Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2018 calendar year, or tax year beginning , 2018, and end	ling		, 20				
В	Check if	applicable: C Name of organization THE BOURKE FAMILY FOUNDATION		D Employ	er identification number				
	Address	change Doing business as		61-1	652068				
	Name cl	nange Number and street (or P.O. box if mail is not delivered to street address) Room/	suite		ne number				
	Initial re	*		(949)	261-8098				
		m/terminated City or town, state or province, country, and ZIP or foreign postal code							
$\overline{\Box}$	Amende	NEW PORCE, CO. CO. CO. CO.		G Gross re	ecelpts \$ 225,229.				
F		ion pending F Name and address of principal officer:	H(a) le this a c		subordinates? Yes No				
	, ippliout	THICH V PHUNG, 2382 SE BRISTOL STREET, NEWPORT BEACH, CA 92							
	Tay-ava	mpt status: So1(c)(3)			list. (see instructions)				
J	Website			exemption					
		organization: Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	<u></u>		of legal domicile: CA				
Secure Support	ait	Summary	201	± 111, 01410	or regar sormand ozz				
1 Briefly describe the organization's mission or most significant activities: PROVIDING SOLAR LIGHT TO PROMOTE LITE									
ø	'	Endly december the diguilled of the order of the order digital detivition.	IDING BODAN	nron 1	O FROMOTE BITERMOT.				
Activities & Governance			***************************************						
Ĕ	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed	of more than	25% of	ite not accote				
ě	3	Number of voting members of the governing body (Part VI, line 1a)			8				
S S	4	Number of voting members of the governing body (Fart VI, line 1k).			8				
S	5		•		0				
Ϋ́E	6	Total number of volunteers (estimate if necessary)		6	8				
Ę	7a			7a					
•	b	• • •		7b	0.				
	D	Net unrelated business taxable income from Form 990-T, line 38	Prior Ye		Current Year				
		Contributions and grants (Part VIII line 1b)							
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,093.	3,227.				
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.					
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101	0.	127 002				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	}	3,697.	137,223.				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,790.	140,450.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,932.	166,775.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0.					
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,015.					
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25) 0.			0.5.001				
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		7,738.	96,291.				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		685.	263,066.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,105.	<u>-122,616.</u>				
Net Assets or Fund Balances		***	Beginning of Cu		End of Year				
sset	20	Total assets (Part X, line 16)	/ 4	1,017.	36,179.				
et A	21	Total liabilities (Part X, line 26)		0.	0.				
		Net assets or fund balances. Subtract line 21 from line 20	74	1,017.	36,179.				
	art II	Signature Block							
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat , and complete. Declaration of <u>prepa</u> re f/other t han officer) is based on all information of which prepar	tements, and to t	he best of a ledge	ny knowledge and belief, it is				
		A I I M		1.7/2	1200				
ei.		Signal Control of the	l Da	<u> 178</u>	10019				
Sig He		Signature of officer	Da	il C	,				
пе	re	THICH V PHUNG, CFO							
		Type or print name and title Print/Type preparer's name Preparer's signature	Date		PTIN				
Pa	id			Check [X if				
Pre	epare		11/08/2019 self-employed P01287765						
	e Onl	V Firm's name ► HT TAX CENTER		Firm's EIN ► 33-0823329					
		Firm's address ▶ 10495 BOLSA AVE SUITE 203, WESTMINSTER, CA	92683 Pho	ne no. (7	14)839-9292				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			🗌 Yes 🔀 No				

4d	Other program services	(Describe in Schedule O.)
	(Expenses \$	including grants of \$

) (Revenue \$

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Part				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. 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	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	×	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #EYESON FREDICTE Schedule I, Parts I and II	21		×

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29_		×
0.4	conservation contributions? If "Yes," complete Schedule M	30 31		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		×
33	complete Schedule N, Part II	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		×
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			×
.	Enter the number was protect in Day 2 of Forms 1000 Finter 0. If not applicable 14.	г—-	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		×

aid	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
arran di Pari			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		_ <u>×</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u>×</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	JD		
4a	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)?	4a		×
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
O.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a 7b		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ίŊ		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
A	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ^-
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b 44	Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D,	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a _.	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	1	1	
1/12	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		×
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
13	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.	<u> </u>	004	1 100:00
		For	m ササ() (2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management	···········		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
b o	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		V
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	4		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
5	Did the organization have members or stockholders?	6		×
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<u>×</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	×	
a L	The governing body?	8b		×
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	20/21	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
		10a	169	×
10a	Did the organization have local chapters, branches, or affiliates?	IVA		 ^-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	13		×
13	Did the organization have a written whistleblower policy?	14	 	×
14	Did the organization have a written document retention and destruction policy?	-		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	<u> </u>	×
1 6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website	ı (Sed	ction	5U1(C)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
oΛ	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	s ▶	
20	CALIFORNIA, THICH VAN PHUNG, CFO, 2382 SE BRISTOL ST., STE B, NEWPORT BEACH, CA 92660	(714) 290-	-2930

