

**Tax Return Carryovers to 2019**

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

Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	<b>EXCESS DISTRIBUTIONS</b>	990-PF			<b>1,989,223.</b>

812541 04-01-18

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

NOVEMBER 5, 2019

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 2018 EXEMPT  
ORGANIZATION RETURNS AND 2019 ESTIMATED TAX WORKSHEET, AS  
FOLLOWS...

2018 FORM 990-PF

2019 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-PF

2018 CALIFORNIA FORM 199

2018 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 & ASSOCIATES  
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 & ASSOCIATES  
CERTIFIED PUBLIC ACCOUNTANTS  
9333 GENESEE AVENUE, SUITE 110  
SAN DIEGO, CA 92121

**2018 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, 2019.

FORM 990-PF HAS A BALANCE DUE OF \$763.

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.

**2019 FORM 990-PF ESTIMATED TAX**

ESTIMATED TAX INSTALLMENTS ARE DUE AS FOLLOWS:

\$ 2,600 DUE BY DECEMBER 16, 2019

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 & ASSOCIATES  
CERTIFIED PUBLIC ACCOUNTANTS  
9333 GENESEE AVENUE, SUITE 110  
SAN DIEGO, CA 92121

2018 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, 2019.

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

2018 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 75.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$75.00, 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, 2019.

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 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

# 2018

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

**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

Employer identification number

**33-0833801**

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 one 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>2,549.</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 2018 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 & ASSOCIATES, 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 2018 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 2018 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.

**33929605201**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 ▶ **11/05/19**

**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** (2018)

823051 10-26-18

Form **990-W**  
(Worksheet)

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

OMB No. 1545-0976

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) 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 2018 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	2,549.
c	<b>2019 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	2,600.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			12/16/19
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			2,600.
13	2018 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			2,600.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

**Return of Private Foundation**

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

**2018**

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 2018 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>3,746,731.</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 .....	706,337.		N/A	
	2 Check <input 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 .....	76,738.	76,738.		STATEMENT 1
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	202,032.			
	b Gross sales price for all assets on line 6a .....	1,708,319.			
	7 Capital gain net income (from Part IV, line 2) .....		202,032.		
	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 .....	56.	56.		STATEMENT 2	
12 <b>Total.</b> Add lines 1 through 11 .....	985,163.	278,826.			
<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 .....	1,468.	1,468.		0.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses .....	2,403.	2,403.		0.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	23,921.	23,921.		0.
	25 Contributions, gifts, grants paid .....	681,587.			681,587.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	705,508.	23,921.		681,587.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	279,655.				
b <b>Net investment income</b> (if negative, enter -0-)		254,905.			
c <b>Adjusted net income</b> (if negative, enter -0-)			N/A		

**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

Form 990-PF (2018)

33-0833801 Page 2

<b>Part II</b>	<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
<b>Assets</b>	1 Cash - non-interest-bearing .....			
	2 Savings and temporary cash investments .....	343,215.	589,655.	589,655.
	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 .....	445.		
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock ..... <b>STMT 6</b>	3,377,880.	3,410,878.	3,157,076.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans .....			
	13 Investments - other .....			
	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) .....	3,721,540.	4,000,533.	3,746,731.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....		580.	
	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 ▶ <b>STATEMENT 7</b> )	0.	763.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	1,343.		
<b>Net Assets or Fund Balances</b>	<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 .....	3,721,540.	3,999,190.	
30 <b>Total net assets or fund balances</b> .....	3,721,540.	3,999,190.		
31 <b>Total liabilities and net assets/fund balances</b> .....	3,721,540.	4,000,533.		

**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	3,721,540.
2 Enter amount from Part I, line 27a .....	2	279,655.
3 Other increases not included in line 2 (itemize) ▶ <b>FEDERAL TAX - 2015 REFUND</b> .....	3	558.
4 Add lines 1, 2, and 3 .....	4	4,001,753.
5 Decreases not included in line 2 (itemize) ▶ <b>FEDERAL TAX</b> .....	5	2,563.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	3,999,190.

