, and complete. I make			
Paid	preparer's	MI MONTO	Date	if self-	Paid preparer's PTIN
Preparer-	signature A	MY MONROE, ESQ.	·	5-2024 employed Firm's FE	P01556754
Must	Firm's name (or your if self-employed)	=	ORPORATION		II V
Sign	and address	▶ 2999 DOUGLAS		TE IZU '	ZIP code
		ROSEVILLE ,	CA		95661

CAOVFLOW	State Supporting Statements	2023 Page 1
Name(s) as shown on return		SSN/FEIN
West Coast	Carriers Foundation	83-3475223

Exenses

Description		Amount
Golf Tournament Expenses	\$	83 , 780
Broker Fees		150
Office Supplies		89
Other Investment Expenses		572
	Total: \$	84,591