# Form **990-EZ**

### **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

**Open to Public** Inspection

Αī	or the	2016 calendar year, or tax year beginning , 2016, and ending	-	, 20
	heck if ap		ployer id	entification number
	Address c	thange THE BOURKE FAMILY FOUNDATION		51-165206
	Name cha	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel	ephone n	umber
	Initial retu	2302 3E DRISTOL STREET	94	9-261-8098
		n/terminated City or town, state or province, country, and ZIP or foreign postal code F. Gr	oup Exe	motion
=	Amended Applicatio	TV-Will	mber )	•
				f the organization is <b>not</b>
	Vebsite	1, ,,		ach Schedule B
				0-EZ, or 990-PF).
		organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	2	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>`</b> ▶	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ıctions	for Part i)
		Check if the organization used Schedule O to respond to any question in this Part I		
0	1	Contributions, gifts, grants, and similar amounts received	11	<u> </u>
23	2		2	27/3
	3	Program service revenue including government fees and contracts  Membership dues and assessments	3	
	4	Investment income		
- 1/2 - 1/2	_		4	
	5a	Gross amount from sale of assets other than inventory 5a	-	
	b	Less: cost or other basis and sales expenses	-  _	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	10.0000	
e	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions	7	
<u>ģ</u>		from fundraising events reported on line 1) (attach Schedule G if the	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
_		sum of such gross income and contributions exceeds \$15,000)   6b   18100	1	
	C	Less: direct expenses from gaming and fundraising events 6c 8687	4	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7	
		line 6c)	6d	94127
	7a	Gross sales of inventory, less returns and allowances	(vyjaki	
	b	Less: cost of goods sold	7	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97100
_	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
ģ	12	Salaries, other compensation, and employee benefits	12	
Expense	13	Professional fees and other payments to independent contractors 2	13	
ē	14	Occupancy, rent, utilities, and maintenance	14	
Щ	15	Printing, publications, postage, and shipping	15	1462
	16	Other expenses (describe in Schedule O)	16	13011
	17	Total expenses, Add lines 10 through 16	17	14473
	18	Total expenses. Add lines 10 through 16	18	82627
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	10	02021
\ss		end-of-year figure reported on prior year's return)	19	61555
st A	20	Other changes in net assets or fund balances (explain in Schedule O)	20	- 92 270
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	51912