Form 990-PF (2018)



THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION

Form 990-PF (2018)

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**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 FIDELITY #7850	P		
b FIDELITY #7850	P		
c PUBLIC STORAGE COM	D		
d CAPITAL GAINS DIVIDENDS			
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 238,330.		231,670.	6,660.
b 1,010,990.		974,280.	36,710.
c 301,897.		300,337.	1,560.
d 157,102.			157,102.
e			

(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			6,660.
b			36,710.
c			1,560.
d			157,102.
e			

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	202,032.
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))
2017	619,353.	4,042,154.	.153224
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

2 Total of line 1, column (d)	2	.740692
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	.148138
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	3,705,333.
5 Multiply line 4 by line 3	5	548,901.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,549.
7 Add lines 5 and 6	7	551,450.
8 Enter qualifying distributions from Part XII, line 4	8	681,587.

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 (2018)

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	2,549.
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	2,549.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2,549.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	1,800.	
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	1,800.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	14.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8	9	763.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded	11		

**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 Form 1120-POL 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 Form 990-T 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 General Instruction T.		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 General Instruction G? 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 2018 or the tax year beginning in 2018? 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

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**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 2018, 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 2018?		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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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 2018 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 2018.)		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 2018?		X

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

**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  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?  Yes  No

**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  Yes  No

Organizations relying on a current notice regarding disaster assistance, check here  N/A

**c** 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?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Yes  No

**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 11		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

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**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.

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**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	3,761,759.
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	3,761,759.
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	3,761,759.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	56,426.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	3,705,333.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	185,267.

**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	185,267.
2a	Tax on investment income for 2018 from Part VI, line 5 .....	2a	2,549.
b	Income tax for 2018. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	2,549.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	182,718.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	182,718.
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	182,718.

**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	681,587.
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	681,587.
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	2,549.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	679,038.

**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.

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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				182,718.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013	245,365.			
b From 2014	332,546.			
c From 2015	305,234.			
d From 2016	431,923.			
e From 2017	420,651.			
f Total of lines 3a through e	1,735,719.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$	681,587.			
a Applied to 2017, 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 2018 distributable amount				182,718.
e Remaining amount distributed out of corpus	498,869.			
5 Excess distributions carryover applied to 2018 (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	2,234,588.			
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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	245,365.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,989,223.			
10 Analysis of line 9:				
a Excess from 2014	332,546.			
b Excess from 2015	305,234.			
c Excess from 2016	431,923.			
d Excess from 2017	420,651.			
e Excess from 2018	498,869.			

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**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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
<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 12**

**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:



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**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>				
ACLU FOUNDATION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	NONE	EXEMPT	GENERAL FUND	5,000.
AMIGOS DEL LAS AMERICAS 1800 W LOOP S #1325 HOUSTON, TX 77027	NONE	EXEMPT	GENERAL FUND	105.
ART POWER UCSD 9500 GILLMAN DRIVE MC 0077 LA JOLLA, CA 92093	NONE	EXEMPT	GENERAL FUND	29,000.
BALLET THEATRE FOUNDATION 890 BROADWAY, 3RD FLOOR NEW YORK, NY 10003	NONE	EXEMPT	GENERAL FUND	100.
BARRIO LOGAN COLLEGE INSTITUTE 1625 NEWTON STREET SAN DIEGO, CA 92113	NONE	EXEMPT	GENERAL FUND	12,500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>681,587.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

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**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....			14	76,738.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....			14	56.	
8 Gain or (loss) from sales of assets other than inventory .....			18	202,032.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		278,826.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....			13	278,826.	

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

**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 .....	1a(1)		X
(2) Other assets .....	1a(2)		X
<b>b</b> Other transactions:			
(1) Sales of assets to a noncharitable exempt organization .....	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization .....	1b(2)		X
(3) Rental of facilities, equipment, or other assets .....	1b(3)		X
(4) Reimbursement arrangements .....	1b(4)		X
(5) Loans or loan guarantees .....	1b(5)		X
(6) Performance of services or membership or fundraising solicitations .....	1b(6)		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	1c		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		

<b>Sign Here</b>	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.		<b>PRESIDENT</b> Title	May the IRS discuss this return with the preparer shown below? See instr. <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHELLY M. QUARISA		11/05/19		P00730188
	Firm's name ▶ OLIVA & ASSOCIATES, CPAS	Firm's EIN ▶ 33-0851248			
	Firm's address ▶ 9333 GENESEE AVE, STE 110 SAN DIEGO, CA 92121	Phone no. (858) 554-0800			