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	Pos eck s pe	rson	than of the both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) EDMOND BOURKE	5.00			×				0.	0.	0.
(2) THIC VAN PHUNG CFO	2.00			×				0.	0.	0.
(3) JEFF LOCHNER SECRETARY	5.00			×				0.	0.	0.
(4) LARRY GATES DIRECTOR	5.00	×						0.	0.	0.
(5) JIM BALDOVIN DIRECTOR	5,00	×						0.	0.	0.
(6) BRIDGID BOURKE CHAIRPERSON OF THE BOARD	15.00	×		-				0.	0.	0.
(7) MICK CHARLES DIRECTOR	5.00	×						0.	0.	0.
(8) JAY SPATA DIRECTOR	2.00	×						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)		-								

	(A) Name and title		(C) Position (do not check more than c box, unless person is both officer and a director/trust					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	ensation the nization related nization	n E
(15)														
(16)				i										
(17)														~
(18)														
(19)					••••	····								******************************
(20)		A AY 04: 10 AY 05 AA 14 AB AA AA 54 AB 58												<u></u>
(21)											+			
(00)												***************************************		
(03)														
(04)			······································								+			
											_			
(25)														
1b c d	Sub-total	VII, Sectio	n A					A	0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received mo	ore than \$10	0,000	of		
3	Did the organization list any former of		tor o	r fri	uste	 20.	kev s	מרחב	lovee, or high	est compen	sated		Yes	No
-	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the	Schedule J	for su	ıch i	indi	vidu	ıal					3		×
4	organization and related organizations	greater tha	an \$1	50,	000	? //	"Ye	s,"	complete Sch	edule J for	such	4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	nsat	ion	fror	n any	un un	related organiz	ation or indi	/idual			×
Section	n B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ompr	0,0	0011	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acti percen					
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
***************************************	(A) Name and business add	ress	***************************************		-				(B) Description of s	ervices		(C) Compens		

,,,,,	Total number of independent contractor													

Form 9	990 (201	8)				Page 9
Par	MII	Statement of Revenue	-			_
		Check if Schedule O contains a response or note to	any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a				
Gifts, Grants ilar Amounts	b	Membership dues . , 1b				
s, G	С	Fundraising events 1c				
Gift Iar	d	Related organizations 1d				
ini,	e	Government grants (contributions) 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,227.				
a di	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f ▶	3,227.			
Program Service Revenue		Business Code	w			
sver.	2a	P-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2				
9 2	b					
Ğ.	С					
Sei	d					
аш	e			<u> </u>		
rogi	f	All other program service revenue .				
	g	Total. Add lines 2a-2f				
	3	and other similar amounts)				
	١,	·				
	4 5	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6-					
	6a b	Gross rents Less: rental expenses				
	1	Rental income or (loss)				
	d d					
	"	Gross amount from sales of (i) Securities (ii) Other				
	7a	assets other than inventory				
	L	Less: cost or other basis				
	b	and sales expenses .				
	C	Gain or (loss)				
	d	Net gain or (loss)				
	"	The gain of (1888)				-
Other Revenue	8a	Gross income from fundraising events (not including \$ 222,002. of contributions reported on line 1c). See Part IV, line 18				
Ę	b	Less: direct expenses b 84,779.	:			
0		Net income or (loss) from fundraising events . ▶	137,223.		0.	137,223.
	9a					
	b	Less: direct expenses b				
	C	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b	ļ			
	C	Net income or (loss) from sales of inventory				
	<u> </u>	Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	140,450.		0.	137,223.