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	in th	e ./		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait	Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V	- 1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V	_
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V	_ [
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		<u> </u>	About the control of
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9				And the second of the second party of
a b 40a	Gross receipts, included on line 9, for public use of club facilities				and section of the section of the section of
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		·	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				and the second account
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization				
е	transaction? If "Yes," complete Form 8886-T	40e	ACA32.15	1	- 9
41	List the states with which a copy of this return is filed	714.20	0-2930		-
42a	The organization's books are in care of ► THICH VAN PHUNG  Located at ► 2382 SE BRISTOL ST. SUITE B, NEWPORT BEACH, CA  ZIP + 4 ►		660		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	_
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1000	
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country: ▶	42c			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► L	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	1606	V	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	1	, . 
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	NEW,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
45a		45a		V	) 7
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.  The didentification of the organization as action of the organization as action of the organization as control as described in section 170b)(1)A(iii) If "Yes," complete Schedule E.  The didentification of the organization as action 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization in sive highest compensated employees (other than officers, directors, trust employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Organization as action of the organization as action 527 organization as action 527 organization from the organization. If there is none, enter "Organization as action 527 organization as action of the organization as action 527 organization from the organization. If there is none, enter "Organization as action of the organization as action of the organization as action of the organization as action of the organization. If there is none, enter "None."  If Total number of other employees paid over \$100,000 .  If Total number of other employees paid over \$100,000 .  If Total number of other independent contractors each receiving over \$100,000 .  If Total number of other independent contractors each receiving over \$100,000 .  If Total number of other independent contractors each receiving over \$100,000 .  If Total number of other independent contractors each receiving over \$100,000 .  If Total number of other independent contractors each receiving over \$100,000 .  If Total number of other indepen	Yes  es, and lone."	es No
Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  But he organization action as described in section 170(b)(1)(A)(h)) If "Yes," complete Schedule E  But he organization as chool as described in section 170(b)(1)(A)(h)) If "Yes," complete Schedule E  But he organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trust employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Genew W-2/1699-MISC)  (a) Name and little of each employee  (b) Name and little of each employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  (c) Total number of other employees paid over \$100,000  (d) Name and business address of each independent contractor  (e) Name and business address of each independent contractor  (e) Name and business address of each independent contractor  (f) Total number of other independent contractors each receiving over \$100,000  Authority of the organization of the part in the organization of the part in the organization of the part in t	Yes  es, and lone."	No
year? If "Yes," complete Schedule C, Part II	es, and None."	nd ke
Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	es, and lone."	unt o
Complete this table for the organization's five highest compensated employees (other than officers, directors, truste employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1059-MiSC)  (d) Health benefits, contributions to employee energity to compensation (Forms W-2/1059-MiSC)  (e) Estinate compensation (Forms W-2/1059-MiSC)  (e) Estinate compensation from the organization of the remployees paid over \$100,000 .    (e) Complete this table for the organization's five highest compensated independent contractors who each receiver \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation from the organization. If there is none, enter "None."  (d) Total number of other independent contractors each receiving over \$100,000 .    Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A .    P Y testing the organization of the properties in the organization of the propertie	es, and lone."	unt o
(a) Name and title of each employee burst per week devoted to position (Forms W-2/1099-MISC)  f Total number of other employees paid over \$100,000 ▶  11 Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Health benefit contribute contribute compensation of the remployee benefit plans, and deferred compensation.	ed amou	unt o
Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation from the organization contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Ye		
Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation of the independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yell Ye		
Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation from the organization of the independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yell Ye		
Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation from the organization of the independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yell Ye		
Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation of the independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		
(a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	more	e tha
2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	ion	
2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		
	s 🗀 I	Nο
der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ar e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
gn ere THICH VAN PHUNG, CFO 11/8/2017  The production and title  1/8/2017		
aid  Print/Type preparer's name  Preparer's signature  Date  Check I if confound		
Preparer   Firm's name ► Firm's EIN ►		

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions . .

. . . . ▶ 🗌 Yes 🗌 No

Phone no.

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**16** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE BOURKE FAMILY FOUNDATION	Employer identification number 61-165206
BANK CHARGES \$2304.	
LIABILITIES INSURANCE \$6392.	
TRAVEL, CONFERENCE, MEETING \$4315.	
TOTAL OF OTHER EXPENSES LINE 16 - \$13,011	
	,
	•••••••••••••••••••••••••••••••••••••••
	••
	,
	•
	·

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest instructions.

ame c	of the organization			1.00	/	Employer identific		
<b>5</b>	THE BOURK  Fundraising Activities.	E TAME	4 tou	<u> </u>	vored "Vee" on F	orm 990 Part IV	( <u>// C</u> line 17	
Par	Form 990-EZ filers are no	complete it the	e organiza complete	สแบบ สมรพ this part.	vered res on r	OIIII 990, Fait IV,	mie i.i.	
1	Indicate whether the organization	n raised funds th	rough any	of the follo	owing activities. Cl	heck all that apply.		
· a	☐ Mail solicitations				on of non-governi			
b	Internet and email solicitation	ıs	f [	] Solicitati	on of government	grants		
С	☐ Phone solicitations		g 🔽 Special fundraising events					
d	In-person solicitations							
2a	Did the organization have a writt	en or oral agree	ment with	any individ	lual (including offic	cers, directors, trust	ees,	
	or key employees listed in Form							
b	If "Yes," list the 10 highest paid	individuals or er	ntities (fun	draisers) pu	ursuant to agreem	ents under which th	e fundraiser is to be	
	compensated at least \$5,000 by	the organization	<b>1.</b>					
			I		TT-		1	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
				<del>                                     </del>				
5								
6								
7	!							
8								
9								
10								
<u></u>			-					
Tota 3	List all states in which the orga	nization is regis	tered or lie	censed to s	solicit contribution	s or has been notifi	ed it is exempt from	
_	registration or licensing.							
		·····		••••				
		•••••		•	·····	••••	······	
<i>-</i>		· · · · · · · · · · · · · · · · · · ·			***************************************			
			••••		************			