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**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
BORREGO SPRINGS HIGH SCHOOL 1315 PALM CANYON DRIVE BORREGO SPRINGS, CA 92004	NONE	EXEMPT	COUNSELOR GRANT	30,000.
CANYON CREST ACADEMY FOUNDATION 5951 E. VILLAGE CENTER LOOP ROAD SAN DIEGO, CA 92130	NONE	EXEMPT	GENERAL FUND	4,250.
CENTER FOR COMMUNITY SOLUTIONS 3657 MONROE STREET CARLSBAD, CA 92008	NONE	EXEMPT	GENERAL FUND	18,000.
CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	EXEMPT	GENERAL FUND	1,000.
DEL MAR SCHOOLS EDUCATION FOUNDATION 5333 OLD CARMEL VALLEY ROAD SAN DIEGO, CA 92130	NONE	EXEMPT	GENERAL FUND	100.
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741	NONE	EXEMPT	GENERAL FUND	10,000.
EARL WARREN PTSA 155 STEVENS AVENUE SOLANA BEACH, CA 92075	NONE	EXEMPT	GENERAL FUND	400.
ENVIRONMENTAL DEFENSE FUND P.O. BOX 5055 HAGERSTOWN, MD 21741-5055	NONE	EXEMPT	GENERAL FUND	5,000.
GOMPERS CHARTER MIDDLE SCHOOL 1005 47TH STREET SAN DIEGO, CA 92102	NONE	EXEMPT	GENERAL FUND	101,750.
INEWSOURCE 5500 CAMPANILE DRIVE, PSFA 361C SAN DIEGO, CA 92182	NONE	EXEMPT	GENERAL FUND	5,000.
<b>Total from continuation sheets</b>				<b>634,882.</b>