	30 (2018)				Page IC
Part	IX Statement of Functional Expenses				(4)
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	166,775.	166,775.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			ntamen na n	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		,		
a	Management , , ,				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties				
17 18	Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	:			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_		84,779.	84,779.	0.	0.
a b	COST OF FUND RAISING MISC. EXPENSES	11,512.	11,512.	0.	0.
C		21/0121			
d					
e	All other expenses			·	
25	Total functional expenses. Add lines 1 through 24e	263,066.	263,066.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 74,017. 36,179. 1 2 2 3 3 0. 0. 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0. Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0. 6 Assets 0. 7 7 Ō. 8 8 Ō. 0. 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10c Less: accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 74,017. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 0. 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 25 26 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 36,179. 74,017. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 74,017. 36,179. 33 33

36,179.

74,017.

34

Total liabilities and net assets/fund balances

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12). 1 1 40, 450. 2 Total expenses (must equal Part IX, column (A), line 25). 2 2,630,066. 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 74, 017. Net unrealized gains (losses) on investments . 5 6 Donated services and use of facilities . 6 7 Investment expenses. 7 7 Investment expenses. 7 8 Prior period adjustments . 8 9 Other changes in net assets or fund balances (explain in Schedule O) . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . 7 10 Net assets or fund balances explain in Schedule O) . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . 9 11 Accounting method used to prepare the Form 990: Signal Accrual Cherries and Schedule O. 10 Cherries If the organization changed lits method of accounting from a prior year or checked "Other," explain in Schedule O. 11 Schedule O. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? . 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: Separate basis Consolidated basis Sight consolidated and separate basis 2 C if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Sight consolidated and separate basis 3 C if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Sight consolidated and separate basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Sight consolidated and separate basis 6 If "Yes,	Pali	XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 2 263, 066. 3 Revenue less expenses. Subtract line 2 from line 1 3 -122, 616. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 74, 017. 5 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 6 7 Investment expenses 7 7 8 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) -48, 599. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XI							
Revenue less expenses. Subtract line 2 from line 1	1			•		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	1000,000,000 (1100,000,000,000,000,000,000,000,000,00							
Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Prior period adjustments 8 Prior period adjustments 9 Prior period adjustments 8 Prior period adjustments 9 Prior period adjustments 9 Prior period adjustments 9 Prior period adjustments 8 Prior period adjustments 9 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Prior period adjustments 8 Prior period adjustments 9 Prior period adjusted Park 18 Prior period adjusted Park 18 Prior period adjust 9 Prior period 2 Prior p	3	1 to Votido 1000 experiedo: Cubridos intela mentrale internacional de la composição de la c							
6 Donated services and use of facilities	4	140t dasons of faile balantood at beginning of your (mast equal t air vi) into sel selection (W v · · ·							
7 Investment expenses 7	5								
8 Prior period adjustments	6	Donated services and use of facilities							
9 Other changes in net assets or fund balances (explain in Schedule O)	7	,							
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8								
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	9		9						
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: SCash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	10								
Check if Schedule O contains a response or note to any line in this Part XII	Anthonistis (1000)	33, column (B))	10		48,5	99.			
1 Accounting method used to prepare the Form 990: \(\) Cash \(\) Accrual \(\) Other \(\) If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	art					(T)			
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII		. , , ,	· ·				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				<u></u>	res	INO			
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			_					
2a			Dialiti II	11					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_			20		~			
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a								
Separate basis			ollea o	r					
b Were the organization's financial statements audited by an independent accountant?									
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				26		~			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	· · · · · · · · · · · · · · · · · · ·		·					
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ea on a	a					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		· · · · · · · · · · · · · · · · · · ·							
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			(oroigh		***************************************				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С	If "Yes" to line 2a or 2b, goes the organization have a committee that assumes responsibility for or	ntant?	20					
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?									
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			Piani	11					
the Single Audit Act and OMB Circular A-133?	0-		forth i	n					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Ja	As a result of a rederal award, was the organization required to undergo all addit or addits as set the Single Audit Act and OMR Circular A-133?		. 3a		×			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b 3	h								
Form 990 (2018)	Ŋ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b					
		roquirou audit of auditing official first and auditing and auditing and auditing and auditing auditing and auditing auditing and auditing and auditing auditing and auditing and auditing auditi		For	ท 990	(2018)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