		gross receipts greater tha				
			(a) Event #1 GOLF TOURNAMEN	(b) Event #2 DINER	(c) Other events	(d) Total events (add col. (a) through col. (c))
		;	(event type)	(event type)	(total number)	
200	1	Gross receipts	84624	96377		181001
-	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	87224	96750		181001
	4	Cash prizes				
	5	Noncash prizes	1810			1810
Ses	6	Rent/facility costs	22224	12314		34538
Direct Expenses	7	Food and beverages	7173	31340		38513
Direc	8	Entertainment				
	9	Other direct expenses .	11076	937		12013
	10 11	Direct expense summary. Ac Net income summary. Subtr	id lines 4 through 9 in c	olumn (d)	💺	86874 94127
1	11	Met moone agriting à oang	actime to nomino of a	Oldinii (d)		
		Gaming. Complete if the	e organization answe	red "Yes" on Form 99	0, Part IV, line 19, or	
Par		Gaming. Complete if the than \$15,000 on Form 9	e organization answe	red "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo	0, Part IV, line 19, or	
Par		Gaming. Complete if the	e organization answe 90-EZ, line 6a. I	red "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or	reported more (d) Total gaming (add
Revenue		Gaming. Complete if th than \$15,000 on Form 9	e organization answe 90-EZ, line 6a. I	red "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or	reported more (d) Total gaming (add
Revenue	1	Gaming. Complete if the than \$15,000 on Form 9	e organization answe 90-EZ, line 6a. I	red "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or	reported more (d) Total gaming (add
rect Expenses Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answe 90-EZ, line 6a. I	red "Yes" on Form 99  (b) Pull tabs/instant	0, Part IV, line 19, or	reported more (d) Total gaming (add
Par	1 2 3	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes	e organization answei 90-EZ, line 6a. (a) Bingo	red "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo	0, Part IV, line 19, or	reported more  (d) Total gaming (add col. (a) through col. (o))
rect Expenses Revenue	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	e organization answe 90-EZ, line 6a. (a) Bingo	red "Yes" on Form 99  (b) Pull tabs/instant bingo/progressive bingo	O, Part IV, line 19, or	reported more  (d) Total gaming (add col. (a) through col. (o))
rect Expenses Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	reported more  (d) Total gaming (add col. (a) through col. (o))
rect Expenses Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No  dd lines 2 through 5 in o	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	O, Part IV, line 19, or  (c) Other gaming  ☐ Yes ☐ No	reported more  (d) Total gaming (add col. (a) through col. (o))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 E a ls	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes %  No  dd lines 2 through 5 in organization conducts garden activities.	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  column (d)  aming activities:	O, Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more  (d) Total gaming (add col. (a) through col. (o))

Schedu	le G (Form 990 or 990-EZ) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:  The organization's facility
a	The organization's facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	1660143.
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
С	if "Yes," enter name and address of the third party:
	Name ▶
	Address▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
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TAXABLE YEAR