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**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
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950	NONE	EXEMPT	GENERAL FUND	8,000.
JUST IN TIME FOR FOSTER YOUTH P.O. BOX 81292 SAN DIEGO, CA 92138	NONE	EXEMPT	GENERAL FUND	3,000.
KPBS 5200 CAMANILE DRIVE SAN DIEGO, CA 92182	NONE	EXEMPT	GENERAL FUND	500.
LA JOLLA SYMPHONY & CHORUS 9500 GILLMAN DRIVE, UCSD #0361 LA JOLLA, CA 92093	NONE	EXEMPT	GENERAL FUND	3,750.
LEAGUE OF WOMEN VOTERS OF THE US 1730 M STREET NW #1000 WASHINGTON, DC 20036	NONE	EXEMPT	GENERAL FUND	500.
LEWIS & CLARK COLLEGE 0615 S.W. PALANTINE HILL ROAD PORTLAND, OR 97219	NONE	EXEMPT	DIVERSITY FUND	20,000.
MAINLY MOZART, INC. 2802 JUAN STREET #29 SAN DIEGO, CA 92110-2763	NONE	EXEMPT	GENERAL FUND	25,000.
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	5,000.
NEW VILLAGE ARTS 2787 STATE STREET CARLSBAD, CA 92008	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
OLD GLOBE THEATRE P.O. BOX 122171 SAN DIEGO, CA 92112-9890	NONE	EXEMPT	GENERAL FUND	500.
OTHER CHARITABLE CONTRIBUTIONS 12555 HIGHBLUFF DRIVE #180 SAN DIEGO, CA 92130	NONE	EXEMPT	GENERAL FUND	617.
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001	NONE	EXEMPT	GENERAL FUND	5,000.
PLAYWRIGHTS PROJECT 3675 RUFFIN ROAD, STE. #330 SAN DIEGO, CA 92123	NONE	EXEMPT	GENERAL FUND	5,000.
PREUSS SCHOOL 8950 VILLA LA JOLLA DRIVE #A124 LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	145,250.
SAN DIEGO GRANT MAKERS 4270 EXECUTIVE SQUARE #200 LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	9,000.
SAN DIEGO JEWISH CULTURE 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	80,800.
SAN DIEGO STATE UNIVERSITY 5500 CAMMPANILE DRIVE SAN DIEGO, CA 92182	NONE	EXEMPT	GENERAL FUND	500.
SCRIPPS HEALTH FOUNDATION P.O. BOX 2669 LA JOLLA, CA 92038	NONE	EXEMPT	GENERAL FUND	1,000.
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	11,500.
<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
TORREY PINES ASSOCIATION P.O. BOX 2414 DEL MAR, CA 92014	NONE	EXEMPT	GENERAL FUND	500.
UCSD FOUNDATION 9500 GILLMAN DRIVE MC 0536 LA JOLLA, CA 92037	NONE	EXEMPT	GENERAL FUND	46,700.
UNITARIAN UNIVERSALIST FELLOWSHIP OF SAN DIEGUITO 1036 SOLANA DRIVE SOLANA BEACH, CA 92075	NONE	EXEMPT	GENERAL FUND	1,000.
UNIVERSITY OF REDLANDS P.O. BOX 3080 REDLANDS, CA 92373	NONE	EXEMPT	GENERAL FUND	35,000.
VOICE OF SAN DIEGO 110 WEST A STREET #650 SAN DIEGO, CA 92101	NONE	EXEMPT	GENERAL FUND	7,500.
WORDS ALIVE 5111 SANTA FE STREET SUITE 219 SAN DIEGO, CA 92109	NONE	EXEMPT	GENERAL FUND	27,700.
YMCA OF SAN DIEGO 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	EXEMPT	GENERAL FUND	100.
POWAY PERFORMING ARTS COMPANY 15498 ESPOLA ROAD POWAY, CA 92064	NONE	EXEMPT	GENERAL FUND	1,000.
SAN DIEGO ART INSTITUTE 1439 EL PRADO SAN DIEGO, CA 92101	NONE	EXEMPT	GENERAL FUND	2,500.
SIERRA CLUB FOUNDATION 715 VALLEY AVENUE SOLANA BEACH, CA 92075	NONE	EXEMPT	GENERAL FUND	5,500.
<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
SAN DIEGO COMMUNITY COLLEGE 3375 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	NONE	EXEMPT	GENERAL FUND	665.
RADYS CHILDRENS HOSPITAL 3020 CHILDREN'S WAY SAN DIEGO, CA 92123	NONE	EXEMPT	GENERAL FUND	500.
CENTER FOR COASTAL STUDIES 9500 GILLMAN DRIVE LA JOLLA, CA 92093	NONE	EXEMPT	GENERAL FUND	1,000.
CORONADO PLAYHOUSE 1835 STRAND WAY CORONADO, CA 92118	NONE	EXEMPT	GENERAL FUND	1,000.
DIRECTRELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	NONE	EXEMPT	GENERAL FUND	600.
LEUKEMIA FOUNDATION 191 WAUKEGAN ROAD, SUITE 105 NORTHFIELD, IL 60093	NONE	EXEMPT	GENERAL FUND	150.
SURFRIDER FOUNDATION 3295 MEADE AVENUE #221 SAN DIEGO, CA 92116	NONE	EXEMPT	GENERAL FUND	50.
<b>Total from continuation sheets</b> .....				



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

Employer identification number

**33-0833801**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>	Employer identification number <b>33-0833801</b>
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**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	CHRISTOPHER & PATRICIA WEIL  13262 CAMINITO MAR VILLA  DEL MAR, CA 92014	\$ 300,337.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHRISTOPHER & PATRICIA WEIL  13262 CAMINITO MAR VILLA  DEL MAR, CA 92014	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NANETTE SCHWARTZ  2780 LA MIRADA DRIVE #D  VISTA, CA 92081	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>	Employer identification number <b>33-0833801</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,385 SHARES PUBLIC STORAGE AT \$216.85 PER SHARE	\$ 300,337.	08/07/18
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>	Employer identification number <b>33-0833801</b>
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**Part III** 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM **990-PF**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2018**

Name **THE PATRICIA AND CHRISTOPHER WEIL  
FAMILY FOUNDATION**

Employer identification number  
**33-0833801**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	<b>1</b>	<b>2,549.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
d <b>Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>2,549.</b>
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	<b>4</b>	<b>1,703.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>1,703.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	05/15/18	06/15/18	09/15/18	12/15/18
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	426.	426.	425.	426.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	445.			1,355.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		19.		
13 Add lines 11 and 12 .....	<b>13</b>		19.		1,355.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>			407.	832.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	445.	19.	0.	523.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	407.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>		407.	425.	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	19.			