THE	BOURKE FAMILY H						61-1652068	
Pai	t Reason for P	ublic Char	ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
The o	organization is not a pri	ivate foundat	ion because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
1	A church, conventi	ion of church	es, or association	on of churches descri	bed in se	ction 170)(b)(1)(A)(i).	
2	A school described							
3	A hospital or a coo	perative hos	pital service org	anization described in	n section	170(b)(1)(A)(iii).	
4	A medical research	n organizatio	n operated in co	njunction with a hosp	oital desci	ibed in s	ection 170(b)(1)(A)(iii). Enter the
	hospital's name, ci	ity, and state	:					, 4p = w. 2 u - u u u u u u u u = = = = = = = = = =
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 							
8	☐ A community trust	described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	university:	on-land-grar	nt college of agri	culture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or
10	receipts from active support from gross acquired by the or	ities related t s investment ganization af	to its exempt fur income and unr ter June 30, 197	e than 33½% of its sunctions—subject to concluded business taxal 55. See section 509(a	ertain exc ole incom ı)(2). (Con	eptions, a e (less se nplete Pa	and (2) no more thai ection 511 tax) from rt III.)	1 33 1/3% of its
11	☐ An organization or	ganized and	operated exclus	sively to test for public	c safety. S	See secti	on 509(a)(4).	
12	An organization or	ganized and	operated exclus	ively for the benefit of	f, to perfo	rm the fu	nctions of, or to car	ry out the purposes
	of one or more pu	iblicly suppor	rted organization	ns described in secti	on 509(a))(1) or se	ction 509(a)(2). See	section 509(a)(3).
				scribes the type of sup				
а	Type I. A supp	orting organi	zation operated	, supervised, or contr	olled by it	ts suppor	ted organization(s),	typically by giving
				regularly appoint or e			ne directors or trust	ees of the
				ete Part IV, Sections				
b	control or man	agement of t	he supporting o	ed or controlled in co rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
				V, Sections A and C.			with and functions	Illy intograted with
С	Type III function	onally integr	ated. A support	ting organ <mark>i</mark> zation oper ns). You must comp l	ated in Co lote Bort	mnection IV Socti	nwith, and functions	iny integrated with,
								-t1ition/o\
d	that is not fund	tionally integ	rated. The orgai	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	tion requirement an	nted organization(s) d an attentiveness
е	Check this box	if the organi egrated, or T	zation received ype III non-func	a written determination tionally integrated sup	on from th oporting o	ne IRS tha organizati	at it is a Type I, Type on.	II, Type III
f	Enter the number of							
g	Provide the following	g information	about the supp	orted organization(s).				
	(i) Name of supported orga	nization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					<u> </u>			
(A)								
(B)								
(C)								
(D)								
(E)					-			
		I		L				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti-	on A. Public Support		***************************************				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	108,756.	103,977.	82,627.	76,932.	166,775.	539,067.
2	Tax revenues levied for the	100,730.	100,011,	02,027.	10/332.	20077701	
2	organization's benefit and either paid to or expended on its behalf				-		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	108,756.	103,977.	82,627.	76,932.	166,775.	539,067.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						539,067.
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	108,756.	103,977.	82,627.	76,932.	166,775.	539,067.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						539,067.
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						
	on C. Computation of Public Suppor						10001
14	Public support percentage for 2018 (line (14	100 %
15	Public support percentage from 2017 Sch	nedule A, Part	ll, line 14			15	100 %
16a	331/3% support test—2018. If the organibox and stop here. The organization qua	zation did not	check the box	con line 13, ar	id line 14 is 30	373% OF ITIOFE,	> X
	331/3% support test—2017. If the organi						
b	this box and stop here. The organization	cualifies as a i	oneck a box o oublicly suppo	rted organizati	a, and inte 15		> 🗀
17a	10%-facts-and-circumstances test—20						
I/a	10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ 	-and-circumsta umstances" te 	ances" test, chest. The organi	eck this box azation qualifies	and stop here . s as a publicly · · · ·	Explain in supported ▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ition meets th neets the "fact	e "facts-and-c ts-and-circums 	circumstances' stances" test. 	test, check The organizati	this box and and a con qualifies as	stop here. a publicly ► □
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						> 🗆