# California Exempt Organization Annual Information Return

FORM

199

2016	Annual Information	Return	y a service of the common plants of the service of	and the second s	199
Calendar Year	2016 or fiscal year beginning (mm/dd/yyyy)		and ending (mm/dd/yyyy)_		
	rganization name			progration number	ı
THE BOL	IRKE FAMILY FOUNDATION		3380048	<u> </u>	<del></del>
Additional info	rmation. See instructions.		FEIN		
			6 1	1 6 5	2 0 6 8
Street addres	s (suite or room)			PMB no.	
2382 SE	BRISTOL ST, SUITE B				
City		***	Sta		
NEWPOF	RT BEACH		C	A 92660	
Foreign count	ry name	Foreign province/state/county		Foreign post	al code
A Firet Rotu	rn	Yes No J If exempt und	der R&TC Section 23701d,	has the organiz	ration
B Amonded	Return	🗀 🖂 I ennanen in ni	nimeal activides? See ilisu	UGHUHS	, 🛡 🗀 163 🖼 180
Atticinata	on 4947(a)(1) trust	T I. I ZI IN IS IN BUILDING	zation exempt under R&TC	Section 23701	g?●∐Yes ∐No
		it yes, ente	r me gross receipts nom i	millineningi sou	1000 V
Final Infor	mation Return? solved	/Reorganized L If organizatio	n is exempt under R&TC S ng fee exception, check bo	section 23/01d a	and
Enter date	:: (mm/dd/yyyy) •//	No filing fee i	is required		●□
E Chank and	counting method: (1) 🗹 Cash (2) 🗆 Accrual		zation a Limited Liability C	ompany?	
E CHECK CCC	turn filed? (1) ● □ 990T (2) ● □ 990PF (3)	Sch H (990) N Did the organ	nization file Form 100 or Fr	orm 109 to repo	rt
/A\ Cloth	or BOO corine	i taxable incom	ne?		♥LIYES LINU
الالالكارا+) ممضاطاما ◘	roup filing? See instructions	■ Tyes VNo O Is the organia	zation under audit by the 1	RS or has the IR	is
G is uns a g	HOUP Hilling? See instructions				
If "Yee" v	panization in a goup exemption	10.000110.00	rm 1023/1024 pending?		∐Yes ⊠No
11 100, 1	Mac to the parente name	Date filed wit	th IRS	-	
■ Did the or	ganization have any changes to its guidelines				
not repor	ted to the FTB? See instructions	● LIYes LYINo			
Part I Co	mplete Part I unless not required to file this form	. See General Instructions B and	C		
	1 Gross sales or receipts from other sources. From	om Side 2. Part II. line 8			181,001 00
ł	2 Gross dues and assessments from members a	nd attiliates			00
	3 Gross contributions, gifts, grants, and similar a	amounts received		● 3	2,973 00
Receipts	4 Total gross receipts for filing requirement test.	Add line 1 through line 3.		\$1000 STATES	183,974 00
and	This line must be completed. If the result is le	iss than \$50,000, see General Insti	r <u>uction B</u>	4	163,974 [00
Revenues	5 Cost of goods sold			74 00	
	6 Cost or other basis, and sales expenses of assi	ets sold		00    7	86,874 00
	7 Total costs, Add line 5 and line 6			• • • • • • • • • • • • • • • • • • • •	97,100 00
	8 Total gross income. Subtract line 7 from line 4		<u></u>	<del></del>	106,743 00
Expenses	9 Total expenses and disbursements. From Side	2, Part II, line 18	• • • • • • • • • • • • • • • • • • • •		-9,643 00
•	10 Excess of receipts over expenses and disburse	ments. Subtract line 9 from line 8	• • • • <u>• • • • • • • • • • • • • • • </u>		00
	11 Total payments		,		00
	12 Use tax. See General Instruction K	to subtract line to from line 11			00
Filian Foo	13 Payments balance. If line 11 is more than line	12, Subtract line 12 from line 12			. 00
riling ree	14 Use tax balance. If line 12 is more than line 11 15 Filing fee \$10 or \$25. See General Instruction	, subtract line 11 non line 12			25 ()
	16 Penalties and Interest. See General Instruction 1				0 00
-		Then authored line 11 from the rec	oult .	<b>(a)</b> 17	25 00
1	17 Balance due. Add line 12, line 15, and line 16.  Under penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (other	d this return, including accompanying so	hedules and statements, and t	o the best of my kn	nowledge and belief, it is
Sìgn	true, correct, and complete. Declaration of preparer (other	er than taxpayer) is based on all informa Title	lion of which preparer has any	■ Telephone	<b>)</b>
Here	Signature of officer	CFO	11/14/2017		2902930
	of officer 100000	TDate	Check if self-	PTIN	
(	Preparer's	Build	employed ▶		
	signature >		employed 🕨 📘	● FEIN	
Paid Preparer's	Firm's name (or yours,				
Use Only	if self-employed)	<u> </u>		● Telephone	<u> </u>
·	and address			10 3	
	May the FTB discuss this return with the prep	arer snown above? See instructi	UIIS	· · · • [4] 162 [	ועט

# THE BOURKE FAMILY FOUNDATION CALIFORNIA CORP. # 3380048000 FED. ID # 61-1652068

# PART II LINE 8 STATEMENT CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILLIAR AMOUNT PAID:

	LIGHT FOR LITTERACY PROGRAM	\$	89,470.00
	LIEUKEMA SOCIETY	\$	1,000.00
	CAL. STATE UNIVERSITY-POLY	\$	1,800.00
	TOTAL GRANTS	\$	92,270.00
PART II LIN	JE 17		
OTHER EX	PENSE		
	PROFESSIONAL SERVICE FEE	\$	-
	PRINTING, POSTAGE, ETC	\$	1,462.00
	BANK CHARGES	\$	2,304.00
	CONFERENCE/MEETING	\$	4,315.00
	INSURANCE	\$	6,392.00
	TOTAL FOR OTHER EXPENSES	\$	14,473.00
	TOTAL DISBURSEMENT	<u>\$</u>	106,743.00