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			<b>14.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) <b>THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION</b>					Identifying Number <b>33-0833801</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/18	426.	426.			
05/15/18	-445.	-19.			
06/15/18	426.	407.	92	.000136986	5.
09/15/18	425.	832.	80	.000136986	9.
12/04/18	-1,355.	-523.			
12/15/18	426.	-97.			
12/31/18	0.	-97.	135	.000164384	
Penalty Due (Sum of Column F) .....					14.

\* Date of estimated tax payment, withholding credit date or installment due date.

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	3,042.	0.	3,042.	3,042.		
FIDELITY #7850	230,798.	157,102.	73,696.	73,696.		
TO PART I, LINE 4	233,840.	157,102.	76,738.	76,738.		

FORM 990-PF		OTHER INCOME			STATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
SETTLEMENT		56.	56.			
TOTAL TO FORM 990-PF, PART I, LINE 11		56.	56.			

FORM 990-PF		ACCOUNTING FEES			STATEMENT	3
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	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX		1,408.	1,408.		0.	
STATE TAX		60.	60.		0.	
TO FORM 990-PF, PG 1, LN 18		1,468.	1,468.		0.	



FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSES	1,357.	1,357.			0.
INVESTMENT MANAGEMENT FEES	1,046.	1,046.			0.
TOTAL TO FORM 990-PF, PG 1, LN 23	2,403.	2,403.			0.

FORM 990-PF	CORPORATE STOCK		STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
EQUITIES	3,410,878.	3,157,076.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,410,878.	3,157,076.		

FORM 990-PF	OTHER LIABILITIES		STATEMENT	7
DESCRIPTION	BOY AMOUNT	EOY AMOUNT		
ACCRUED FEDERAL TAX	0.	763.		
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	763.		

FORM 990-PF	INTEREST AND PENALTIES		STATEMENT	8
TAX DUE FROM FORM 990-PF, PART VI				749.
UNDERPAYMENT PENALTY				14.
LATE PAYMENT INTEREST				20.
LATE PAYMENT PENALTY				22.
TOTAL AMOUNT DUE				805.

FORM 990-PF		LATE PAYMENT PENALTY			STATEMENT	9
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	05/15/19	749.	749.	6	22.	
DATE FILED	11/15/19		749.			
TOTAL LATE PAYMENT PENALTY					22.	

FORM 990-PF		LATE PAYMENT INTEREST			STATEMENT	10
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/19	749.	749.	.0600	46	6.
INTEREST RATE CHANGE	06/30/19	0.	755.	.0500	138	14.
DATE FILED	11/15/19		769.			
TOTAL LATE PAYMENT INTEREST					20.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTOPHER WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	PRESIDENT 0.00	0.	0.	0.
PATRICIA WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	SECRETARY/TREASURER 0.00	0.	0.	0.
KIT-VICTORIA WELLS 11236 EL CAMINO REAL SAN DIEGO, CA 92130	DIRECTOR 0.00	0.	0.	0.
MATTHEW WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	DIRECTOR 0.00	0.	0.	0.
CAITLIN WEIL 11236 EL CAMINO REAL SAN DIEGO, CA 92130	DIRECTOR 0.00	0.	0.	0.
MACY OLIVAS 11236 EL CAMINO REAL SAN DIEGO, CA 92130	EXECUTIVE DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 12

NAME OF MANAGER  
CHRISTOPHER WEIL  
PATRICIA WEIL

# California Exempt Organization Annual Information Return

Calendar Year 2018 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**

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 a public charity 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	1,785,113	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	706,337	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	2,491,450	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,506,287	00
	7	Total costs. Add line 5 and line 6	7	1,506,287	00
	8	Total gross income. Subtract line 7 from line 4	8	985,163	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	705,508	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	279,655	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	Balance due. 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** Date \_\_\_\_\_ Telephone \_\_\_\_\_

**Paid Preparer's Use Only**  
Preparer's signature \_\_\_\_\_ Date **11/05/19** Check if self-employed  PTIN **P00730188**  
Firm's name (or yours, if self-employed) and address **OLIVA & ASSOCIATES, CPAS  
9333 GENESEE AVE, STE 110  
SAN DIEGO, CA 92121** Firm's FEIN **33-0851248** Telephone **(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.