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support					(10040	(0 T) I
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					i	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to					:	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<u> </u>	}		And de Andrea	
b	Amounts included on lines 2 and 3				***		
	received from other than disqualified	<u> </u>				2	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					•	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support	<u> </u>					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	<u> </u>			-		
10a	and the second s						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14	loss from the sale of capital assets	ļ					
	(Explain in Part VI.)	acceptants.					
13	Total support. (Add lines 9, 10c, 11,						
I O	and 12.)						
14	First five years. If the Form 990 is for the	L organization	n'e firet eecon	d third fourth	or fifth tax v	l	n 501(c)(3)
14	organization, check this box and stop he						
Santi	on C. Computation of Public Suppor				· · · · ·		
3ecu 15	Public support percentage for 2018 (line			13. column (fi)		15	%
	Public support percentage for 2017 Sci						%
16 Secti	on D. Computation of Investment In					1 1	
3ecu 17	Investment income percentage for 2018 (ov line 13 colu	mn (f))	17	%
17	Investment income percentage for 2010 (Investment income percentage from 201)						%
19a	331/3% support tests—2018. If the organ	ization did not	t check the box	con line 14. ar	nd line 15 is m		
ıya	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizati	on . ▶ 🗆
J _n	331/3% support tests—2017. If the organiz	zation did not	check a box on	line 14 or line 1	9a. and line 16	is more than S	33½%. and
b	line 18 is not more than 331/3%, check this	box and ston I	ere. The ordan	ization qualifies	as a publicly s	upported organ	ization >
20							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			I
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

oricac	10 A (1 0 M 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	! <u>.</u>	
	Off D. 741 Typo III Oupporting Organization		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
٠	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
0	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
			L	<u> </u>
	ion E. Type III Functionally Integrated Supporting Organizations	inotru	otion	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	115114	CHOIR	3).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	laaa la	otruct	ionel
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see m	Yes	
2	Activities Test. Answer (a) and (b) below.		165	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		[
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		ļ	1
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	file and a standard of the same of the sam	3h	1	1

Type III Non-Functionally Integrated 509(a)(3) Supporting Org			ata in Dark VIII. Con
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru: Jizati	st on Nov. 20, 1970 (expi ions must complete Sect	ain in Part VI). See ions A through F
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		,
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(0) 0
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	-	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporti	ing organization (see
instructions).	, III	cal area i the in eathern	