## \_\_ 990-E2

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

· OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2016 calendar year, or tax year beginning , 2016, and ending		, 20						
В	heck if ap			entification number						
=	Address c			1-165206						
=	Name cha	, seesa	ephone nu							
=	Initial retur Gast setus	2302 SE BRISTOL STREET		9-261-8098						
=	Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exer							
	Application	AT POTRING	mber 🕨							
G /	Account	······································		f the organization is <b>no</b> t						
I V	Vebsite			ach Schedule B						
JT	ax-exen	mpt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 │ (Form	990, 990	)-EZ, or 990-PF).						
K	orm of	organization: Corporation Trust Association Other								
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset								
(Pa	rt II, col	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ								
E	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	for Part I) 🔯						
		Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>						
7	1	Contributions, gifts, grants, and similar amounts received	1	2973						
	2	Program service revenue including government fees and contracts	2	· · - · - · - · · · · · · · · · · ·						
2	3	Membership dues and assessments	3							
3	4	Investment income	4							
	5a	Gross amount from sale of assets other than inventory 5a								
	b	Less: cost or other basis and sales expenses								
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c								
	6	Gaming and fundraising events	1.7.							
	a	Gross income from gaming (attach Schedule G if greater than								
Ë	1	\$15,000)								
Revenue	b	Gross income from fundraising events (not including \$ of contributions								
æ		from fundraising events reported on line 1) (attach Schedule G if the								
_		sum of such gross income and contributions exceeds \$15,000) 6b 18100	1							
	C	Less: direct expenses from gaming and fundraising events 6c 868	1							
	d	Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract								
	1	line 6c)	6d	94127						
	7a	Gross sales of inventory, less returns and allowances 7a	_							
	b	Less: cost of goods sold	-							
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c							
	8	Other revenue (describe in Schedule O)	8	<del></del>						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97100						
	10	Grants and similar amounts paid (list in Schedule O)	10							
	11	Benefits paid to or for members	11							
es	12	Salaries, other compensation, and employee benefits 🛛	12							
ŝ	13	Professional fees and other payments to independent contractors	13							
Expense	14	Occupancy, rent, utilities, and maintenance	14							
Ш	1.0	Printing, publications, postage, and shipping	15	1462						
	16	Other expenses (describe in Schedule O)	16	13011						
_	17	Total expenses. Add lines 10 through 16	17	14473						
ß	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	82627						
Š	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		("E Parameter						
As		end-of-year figure reported on prior year's return)	19	<u>61555</u>						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u> </u>						
-	121	Not accete or fund balances at end of year. Combine lines 18 through 20	21	51912						

Form 990-EZ (2016)

Page 2

Pari	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this				•
•	instructions for Part v) Check if the organization used Schedule O to respond to any question in this	Part	Yes		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V	- 🕜
35a	·	35a		4/	
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		./	iesi
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		V	
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		-	
b	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		V	. 2
d	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	
41	List the states with which a copy of this return is filed >	74400			
42a	The organization's books are in care of ► THICH VAN PHUNG  Located at ► 2382 SE BRISTOL ST. SUITE B, NEWPORT BEACH, CA  ZIP + 4 ►	714-29 92	0-2930 660	) 	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>V</b>	
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-		
C	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶	42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			<b>▶</b> □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440	Yes		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		V	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V	
AE-	explanation in Schedule O	44d		<u>/</u>	
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		<u> </u>	
	Form 990-EZ (see instructions)	45b		V	

orm 990-EZ (20°	(a)						Pag	<sub>je</sub> 4
	e organization engage, directly or in	directly in political a	ampaign activities on	hehalf of or i	n onnosit	ion	Yes I	No
to can	didates for public office? If "Yes," c	omplete Schedule C,	Part I	· · · ·	· · ·	46		<u> </u>
F	Section 501(c)(3) organizations Ill section 501(c)(3) organizations 0 and 51.	s must answer que			nplete the	e tables f	or lines	<b>3</b> □
(	Check if the organization used Sch	nedule O to respond	to any question in the	nis Part VI	<u>· · · · </u>	<del>· · · ·</del>	Yes	No
17 Did th	e organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a	section 501(h) election	n in effect d	uring the	tax 47		V
l8 Is the	organization a school as described ir e organization make any transfers to	n section 170(b)(1)(A)(i o an exempt non-cha	ritable related organiz	ation?		. 49a		V V
Ocmp	<ul><li>b," was the related organization a selete this table for the organization's yees) who each received more than</li></ul>	five highest compen	sated employees (oth	er than office	ers, directo	ors, truste	es, and lone."	key
<u> </u>	lame and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	enefits, o employee Ind deferred	(e) Estimate other con	ed amour	
		,						
					:	·		
		•						
54 Comr	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest comp	ensated independent	contractors	who eac	h received	l more	thar
(a) Name and business address of each indepen		lent contractor (b) Type of s		ervice (		c) Compensation		
			,					
						·		
			-					
<b>52</b> Did	number of other independent contr the organization complete Sched pleted Schedule A	actors each receiving ule A? <b>Note:</b> All s	y over \$100,000 ection 501(c)(3) orga	▶l	nust attac	ha .▶☑Ye	s 🗆 1	vo.
	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompa in officer) is based on all in	nving schedules and statem	ents, and to the	best of my l	knowledge ar	nd belief,	it is
Sign Here	Signature of officer THICH VAN PHUNG, CFO 11/8/20	0)17	Tron	Date		017		
	Type or print name and title Print/Type preparer's name	Preparer's signature	D	ate	Check [	If PTIN		
Paid Preparer				Firm	self-emp	loyed		
Use Only	Firm's name ► Firm's address ►				ne no.	N □ v		No
May the IRS	discuss this return with the prepare	er shown above? See	instructions	<u></u>	• • •	► ☐ Ye	s 90-EZ	No (2016

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
THE BOURKE FAMILY FOUNDATION	61-165206
BANK CHARGES \$2304.	
LIABILITIES INSURANCE \$6392.	
TOWER COMPRODUCE MEETING CARLE	
TRAVEL, CONFERENCE, MEETING \$4315.	
TOTAL OF OTHER EXPENSES LINE 16 - \$13,011	
10//L01 0/16/14/14/16/16/16/16/16/16/16/16/16/16/16/16/16/	
	•
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<u> </u>	
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	•.
•	
***************************************	

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047
2016
Open to Rublic

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest instructions. Name of the organization **Employer identification number** THE BOURKE FAMILY FOUNDATION 61-165206

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants . Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 🗹 Special fundraising events ☐ In-person solicitations. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundralser have (vi) Amount paid to (or retained by) organization (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? or entity (fundralser) col. (i) Yes No 1 2 3 5 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

R	art III	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" on and gross income on f	Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
_			(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 DINER (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	. 84624	96377		181001
ш.	2	Less: Contributions Gross income (line 1 minus line 2)	87224	96750		181001
	4	Cash prizes				
Direct Expenses	5	Noncash prizes	1810			1810
	6	Rent/facility costs	22224	12314		34538
	7	Food and beverages	7173	31340		38513
	8	Entertainment				
	9	Other direct expenses .	11076	937		12013
<b>5</b> 12.77.7	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, co	olumn (d)	▶ ↑	86874 94127
Rá	ra III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer 90-EZ, line 6a.	ed "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	□ Yes %			
	_			Yes %	☐ Yes%	
	6	Volunteer labor	∐ No	∐ No	□ No	
	7	Volunteer labor   Direct expense summary. Ad			No	
		,	d lines 2 through 5 in co	olumn (d)		
	7 8 En	Direct expense summary. Ad  Net gaming income summary  nter the state(s) in which the organization licensed to co	d lines 2 through 5 in co	olumn (d)		🗌 Yes 🗌 No
_	8 En a ls b lf "	Direct expense summary. Ad  Net gaming income summary  nter the state(s) in which the ore the organization licensed to co "No," explain:	d lines 2 through 5 in co	olumn (d)	· · · · · · · • · · · · · · · · · · · ·	

эспеац	lie G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address▶
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives garning revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
С	amount of gaming revenue retained by the third party ▶ \$
	Name ▶
	Address▶
16	Gaming manager information:
	Name <b>&gt;</b>
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year
Pari	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.