828951 12-12-18

<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	76,738	00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	1,551,217	00	
	7	Other income	SEE STATEMENT 4	•	7	157,158	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	1,785,113	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	681,587	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	0	00	
	12	Other salaries and wages		•	12		00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00	
		14	Taxes	•	14	1,468	00	
		15	Rents	•	15		00	
		16	Depreciation and depletion (See instructions)		•	16		00
		17	Other Expenses and Disbursements	SEE STATEMENT 7	•	17	22,453	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	705,508	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		343,215		589,655
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 8		3,377,880		3,410,878
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )		
11 Land				
12 Other assets STMT 9		445		
13 <b>Total assets</b>		3,721,540		4,000,533
<b>Liabilities and net worth</b>				
14 Accounts payable				580
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10				763
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,721,540		3,999,190
22 <b>Total liabilities and net worth</b>		3,721,540		4,000,533

Schedule M-1 Reconciliation of income per books with income per return			
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	•	279,655
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		279,655
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		279,655

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CA 199 CASH CONTRIBUTIONS STATEMENT 1  
INCLUDED ON PART I, LINE 3

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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
CHRISTOPHER & PATRICIA WEIL	13262 CAMINITO MAR VILLA DEL MAR, CA 92014	12/19/18	400,000.
NANETTE SCHWARTZ	2780 LA MIRADA DRIVE #D VISTA, CA 92081	09/30/18	6,000.
TOTAL INCLUDED ON LINE 3			<u>406,000.</u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CHRISTOPHER & PATRICIA WEIL	13262 CAMINITO MAR VILLA DEL MAR, CA 92014		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
1,385 SHARES PUBLIC STORAGE AT \$216.85 PER SHARE	08/07/18	300,337.	300,337.
TOTAL INCLUDED ON LINE 3			<u>300,337.</u>

CA 199 GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIDELITY #7850			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	231,670.	0.	0.	238,330.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIDELITY #7850			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	974,280.	0.	0.	1,010,990.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PUBLIC STORAGE COM			DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	300,337.	0.	0.	301,897.

TOTAL ON FORM 199, PG 2, LINE 6	1,506,287.	0.	0.	1,551,217.
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CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
CAPITAL GAINS DIVIDENDS SETTLEMENT	157,102. 56.
TOTAL TO FORM 199, PART II, LINE 7	157,158.



CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5  
AND SIMILAR AMOUNTS PAID

## 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	4,250.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR COMMUNITY SOLUTIONS 3657 MONROE STREET, CARLSBAD, CA 92008	NONE	18,000.

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	100.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GOMPERS CHARTER MIDDLE SCHOOL 1005 47TH STREET, SAN DIEGO, CA 92102	NONE	101,750.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KPBS 5200 CAMANILE DRIVE, SAN DIEGO, CA 92182	NONE	500.

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>
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	9,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO STATE UNIVERSITY 5500 CAMMPANILE DRIVE, SAN DIEGO, CA 92182	NONE	500.

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	11,500.

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	46,700.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OLD GLOBE THEATRE P.O. BOX 122171, SAN DIEGO, CA 92112-9890	NONE	500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PREUSS SCHOOL 8950 VILLA LA JOLLA DRIVE #A124, LA JOLLA, CA 92037	NONE	145,250.

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	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ART POWER UCSD 9500 GILLMAN DRIVE MC 0077, LA JOLLA, CA 92093	NONE	29,000.

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	8,000.

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	35,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YMCA OF SAN DIEGO 3708 RUFFIN ROAD, SAN DIEGO, CA 92123	NONE	100.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EARL WARREN PTSA 155 STEVENS AVENUE, SOLANA BEACH, CA 92075	NONE	400.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BARRIO LOGAN COLLEGE INSTITUTE 1625 NEWTON STREET, SAN DIEGO, CA 92113	NONE	12,500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET, SAN DIEGO, CA 92121	NONE	1,000.

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	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	27,700.

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>
JUST IN TIME FOR FOSTER YOUTH P.O. BOX 81292, SAN DIEGO, CA 92138	NONE	3,000.

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	3,750.