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Elifo d'altrouite attracta o y mise o arrodina		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		- Aboutoit - 011	***************************************
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	***************************************		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Р	ao	е	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
~~~	
	,
<b></b>	
<b></b>	
*****	

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

2018

61-1652068 THE BOURKE FAMILY FOUNDATION Organization type (check one): Section: Filers of: Form 990 or 990-EZ **⊠** 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE BOURKE FAMILY FOUNDATION

Employer identification number

61-1652068

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	EDMOND F. BOURKE  2205 CHANNEL ROAD  NEWPORT BEACH CA 92661	\$ <b>/</b> 0,000.	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	LARRY AND AMY GATES  2596 CRESTVIEW DR.  NEWPORT BEACH CA 92663	\$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		
3	MICK CHARLES  2030 OXFORDSHRINE LN.  CHAPEL HILL NC 27517	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	JEFF LOCHNER  730 EL CAMINO WAY., STE. 200  TUSTIN CA 92780	\$ <b>6</b> ,500.	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		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Name of organization

Employer identification number

THE BOURKE FAMILY FOUNDATION

61-1652068

art II No	ncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce is needed.
) No. rom vart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. om ert l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

		FOUNDATION		0T-1025008
Part III	Exclusively r	religious, charitable, etc	c., contributions to organizations described in	n section 501(c)(7), (8), o
	(10) that total	al more than \$1.000 for	the year from any one contributor. Complete	columns (a) through (e) aı

(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$

L	Jse duplicate copies of Part III if add	litional space is needed.		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4			nship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4			nship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of nd ZIP + 4		nship of transferor to transferee

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number

THE	BOURKE FAMILY FOUNDA	ATION			61-165	2068
Part		on Activit	ies Outside	the United States. Com	plete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the grant	ts or assistance, and the s	election criteria used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.					d other assistance
3	Activities per Region. (The fo	(b) Number of offices in the region	, line 3 table of (c) Number of employees, agents, and independent contractors in the region	can be duplicated if addition  (d) Activities conducted in the region (by type) (such as, fundralsing, program services, investments, grants to recipients located in the region)	al space is needed.)  (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						***************************************
(7)						
(8)						
(9)						
(10)			, , , , , , , , , , , , , , , , , , ,			
(11)						
(12)						
(13)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

Schedule F (Form 990) 2018

• Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

f er)		Angel 1990 Annual Pale															*****	n 2018
(f) Method of valuation (book, FMV, appraisal, other)		An extended to the second of t															de sel sel sel sel sel sel sel sel sel se	Schedule F (Form 990) 2018
(h) Description of noncash assistance		entre de leur de leur de désident de leur de l															ax-exempt ▼	. l dS
(g) Amount of noncash assistance		make all est est an est est de															are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	
(f) Manner of cash disbursement												AND THE PARTY OF T					s by the foreign cour ncy letter	
(e) Amount of cash grant																	ognized as charities n 501(c)(3) equivale	
(d) Purpose of grant						- An analysis and a supplementary					***************************************		i de de la constantina				Enter total number of recipient organizations listed above that are recognized as charities by the forby the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ies səi
(c) Region		10000000	-								·	and the condition			n-deferre v		Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a	Enter total number of other organizations or entities
(b) IRS code section and EIN (if applicable)	September 1997																mber of recipie for which the g	mber of other c
(a) Name of organization	A								ALL WATER THE TAXABLE PROPERTY.		. Taken and the second	ALLICO AND STREET TO	The state of the s					Enter total nu
-	Ξ	2	ල	₹	<u> </u>	9	8	8	6	(10)	(11)	(12)	(13)	(14)	(15)	(16)	~	3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants ar

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation (hook EMV
				Tipe Tipe Tipe Tipe Tipe Tipe Tipe Tipe	מאינים וכים		appraisal, other)
LITTERACY	Sub-Saharan Africa	10500	0.	0	166,775.	SOLAR LIGHTS FO	BOOK
					**************************************		
			Addisording of the control of the co	WARRACO CONTRACTOR CON			
i control of the cont							
	- Sales Annual Control						
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	Tax Control of the Co						
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				A Part of the Control	e Anthony		
