

**Tax Return Carryovers to 2018**

NAME: **THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION** ID Number: **33-0833801**

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			1,735,719.

OLIVA, GODDARD & WRIGHT  
CERTIFIED PUBLIC ACCOUNTANTS  
9333 GENESEE AVENUE, SUITE 110  
SAN DIEGO, CA 92121  
(858) 554-0800

OCTOBER 25, 2018

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION  
11236 EL CAMINO REAL  
SAN DIEGO, CA 92130

DEAR CHRIS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT  
ORGANIZATION RETURNS AND 2018 ESTIMATED TAX WORKSHEET, AS  
FOLLOWS...

2017 FORM 990-PF

2018 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-PF

2017 CALIFORNIA FORM 199

2017 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

VERY TRULY YOURS,

OLIVA, GODDARD & WRIGHT  
CERTIFIED PUBLIC ACCOUNTANTS

## Filing Instructions

**Prepared for:**

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION  
11236 EL CAMINO REAL  
SAN DIEGO, CA 92130

**Prepared by:**

OLIVA, GODDARD & WRIGHT, CPAS  
9333 GENESEE AVE, STE 110  
SAN DIEGO, CA 92121

2017 FORM 990-PF

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

FORM 990-PF HAS AN OVERPAYMENT OF \$445. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

2018 FORM 990-PF ESTIMATED TAX

ESTIMATED TAX INSTALLMENTS ARE DUE AS FOLLOWS:

\$ 1,355 DUE BY DECEMBER 17, 2018

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

## Filing Instructions

**Prepared for:**

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION  
11236 EL CAMINO REAL  
SAN DIEGO, CA 92130

**Prepared by:**

OLIVA, GODDARD & WRIGHT, CPAS  
9333 GENESEE AVE, STE 110  
SAN DIEGO, CA 92121

2017 CALIFORNIA FORM 199

YOU HAVE A BALANCE DUE OF .....\$ 10.00

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD ON OR BEFORE NOVEMBER 15, 2018.

MAIL TO - FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531

2017 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 50.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$50.00, PAYABLE TO ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

PLEASE MAIL ON OR BEFORE NOVEMBER 15, 2018.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>	Employer identification number <b>33-0833801</b>
---	---

Name and title of officer  
**CHRISTOPHER WEIL  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>1,703.</u>
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize OLIVA, GODDARD & WRIGHT, CPAS to enter my PIN 33801  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**33767805201**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 10/25/18

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

13411025 784697 WEILFAMILYFO 2017.04011 THE PATRICIA AND CHRISTOPHE WEILFAM1

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-PF

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax for trusts. See instructions .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits. See instructions .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes. See instructions .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels. See instructions .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2017 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	1,703.
c	<b>2018 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	1,800.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			12/17/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			1,800.
13	2017 Overpayment. See instructions .....	13			445.
14	Payment due (Subtract line 13 from line 12) .....	14			1,355.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

ESTIMATED TAX	1,800.
OVERPAYMENT APPLIED	445.
AMOUNT DUE	1,355.

**Return of Private Foundation**

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

**2017**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>		<b>A Employer identification number</b>  33-0833801
Number and street (or P.O. box number if mail is not delivered to street address) <b>11236 EL CAMINO REAL</b>	Room/suite	<b>B Telephone number</b>  858-724-6040
City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92130</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>3,940,249.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received .....	3,840.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....				
	4 Dividends and interest from securities .....	72,023.	72,023.		STATEMENT 1
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	124,853.			
	b Gross sales price for all assets on line 6a .....	1,035,322.			
	7 Capital gain net income (from Part IV, line 2) .....		124,853.		
	8 Net short-term capital gain .....				
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....					
12 <b>Total.</b> Add lines 1 through 11 .....	200,716.	196,876.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....				
	b Accounting fees .....	20,050.	20,050.		0.
	c Other professional fees .....				
	17 Interest .....				
	18 Taxes .....	959.	959.		0.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses .....	5,567.	5,567.		0.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	26,576.	26,576.		0.
	25 Contributions, gifts, grants paid .....	621,056.			621,056.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	647,632.	26,576.		621,056.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	-446,916.				
b <b>Net investment income</b> (if negative, enter -0-)		170,300.			
c <b>Adjusted net income</b> (if negative, enter -0-)			N/A		

**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

Form 990-PF (2017)