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	5,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OTHER CHARITABLE CONTRIBUTIONS 12555 HIGHBLUFF DRIVE #180, SAN DIEGO, CA 92130	NONE	617.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TORREY PINES ASSOCIATION P.O. BOX 2414, DEL MAR, CA 92014	NONE	500.

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	7,500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BORREGO SPRINGS HIGH SCHOOL 1315 PALM CANYON DRIVE, BORREGO SPRINGS, CA 92004	NONE	30,000.

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	500.

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	5,000.

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	5,000.

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	105.

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>
SAN DIEGO JEWISH CULTURE 4126 EXECUTIVE DRIVE, LA JOLLA, CA 92037	NONE	80,800.

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>
NEW VILLAGE ARTS 2787 STATE STREET, CARLSBAD, CA 92008	NONE	2,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
POWAY PERFORMING ARTS COMPANY 15498 ESPOLA ROAD, POWAY, CA 92064	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO ART INSTITUTE 1439 EL PRADO, SAN DIEGO, CA 92101	NONE	2,500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SIERRA CLUB FOUNDATION 715 VALLEY AVENUE, SOLANA BEACH, CA 92075	NONE	5,500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN DIEGO COMMUNITY COLLEGE 3375 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108	NONE	665.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RADYS CHILDRENS HOSPITAL 3020 CHILDREN'S WAY, SAN DIEGO, CA 92123	NONE	500.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR COASTAL STUDIES 9500 GILLMAN DRIVE, LA JOLLA, CA 92093	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CORONADO PLAYHOUSE 1835 STRAND WAY, CORONADO, CA 92118	NONE	1,000.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIRECTRELIEF 6100 WALLACE BECKNELL ROAD, SANTA BARBARA, CA 93117	NONE	600.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LEUKEMIA FOUNDATION 191 WAUKEGAN ROAD, SUITE 105, NORTHFIELD, IL 60093	NONE	150.

ORGANIZATIONAL STATUS: EXEMPT

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SURFRIDER FOUNDATION 3295 MEADE AVENUE #221, SAN DIEGO, CA 92116	NONE	50.

ORGANIZATIONAL STATUS: EXEMPT

TOTAL FOR THIS ACTIVITY	681,587.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>681,587.</u>
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
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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.
MACY OLIVAS 11236 EL CAMINO REAL SAN DIEGO, CA 92130	EXECUTIVE DIRECTOR 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

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CA 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT	
ACCOUNTING FEES	20,050.	
ADMINISTRATIVE EXPENSES	1,357.	
INVESTMENT MANAGEMENT FEES	1,046.	
TOTAL TO FORM 199, PART II, LINE 17		22,453.

CA 199	INVESTMENTS IN STOCK	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EQUITIES		3,377,880.	3,410,878.
TOTAL TO FORM 199, SCHEDULE L, LINE 7		3,377,880.	3,410,878.

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		445.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		445.	0.

CA 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCRUED FEDERAL TAX		0.	763.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		0.	763.

**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, FEIN, CA SOS file number and "2018 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.

**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.

839035 12-12-18

--- 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 **2018** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

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

0000000 PATR 33-0833801 2041526 18 FORM 3  
TYB 01-01-2018 TYE 12-31-2018  
THE PATRICIA AND CHRISTOPHER WEIL FAMILY FOUNDATION

11236 EL CAMINO REAL  
SAN DIEGO CA 92130

(858) 724-6040

Amount of Payment 10.

TAXABLE YEAR  
**2018**

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

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>2,491,450</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>985,163</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>705,508</b>

**Part II Settle Your Account Electronically for Taxable Year 2018**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> 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 2018 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 to 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.**

**Sign Here**           \_\_\_\_\_           \_\_\_\_\_           **PRESIDENT**

Signature of officer      Date      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, 2018 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</b> <b>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 <b>OLIVA &amp; ASSOCIATES, CPAS 9333 GENESEE AVE, STE 110 SAN DIEGO, CA</b>				FEIN <b>33-0851248</b> ZIP code <b>92121</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</b> <b>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>
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**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 01/01/2018 ending 12/31/2018) list:  
 Gross annual revenue \$ 985,163 Total assets \$ 3,746,731

**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.

**CHRISTOPHER WEIL**

**PRESIDENT**

Signature of authorized officer

Printed Name

Title

Date