		REV 11/05/18 PRO				й	Schedule F (Form 990) 2018

BAA

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		🛚 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		⊠ No
	REV 11/05/18 PRO	Schedule F (F	orm 990) 2018

REV 11/05/18 PRO

Costodale I (I	1 age 6
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
4- <b></b>	
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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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization	Employer identification number
THE BOURKE FAMILY FOUNDATION	61-1652068
DE 17 7 de a 141 de como acomptent	
Pt V, Line 14b: none applied	
Pt VI, Line 8b: all expenses have to be approved by majori	ty votes
Pt VI, Line 11b: form 990 were reviewed by all board member	rs
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
***************************************	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

TAXABLE YEAR

California Exempt Organization Annual Information Return

FOR
FORM

199

2018	8 Annual Information Ret	urn				199
	ar 2018 or fiscal year beginning (mm/dd/yyyy)		, and ending (n	nm/dd/yyyy)		
Corporation/	Organization name THE BOURKE FAMILY FOUND	ATION		California corpo		
Additional inf	ormation. See instructions.			FEIN		
				61165206	8	
Street addre	ss (suite or room)			01100100	РМВ	no.
2382 SI	E BRISTOL STREET, B					
City				State	Zip c	
NEWPOR'	r beach			CA	926	
Foreign coun	try name Foreign	province/s	tate/county		Forei	gn postal code
B Amended	ırn	s 🗷 No	 If exempt under R&TC Sectengaged in political activities Is the organization exempt 	es? See instruct under R&TC Se	ons.	
	ion 4947(a)(1) trust		it "Yes," enter the gross red	ceipts from noni	nemu	er sources \$
● ☐ Di	rmation Return? ssolved □ Surrendered (Withdrawn) □ Merged/Reorgal e: (mm/dd/yyyy) ● / /	nized	If organization is a public of Section 23701d and meets check box. No filing fee is r	the filing fee ex	ceptio	n,
	counting method: (1) ⊠ Cash (2) □ Accrual (3) □ 0	ther	M Is the organization a Limite	d Liability Comp	any?	●□Yes ☒No
F Federal re	eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ Sc	h H (990)	N Did the organization file Fortaxable income?	rm 100 or Form	109 t	o report
	her 990 series	S NO	Is the organization under a	udit by the IRS	or has	the IRS
G IS INIS a	group filing? See instructions		audited in a prior year?			Yes ⊾No
If "Yes,"	what is the parent's name?		P Is federal Form 1023/1024			□Yes ☒No
	,	1	Date filed with IRS			
not repo	rganization have any changes to its guidelines ted to the FTB? See instructions					
Part I Co	implete Part I unless not required to file this form. See G					000 000
	1 Gross sales or receipts from other sources. From Side	2, Part II, li	ne 8		0 1	222,002 00
	2 Gross dues and assessments from members and affilia3 Gross contributions, gifts, grants, and similar amounts	tes			3	
Receipts	4 Total gross receipts for filing requirement test. Add line	1 through	line 3.			0,22:
and	This line must be completed. If the result is less than	\$50,000, s	ee General Information B		9 4	225,229 00
Revenues	5 Cost of goods sold				00	
	6 Cost or other basis, and sales expenses of assets sold				00	1 100
	7 Total costs. Add line 5 and line 6					225,229 00
	8 Total gross income. Subtract line 7 from line 49 Total expenses and disbursements. From Side 2, Part II			****	-	
Expenses	10 Excess of receipts over expenses and disbursements. S	Subtract lin	e 9 from line 8		_	
	11 Total payments				0 11	
	12 Use tax. See General Information K				12	
	13 Payments balance. If line 11 is more than line 12, subtr	act line 12	from line 11		13	
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtrac	t line 11 fro	om line 12		14 15	
	15 Filing fee \$10 or \$25. See General Information F16 Penalties and Interest. See General Information J					
	17 Polonge due, Add line 12 line 15 and line 16 Then su	htract line	11 from the result	(17	10 00
	Under penalties of perjury, I declare that I have examined this return true, correct, and compiles. Declaration of preparer (other than tax	n, including	accompanying schedules and state	ements, and to the	best o	f my knowledge and belief, it is
Sign	true, correct, and complate. Declaration of preparer (other than tax	payer) is bas Title	Date	y .	Tele	phone
Here	Gignature of Officer	1 PF	6	8/2019	94	9) 261-8098
		2	Date Chec	k if self-	PTI	N
	Preparer's signature ► THUONG HOANG	MC	11-08-2019 empl	oyed ▶ 🏻		1,2,8,7,7,6,5
Paid	Firm's name (or yours,					n's FEIN
Preparer's Use Only	if self-employed)					0 8 2 3 3 2 9 phone
	and address 10495 BOLSA AVE SU)3			4) 839-9292
	WESTMINSTER CA 926		Can instructions			
	May the FTB discuss this return with the preparer sho	wn above	See instructions			IG2 🔽 IAO

Part II	Organizations with gross receipts of more than \$50,000 and private foundations
	regardless of amount of gross receipts — complete Part II or furnish substitute information.

	rega	ardless of amount of gross receipts — comp	lete Part II or Turnish s	substitute information.			——
	1	Gross sales or receipts from all business act	ivities. See instructions),,,,,,			00
	2	Interest			,		00
Receipts	. 3	Dividends		,			00
from	4	Gross rents					00
Other	5	Gross royalties			.		00
Sources	6	Gross amount received from sale of assets (See Instructions)				00
	7	Other income. Attach schedule			ee Stmt 7	222,00	
	8	Total gross sales or receipts from other source	es, Add line 1 through li	ne 7. Enter here and on Side	1, Part I, line 1 <u>8</u>	222,00	