33-0833801 Page 2

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing .....			
	2 Savings and temporary cash investments .....	693,523.	343,215.	343,215.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....	2,148.	445.	
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 5 .....	3,226,989.	3,377,880.	3,597,034.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans .....				
13 Investments - other .....	247,499.	0.	0.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	4,170,159.	3,721,540.	3,940,249.	
Liabilities	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶)			
23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	0.		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/>			
	<b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	24 Unrestricted .....			
	25 Temporarily restricted .....			
	26 Permanently restricted .....			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27 through 31.</b>			
27 Capital stock, trust principal, or current funds .....	0.	0.		
28 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds .....	4,170,159.	3,721,540.		
30 <b>Total net assets or fund balances</b> .....	4,170,159.	3,721,540.		
31 <b>Total liabilities and net assets/fund balances</b> .....	4,170,159.	3,721,540.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	4,170,159.
2 Enter amount from Part I, line 27a .....	2	-446,916.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3 .....	4	3,723,243.
5 Decreases not included in line 2 (itemize) ▶ <b>FEDERAL TAX</b> .....	5	1,703.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	3,721,540.

Form 990-PF (2017)



THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

Form 990-PF (2017)

33-0833801 Page 3

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	<b>SEE ATTACHED STATEMENT</b>		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			
	1,035,322.	910,469.	124,853.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			
			124,853.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	124,853.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	586,750.	3,154,059.	.186030
2015	469,648.	3,429,801.	.136932
2014	511,992.	3,667,482.	.139603
2013	401,179.	3,211,920.	.124903
2012	346,438.	3,037,382.	.114058

2	Total of line 1, column (d) .....	2	.701526
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .....	3	.140305
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....	4	4,042,154.
5	Multiply line 4 by line 3 .....	5	567,134.
6	Enter 1% of net investment income (1% of Part I, line 27b) .....	6	1,703.
7	Add lines 5 and 6 .....	7	568,837.
8	Enter qualifying distributions from Part XII, line 4 .....	8	621,056.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

Form 990-PF (2017)

33-0833801 Page 4

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,703.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	1,703.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,703.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	2,148.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	2,148.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	445.	
11 Enter the amount of line 10 to be: <b>Credited to 2018 estimated tax</b> 445.   <b>Refunded</b>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ CA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2017)

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

Form 990-PF (2017)

33-0833801

Page 5

**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.WEILFAMILYFOUNDATION.ORG</b>	X	
14 The books are in care of <b>CHRISTOPHER WEIL</b> Telephone no. <b>858-724-6040</b> Located at <b>11236 EL CAMINO REAL, SAN DIEGO, CA</b> ZIP+4 <b>92130</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X

Form 990-PF (2017)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year, did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> N/A	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>		<b>X</b>
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000** 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

Form 990-PF (2017)

33-0833801 Page 8

**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	4,103,710.
b	Average of monthly cash balances .....	1b	
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	4,103,710.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	4,103,710.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	61,556.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	4,042,154.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	202,108.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	202,108.
2a	Tax on investment income for 2017 from Part VI, line 5 .....	2a	1,703.
b	Income tax for 2017. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	1,703.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	200,405.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	200,405.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	200,405.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	621,056.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	621,056.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	1,703.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	619,353.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2017)

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				200,405.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	196,835.			
b From 2013	245,365.			
c From 2014	332,546.			
d From 2015	305,234.			
e From 2016	431,923.			
f Total of lines 3a through e	1,511,903.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	621,056.			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				200,405.
e Remaining amount distributed out of corpus	420,651.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,932,554.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	196,835.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,735,719.			
10 Analysis of line 9:				
a Excess from 2013	245,365.			
b Excess from 2014	332,546.			
c Excess from 2015	305,234.			
d Excess from 2016	431,923.			
e Excess from 2017	420,651.			

**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

Form 990-PF (2017)

33-0833801 Page 10

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**SEE STATEMENT 7**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

Form 990-PF (2017)

33-0833801 Page 11

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ANCHOR CENTER FOR BLIND CHILDREN 3801 MARTIN LUTHER KING BLVD. DENVER, CO 80205	NONE	EXEMPT	CLAYTON CAMPUS BUILDING FUND	250.
CANYON CREST ACADEMY FOUNDATION 5951 E. VILLAGE CENTER LOOP ROAD SAN DIEGO, CA 92130	NONE	EXEMPT	GENERAL FUND	5,000.
CHILDRENS BOOK BANK 2680 SW RAVENSVIEW DRIVE PORTLAND, OR 97201	NONE	EXEMPT	GENERAL FUND	400.
DEL MAR SCHOOLS EDUCATION FOUNDATION 5333 OLD CARMEL VALLEY ROAD SAN DIEGO, CA 92130	NONE	EXEMPT	GENERAL FUND	500.
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741	NONE	EXEMPT	GENERAL FUND	10,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>621,056.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Form 990-PF (2017)



**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
<b>b</b>	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>SHELLY M. QUARISA</b>		<b>10/25/18</b>		<b>P00730188</b>
	Firm's name <b>▶ OLIVA, GODDARD &amp; WRIGHT, CPAS</b>			Firm's EIN <b>▶ 33-0578542</b>	
Firm's address <b>▶ 9333 GENESEE AVE, STE 110 SAN DIEGO, CA 92121</b>			Phone no. <b>(858) 554-0800</b>		

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FIDELITY #7850	P		
b FIDELITY #7850	P		
c FIDELITY #1818	P		
d FIDELITY #1818	P		
e CIC OPPORTUNITIES FUND I LLC	D		
f CAPITAL GAINS DIVIDENDS			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 145,663.		137,729.	7,934.
b 635,012.		630,841.	4,171.
c 7,167.		7,527.	-360.
d 127,945.		134,372.	-6,427.
e 12,325.			12,325.
f 107,210.			107,210.
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			7,934.
b			4,171.
c			-360.
d			-6,427.
e			12,325.
f			107,210.
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } .....	2	124,853.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

33-0833801

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ENVIRONMENTAL DEFENSE FUND P.O. BOX 5055 HAGERSTOWN, MD 21741-5055	NONE	EXEMPT	GENERAL FUND	5,000.
INEWSOURCE 5500 CAMPANILE DRIVE, PSFA 361C SAN DIEGO, CA 92182	NONE	EXEMPT	GENERAL FUND	5,000.
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	NONE	EXEMPT	GENERAL FUND	1,000.
JACOB CENTER FOR NEIGHBORHOOD INTERVENTION 5160 FEDERAL BLVD. SAN DIEGO, CA 92102	NONE	EXEMPT	GENERAL FUND	5,000.
LA JOLLA SYMPHONY & CHORUS 9500 GILLMAN DRIVE, UCSD #0361 LA JOLLA, CA 92093	NONE	EXEMPT	GENERAL FUND	6,000.
LEAGUE OF WOMEN VOTERS OF THE US 1730 M STREET NW #1000 WASHINGTON, DC 20036	NONE	EXEMPT	GENERAL FUND	1,000.
MAINLY MOZART, INC. 2802 JUAN STREET #29 SAN DIEGO, CA 92110-2763	NONE	EXEMPT	GENERAL FUND	25,000.
MARYMOUNT HIGH SCHOOL 10643 SUNSET BLVD. LOS ANGELES, CA 90077	NONE	EXEMPT	GENERAL FUND	250.
NATIONAL CONFLICT RESOLUTION CENTER 625 BROADWAY, SUITE 1221 SAN DIEGO, CA 92101	NONE	EXEMPT	GENERAL FUND	1,000.
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	NONE	EXEMPT	GENERAL FUND	1,000.
<b>Total from continuation sheets</b>				<b>604,906.</b>

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

33-0833801

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001	NONE	EXEMPT	GENERAL FUND	1,000.
PLAYWRIGHTS PROJECT 3675 RUFFIN ROAD, STE. #330 SAN DIEGO, CA 92123	NONE	EXEMPT	GENERAL FUND	6,000.
ROTARY CLUB OF LA JOLLA P.O. BOX 525 LA JOLLA, CA 92038	NONE	EXEMPT	SCHOLARSHIPS	500.
SAN DIEGO GRANT MAKERS 4270 EXECUTIVE SQUARE #200 LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	7,750.
SAN DIEGO REPERTORY THEATRE 79 HORTON PLAZA SAN DIEGO, CA 92101	NONE	EXEMPT	GENERAL FUND	70,668.
SAN DIEGO SOCIAL VENTURE PARTNERS 6960 FLANDERS DRIVE SAN DIEGO, CA 92121	NONE	EXEMPT	GENERAL FUND	15,000.
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038	NONE	EXEMPT	GENERAL FUND	1,000.
TEACH FOR AMERICA 315 W 36TH STREET, 8TH FLOOR NEW YORK, NY 10018	NONE	EXEMPT	GENERAL FUND	5,000.
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD #20 SAN DIEGO, CA 92106	NONE	EXEMPT	BORREGO SPRINGS HIGH SCHOOL, MKC/GOMPERS AND MKC/PREUSS SCHOLARSHIP FUNDS	268,043.
UC BERKLEY 303 BOALT HALL BERKLEY, CA 94720	NONE	EXEMPT	GENERAL FUND	2,000.
<b>Total from continuation sheets</b>				

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

33-0833801

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UCSD FOUNDATION 9500 GILLMAN DRIVE MC 0536 LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	36,100.
UNITARIAN UNIVERSALIST FELLOWSHIP OF SAN DIEGUITO 1036 SOLANA DRIVE SOLANA BEACH, CA 92075	NONE	EXEMPT	GENERAL FUND	6,000.
UNIVERSITY OF REDLANDS P.O. BOX 3080 REDLANDS, CA 92373	NONE	EXEMPT	GENERAL FUND	45,856.
VOICE OF SAN DIEGO 110 WEST A STREET #650 SAN DIEGO, CA 92101	NONE	EXEMPT	GENERAL FUND	15,000.
WORDS ALIVE 5111 SANTA FE STREET SUITE 219 SAN DIEGO, CA 92109	NONE	EXEMPT	GENERAL FUND	18,500.
A BRIDGE FOR KIDS 4445 EASTGATE MALL #200 SAN DIEGO, CA 92121	NONE	EXEMPT	GENERAL FUND	2,120.
ACLU FOUNDATION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	NONE	EXEMPT	GENERAL FUND	5,144.
AMIGOS DEL LAS AMERICAS 1800 W LOOP S #1325 HOUSTON, TX 77027	NONE	EXEMPT	GENERAL FUND	1,000.
BALLET THEATRE FOUNDATION 890 BROADWAY, 3RD FLOOR NEW YORK, NY 10003	NONE	EXEMPT	GENERAL FUND	100.
CAL POLY STATE UNIVERSITY 1 GRAND AVENUE #117 SAN LUIS OBISPO, CA 93407	NONE	EXEMPT	GENERAL FUND	2,125.
<b>Total from continuation sheets</b>				

THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

33-0833801

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DRL FUND 3262 HOLIDAY COURT #100 LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	2,500.
FRIENDS OF BALBOA PARK 2125 PARK BLVD SAN DIEGO, CA 92101	NONE	EXEMPT	GENERAL FUND	1,000.
JEWISH FAMILY SERVICES 8804 BALBOA AVENUE SAN DIEGO, CA 92123	NONE	EXEMPT	GENERAL FUND	10,000.
SAN DIEGO JEWISH CULTURE 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	1,000.
LEWIS & CLARK COLLEGE 0615 S.W. PALANTINE HILL ROAD PORTLAND, OR 97219	NONE	EXEMPT	DIVERSITY FUND	20,000.
SANDY HOOK PROMISE FOUNDATION P.O. BOX 3489 NEWTON, CT 06470	NONE	EXEMPT	GENERAL FUN	500.
STUDENTS WITHOUT LIMITS 4735 CASS STREET SAN DIEGO, CA 92109	NONE	EXEMPT	GENERAL FUND	10,000.
THE RESCUED DOG 1220 ROSECRANS STREET PMB 252 SAN DIEGO, CA 92106	NONE	EXEMPT	GENERAL FUND	250.
NEW VILLAGE ARTS 2787 STATE STREET CARLSBAD, CA 92008	NONE	EXEMPT	GENERAL FUND	500.
<b>Total from continuation sheets</b> .....				



FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
FIDELITY #1818	21,126.	0.	21,126.	21,126.		
FIDELITY #7850	158,107.	107,210.	50,897.	50,897.		
TO PART I, LINE 4	179,233.	107,210.	72,023.	72,023.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	20,050.	20,050.			0.	
TO FORM 990-PF, PG 1, LN 16B	20,050.	20,050.			0.	

FORM 990-PF	TAXES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAX	728.	728.			0.	
STATE TAX	60.	60.			0.	
TAX & LICENSES	171.	171.			0.	
TO FORM 990-PF, PG 1, LN 18	959.	959.			0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSES	1,510.	1,510.			0.
INVESTMENT MANAGEMENT FEES	4,057.	4,057.			0.
TO FORM 990-PF, PG 1, LN 23	5,567.	5,567.			0.

FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
EQUITIES	3,377,880.	3,597,034.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,377,880.	3,597,034.		



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>	Employer identification number (EIN) or  <b>33-0833801</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11236 EL CAMINO REAL</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92130</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CHRISTOPHER WEIL**

• The books are in the care of ▶ **11236 EL CAMINO REAL - SAN DIEGO, CA 92130**  
Telephone No. ▶ **858-724-6040** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2017** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	2,148.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization  
Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name  
**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

California corporation number  
**2041526**

Additional information. See instructions.  
FEIN  
**33-0833801**

Street address (suite or room)  
**11236 EL CAMINO REAL**

PMB no. \_\_\_\_\_

City  
**SAN DIEGO**

State  
**CA**

ZIP code  
**92130**

Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,107,345.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	3,840.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	1,111,185.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	910,469.00
	7	Total costs. Add line 5 and line 6	7	910,469.00
	8	Total gross income. Subtract line 7 from line 4	8	200,716.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	647,632.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-446,916.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer **PRESIDENT** Title Date \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Date **10/25/18** Check if self-employed

**Paid Preparer's Use Only**

Firm's name (or yours, if self-employed) and address **OLIVA, GODDARD & WRIGHT, CPAS  
9333 GENESEE AVE, STE 110  
SAN DIEGO, CA 92121**

Telephone **33-0578542**  
**(858) 554-0800**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

33-0833801

**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.**

728951 12-06-17

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	00	
	3	Dividends	•	3	72,023.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 1	•	6	928,112.00
	7	Other income	SEE STATEMENT 2	•	7	107,210.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	1,107,345.00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 3	•	9	621,056.00
	10	Disbursements to or for members		•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	0.00
	12	Other salaries and wages		•	12	00
	13	Interest		•	13	00
	14	Taxes		•	14	959.00
	15	Rents		•	15	00
	16	Depreciation and depletion (See instructions)		•	16	00
	17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	25,617.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	647,632.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		693,523.		343,215.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 6		3,226,989.		3,377,880.
8	Mortgage loans				
9	Other investments STMT 7		247,499.		
10	<b>a</b> Depreciable assets				
	<b>b</b> Less accumulated depreciation	( )	( )		
11	Land				
12	Other assets STMT 8		2,148.		445.
13	<b>Total assets</b>		4,170,159.		3,721,540.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		4,170,159.		3,721,540.
22	<b>Total liabilities and net worth</b>		4,170,159.		3,721,540.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-446,916.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-446,916.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-446,916.

CA 199 GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
FIDELITY #7850			PURCHASED	137,729.	0.	0.	145,663.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
FIDELITY #7850			PURCHASED	630,841.	0.	0.	635,012.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
FIDELITY #1818			PURCHASED	7,527.	0.	0.	7,167.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
FIDELITY #1818			PURCHASED	134,372.	0.	0.	127,945.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
CIC OPPORTUNITIES FUND I LLC			DONATED	0.	0.	0.	12,325.

TOTAL ON FORM 199, PG 2, LINE 6				910,469.	0.	0.	928,112.
---------------------------------	--	--	--	----------	----	----	----------

---

---

CA 199	OTHER INCOME	STATEMENT	2
--------	--------------	-----------	---

---

DESCRIPTIONAMOUNT

CAPITAL GAINS DIVIDENDS

107,210.

TOTAL TO FORM 199, PART II, LINE 7

107,210.



CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
--------	---	-----------	---

## ACTIVITY CLASSIFICATION:

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CANYON CREST ACADEMY FOUNDATION 5951 E. VILLAGE CENTER LOOP ROAD, SAN DIEGO, CA 92130	NONE	5,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEL MAR SCHOOLS EDUCATION FOUNDATION 5333 OLD CARMEL VALLEY ROAD, SAN DIEGO, CA 92130	NONE	500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JACOB CENTER FOR NEIGHBORHOOD INTERVENTION 5160 FEDERAL BLVD., SAN DIEGO, CA 92102	NONE	5,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAINLY MOZART, INC. 2802 JUAN STREET #29, SAN DIEGO, CA 92110-2763	NONE	25,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARYMOUNT HIGH SCHOOL 10643 SUNSET BLVD., LOS ANGELES, CA 90077	NONE	250.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL CONFLICT RESOLUTION CENTER 625 BROADWAY, SUITE 1221, SAN DIEGO, CA 92101	NONE	1,000.
ORGANIZATIONAL STATUS: EXEMPT		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO GRANT MAKERS 4270 EXECUTIVE SQUARE #200, LA JOLLA, CA 92037	NONE	7,750.
ORGANIZATIONAL STATUS: EXEMPT		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO REP 79 HORTON PLAZA, SAN DIEGO, CA 92101	NONE	70,668.
ORGANIZATIONAL STATUS: EXEMPT		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD #20, SAN DIEGO, CA 92106	NONE	268,043.
ORGANIZATIONAL STATUS: EXEMPT		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC BERKLEY 303 BOALT HALL, BERKLEY, CA 94720	NONE	2,000.
ORGANIZATIONAL STATUS: EXEMPT		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UCSD FOUNDATION 9500 GILLMAN DRIVE MC 0536, LA JOLLA, CA 92037	NONE	36,100.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669, LA JOLLA, CA 92038	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITARIAN UNIVERSALIST FELLOWSHIP OF SAN DIEGUITO 1036 SOLANA DRIVE, SOLANA BEACH, CA 92075	NONE	6,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANCHOR CENTER FOR BLIND CHILDREN 3801 MARTIN LUTHER KING BLVD., DENVER, CO 80205	NONE	250.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDRENS BOOK BANK 2680 SW RAVENSVIEW DRIVE, PORTLAND, OR 97201	NONE	400.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOCTORS WITHOUT BORDERS P.O. BOX 5030, HAGERSTOWN, MD 21741	NONE	10,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE, NATIONAL CITY, CA 91950	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF REDLANDS P.O. BOX 3080, REDLANDS, CA 92373	NONE	45,856.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY CLUB OF LA JOLLA P.O. BOX 525, LA JOLLA, CA 92038	NONE	500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ENVIRONMENTAL DEFENSE FUND P.O. BOX 5055, HAGERSTOWN, MD 21741-5055	NONE	5,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET, NEW YORK, NY 10001	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO SOCIAL VENTURE PARTNERS 6960 FLANDERS DRIVE, SAN DIEGO, CA 92121	NONE	15,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEACH FOR AMERICA 315 W 36TH STREET, 8TH FLOOR, NEW YORK, NY 10018	NONE	5,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WORDS ALIVE 5111 SANTA FE STREET SUITE 219, SAN DIEGO, CA 92109	NONE	18,500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INEWSOURCE 5500 CAMPANILE DRIVE, PSFA 361C, SAN DIEGO, CA 92182	NONE	5,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA JOLLA SYMPHONY & CHORUS 9500 GILLMAN DRIVE, UCSD #0361, LA JOLLA, CA 92093	NONE	6,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLAYWRIGHTS PROJECT 3675 RUFFIN ROAD, STE. #330, SAN DIEGO, CA 92123	NONE	6,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOICE OF SAN DIEGO 110 WEST A STREET #650, SAN DIEGO, CA 92101	NONE	15,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEAGUE OF WOMEN VOTERS OF THE US 1730 M STREET NW #1000, WASHINGTON, DC 20036	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET, NEW YORK, NY 10011	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
A BRIDGE FOR KIDS 4445 EASTGATE MALL #200, SAN DIEGO, CA 92121	NONE	2,120.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACLU FOUNDATION 125 BROAD STREET, 18TH FLOOR, NEW YORK, NY 10004	NONE	5,144.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMIGOS DEL LAS AMERICAS 1800 W LOOP S #1325, HOUSTON, TX 77027	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BALLET THEATRE FOUNDATION 890 BROADWAY, 3RD FLOOR, NEW YORK, NY 10003	NONE	100.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAL POLY STATE UNIVERSITY 1 GRAND AVENUE #117, SAN LUIS OBISPO, CA 93407	NONE	2,125.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DRL FUND 3262 HOLIDAY COURT #100, LA JOLLA, CA 92037	NONE	2,500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF BALBOA PARK 2125 PARK BLVD, SAN DIEGO, CA 92101	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JEWISH FAMILY SERVICES 8804 BALBOA AVENUE, SAN DIEGO, CA 92123	NONE	10,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO JEWISH CULTURE 4126 EXECUTIVE DRIVE, LA JOLLA, CA 92037	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEWIS & CLARK COLLEGE 0615 S.W. PALANTINE HILL ROAD, PORTLAND, OR 97219	NONE	20,000.

ORGANIZATIONAL STATUS: EXEMPT



<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SANDY HOOK PROMISE FOUNDATION P.O. BOX 3489, NEWTON, CT 06470	NONE	500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STUDENTS WITHOUT LIMITS 4735 CASS STREET, SAN DIEGO, CA 92109	NONE	10,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE RESCUED DOG 1220 ROSECRANS STREET PMB 252, SAN DIEGO, CA 92106	NONE	250.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW VILLAGE ARTS 2787 STATE STREET, CARLSBAD, CA 92008	NONE	500.

ORGANIZATIONAL STATUS: EXEMPT

TOTAL FOR THIS ACTIVITY	621,056.
----------------------------	----------

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>621,056.</u>
---	-----------------

---



---

CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT    4

---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CHRISTOPHER WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	PRESIDENT 0.00	0.
PATRICIA WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	SECRETARY/TREASURER 0.00	0.
KIT-VICTORIA WELLS 11236 EL CAMINO REAL SAN DIEGO, CA 92130	DIRECTOR 0.00	0.
MATTHEW WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	DIRECTOR 0.00	0.
CAITLIN WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	DIRECTOR 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

---



---

CA 199    OTHER EXPENSES    STATEMENT    5

---

DESCRIPTION	AMOUNT
ACCOUNTING FEES	20,050.
ADMINSTRATIVE EXPENSES	1,510.
INVESTMENT MANAGEMENT FEES	4,057.
TOTAL TO FORM 199, PART II, LINE 17	25,617.

CA 199	INVESTMENTS IN STOCK	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EQUITIES		3,226,989.	3,377,880.
TOTAL TO FORM 199, SCHEDULE L, LINE 7		3,226,989.	3,377,880.

CA 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CIC OPPORTUNITIES FUND I LLC		247,499.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		247,499.	0.

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		2,148.	445.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		2,148.	445.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**  
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**  
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.  
Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

739035 11-29-17

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2017** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

0000000      PATR 33-0833801      2041526      17      FORM 3  
TYB 01-01-2017      TYE 12-31-2017  
THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION

11236 EL CAMINO REAL  
SAN DIEGO      CA 92130

(858) 724-6040

Amount of Payment      10.

TAXABLE YEAR  
**2017**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>	Identifying number <b>33-0833801</b>
--	---

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4) .....	<b>1</b>	<b>1,111,185.00</b>
2	Total gross income (Form 199, line 8) .....	<b>2</b>	<b>200,716.00</b>
3	Total expenses and disbursements (Form 199, line 9) .....	<b>3</b>	<b>647,632.00</b>

**Part II Settle Your Account Electronically for Taxable Year 2017**

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	--	-----------	---------------------------------

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5	Routing number _____		7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	Signature of officer	Date	<b>PRESIDENT</b> Title
------------------	----------------------	------	---------------------------

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00730188</b>
	Firm's name (or yours if self-employed) and address				FEIN <b>33-0578542</b>
	<b>OLIVA, GODDARD &amp; WRIGHT, CPAS</b>				ZIP code <b>92121</b>
	<b>9333 GENESEE AVE, STE 110</b>				
	<b>SAN DIEGO, CA</b>				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			FEIN
				ZIP code

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

WEB SITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 113801</b>  <b>THE PATRICIA AND CHRISTOPHER WEIL          FAMILY FOUNDATION</b> <small>Name of Organization</small>  <b>11236 EL CAMINO REAL</b> <small>Address (Number and Street)</small>  <b>SAN DIEGO, CA 92130</b> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2041526</u>  Federal Employer I.D. No. <u>33-0833801</u>
---	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:  
 Gross annual revenue \$ 200,716. Total assets \$ 3,940,249.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 858-724-6040

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

<b>CHRISTOPHER WEIL</b> <small>Signature of authorized officer</small>	<b>PRESIDENT</b> <small>Printed Name</small>	_____ <small>Title</small>	_____ <small>Date</small>
---	---	-------------------------------	------------------------------