	9	Contributions, glfts, grants, and similar amo	unts paid. Attach sched	luleS	ee Stmt 👩 9	166,77	
	10	Dishursements to or for members					00
	11	Compensation of officers, directors, and trus	stees. Attach schedule .	.,,	ee Stmt • 11		0 00
	12	Other salaries and wages	,				00
Expense	s 13	Interest			@ <u>13</u>		00
and	14	Taxes					00
Disburs	^{e-} 15	Rents					00
ments	16	Depreciation and depletion (See instructions)			101 05	00
	17	Other Expenses and Disbursements. Attach	schedule	S	ee Stmt ● 17	181,07	
	18	Total expenses and disbursements. Add line	9 through line 17. Ente	er here and on Side 1, Part I	line 9 ,	347,84	15 00
Sched	alule	L Balance Sheet		of taxable year		ixable year	
Assets			(a)	(b)	(c)	(d)	
1 Cast	h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	74,017		36,	,179
2 Net	accou	nts receivable		0		6	0
3 Net	notes	receivable	www			•	0
4 Inve	entorie	5.,,,.,,				8	0
5 Fede	eral an	d state government obligations				0	
		ts in other bonds				8	
		ts in stock				•	
		loans				0	
		stments, Attach schedule				•	
		able assets					
	•	cumulated depreciation	()	()	
						•	
		ts. Attach schedule SEE . STMT		0		8	0
		ts		74,017		36	,179
				71/011			
		net worth		0		8	0
		payable				A	
		ons, gifts, or grants payable			· · · · · · · · · · · · · · · · · · ·	6	
		notes payable					
		s payable		0			
18 Oth	er Habi	lities. Attach scheduleSEE .STMT					
19 Cap	ital sto	ck or principal fundsee start		74 017		26	,179
20 Paid	1-III OF	capital surplus. Attacti reconciliation		74,017			1 1 1 1
		arnings or income fund		24 017		36	,179
		lities and net worth		74,017		36	1113
Sched	lule i	VI-1 Reconciliation of income per books v Do not complete this schedule if the a	viui niconie per returii mount on Schedule I. I	ine 13 column (d), is less t	han \$50.000		
				7 Income recorded on			
				******	•		
			_		eturn. Attach schedule .		
			•	8 Deductions in this re	· ·		
4 inco	ome no	t recorded on books this year.	***************************************	against book income			
Atta	ich sch	edule	•	Attach schedule . , .		.	
5 Exp	enses	recorded on books this year not		9 Total. Add line 7 and	line 8		
			•	10 Net income per retur	n.		
		line 1 through line 5		•	line 6		
	.,,						

Form	199
Schad	ule I

Other Assets

2018

Name as Shown on Return THE BOURKE FAMILY FOUNDATION	California	a Corporation No.
Other Investments:	Beginning of Tax Year	End of Tax Year
Totals to Form 199, Schedule L, line 9	Beginning	End of
Other Assets:	of Tax Year	Tax Year
LOANS AND OTHER RECEIVABLES FROM CURRENT AND FORMER OFFICERS, ETC		0.
LOANS AND OTHER RECEIVABLES FROM OTHER DISQUALIFIED PERSONS PREPAID EXPENSES AND DEFERRED CHARGES	0.	0.
Totals to Form 199, Schedule L, line 12	0.	0.

cacw2901.SCR 01/29/18

Form	199
Sched	ule L

Other Liabilities and Equity

2018

Name as Shown on Return THE BOURKE FAMILY FOUNDATION	Californi	California Corporation No.	
Other Liabilities:	Beginning of Tax Year	End of Tax Year	
OTHER LIABILITIES	0.		
Totals to Form 199, Schedule L, line 18	Beginning of tax year	End of tax year	
UNRESTRICTED NET ASSETS	74,017.	36,179.	
Totals to Form 199. Schedule L. line 20	74,017.	36,179.	

Additional information from your 2018 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Other Income

Continuation Statement

Description	Amount
INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS	
INCOME FROM FUNDRAISING EVENTS	222,002
INCOME FROM GAMING ACTIVITIES	
Total	222,002

Form 199: CA Exempt Organization Annual Information

Part II, Contributions

Continuation Statement

Description	Amount
GRANTS AND OTHER ASSISTANCE TO FOREIGN ORGS., GOVERNMENTS AND INDIVIDUALS	166,775
Total	166,775

Form 199: CA Exempt Organization Annual Information Part II, Compensation

Continuation Statement

Description		Amount
EDMOND BOURKE		0
THIC VAN PHUNG		0
JEFF LOCHNER		0
LARRY GATES		0
JIM BALDOVIN		0
BRIDGID BOURKE		0
MICK CHARLES		0
JAY SPATA		0
	Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Expenses

Continuation Statement

Description	Amount
EXPENSES FROM FUNDRAISING EVENTS	84,779
COST OF FUND RAISING	84,779
MISC. EXPENSES	11,512
Total	181,070

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

61-1652068 THE BOURKE FAMILY FOUNDATION Organization type (check one): Section: Filers of: Form 990 or 990-EZ **区** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE BOURKE FAMILY FOUNDATION

Employer identification number 61-1652068

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDMOND F. BOURKE 2205 CHANNEL ROAD NEWPORT BEACH CA 92661	\$ 20,000.	Person 🗵 Payroll 🔲 Noncash 🔲 (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIP + 4 LARRY AND AMY GATES 2596 CRESTVIEW DR. NEWPORT BEACH CA 92663	\$ 10,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICK CHARLES 2030 OXFORDSHRINE LN. CHAPEL HILL NC 27517	\$ 10,000.	Person PayrolI Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JEFF LOCHNER 730 EL CAMINO WAY., STE. 200 TUSTIN CA 92780	\$ 5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE BOURKE FAMILY FOUNDATION

Employer identification number

61-1652068

Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
	Description of noncash property given (b) (b) Description of noncash property given	Description of noncash property given \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Employer identification number Name of organization THE BOURKE FAMILY FOUNDATION 61-1652068 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee