

# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**  
DECEMBER 31, 2023

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**PREPARED FOR:**

THE GAMBLE FOUNDATION  
5190 NEIL ROAD, SUITE 465  
RENO, NV 89502

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**PREPARED BY:**

ANDERSEN TAX LLC  
333 BUSH STREET, SUITE 1700  
SAN FRANCISCO, CA 94104

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**AMOUNT DUE OR REFUND:**

AN OVERPAYMENT OF \$16,084. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

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**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

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-TE 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-TE TO US BY NOVEMBER 15, 2024.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$96,946. THIS MAY BE APPLIED TO TAX YEAR 2024 AND SUBSEQUENT YEARS.

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**THE GAMBLE FOUNDATION**

EIN or SSN

**94-1680503**

Name and title of officer or person subject to tax **MARK D GAMBLE  
PRESIDENT**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<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 V, line 5)	<b>4b</b> <u>15,862.</u>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **ANDERSEN TAX LLC** to enter my PIN **94104**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Greg Price (Aug 29, 2024 16:33 PDT)

Date **Aug 29, 2024**

## Part III Certification and Authentication

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

**94264894105**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature *Donald A. Byrnes* Date 8/28/24

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>THE GAMBLE FOUNDATION</b>	Taxpayer identification number (TIN) <b>94-1680503</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5190 NEIL ROAD, SUITE 465</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RENO, NV 89502</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **LJ TRUST COMPANY**  
**5190 NEIL ROAD, SUITE 465 - RENO, NV 89502**

Telephone No. **(775) 328-7020** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	<b>\$</b>	<b>32,000.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	<b>\$</b>	<b>14,000.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	<b>\$</b>	<b>18,000.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Return of Private Foundation

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

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

2023

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2023 or tax year beginning , and ending

Name of foundation THE GAMBLE FOUNDATION
A Employer identification number 94-1680503
B Telephone number (775) 328-7020
C If exemption application is pending, check here ...
D 1. Foreign organizations, check here ...
2. Foreign organizations meeting the 85% test, check here and attach computation ...
E If private foundation status was terminated under section 507(b)(1)(A), check here ...
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: Section 501(c)(3) exempt private foundation, Section 4947(a)(1) nonexempt charitable trust, Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 30,203,164.
J Accounting method: Cash, Accrual, Other (specify)

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Net investment income and Adjusted net income.

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	229,954.	115,638.	115,638.
	2 Savings and temporary cash investments .....			
	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 .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....				
12 Investments - mortgage loans .....				
13 Investments - other .....	STMT 6	8,732,038.	8,533,731.	30,087,526.
14 Land, buildings, and equipment: basis .....				
Less: accumulated depreciation .....				
15 Other assets (describe DEFER TAX LOSS)		82,934.	82,934.	0.
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		9,044,926.	8,732,303.	30,203,164.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe)			
23 <b>Total liabilities</b> (add lines 17 through 22)		0.	0.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....	3,574,668.	3,574,668.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds ...	5,470,258.	5,157,635.	
	29 <b>Total net assets or fund balances</b>	9,044,926.	8,732,303.	
30 <b>Total liabilities and net assets/fund balances</b>	9,044,926.	8,732,303.		

**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 29 (must agree with end-of-year figure reported on prior year's return)	1	9,044,926.
2 Enter amount from Part I, line 27a	2	-321,659.
3 Other increases not included in line 2 (itemize) <b>PRIOR PERIOD ADJUSTMENT - ROC</b>	3	9,036.
4 Add lines 1, 2, and 3	4	8,732,303.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	8,732,303.

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

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	1,250,000.		1,250,000.	0.
b	1,185,558.		631,334.	554,224.
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			0.
b			554,224.
c			
d			
e			

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	554,224.
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). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	0.

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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)	1	15,862.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	15,862.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	5	15,862.
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023 .....	6a	14,000.
b	Exempt foreign organizations - tax withheld at source .....	6b	0.
c	Tax paid with application for extension of time to file (Form 8868) .....	6c	18,000.
d	Backup withholding erroneously withheld .....	6d	0.
7	Total credits and payments. Add lines 6a through 6d .....	7	32,000.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....	8	54.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .....	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	16,084.
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b> 16,084. <b>Refunded</b> .....	11	0.

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? .....		<input checked="" type="checkbox"/>
<b>1b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<input checked="" type="checkbox"/>
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		<input checked="" type="checkbox"/>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		<input checked="" type="checkbox"/>
If "Yes," attach a detailed description of the activities.		
<b>3</b> 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 .....		<input checked="" type="checkbox"/>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		<u>N/A</u>
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		<input checked="" type="checkbox"/>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> 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? .....	<input checked="" type="checkbox"/>	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	<input checked="" type="checkbox"/>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>CA</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	<input checked="" type="checkbox"/>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII .....		<input checked="" type="checkbox"/>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		<input checked="" type="checkbox"/>
<b>11</b> 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 .....		<input checked="" type="checkbox"/>
<b>12</b> 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 .....		<input checked="" type="checkbox"/>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	<input checked="" type="checkbox"/>	
Website address <u>N/A</u>		
<b>14</b> The books are in care of <u>LJ TRUST COMPANY</u> Telephone no. <u>(775) 328-7020</u> Located at <u>5190 NEIL ROAD, SUITE 465, RENO, NV</u> ZIP+4 <u>89502</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	<u>15</u>	<u>N/A</u>
<b>16</b> At any time during calendar year 2023, 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? .....		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VI-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
<b>1a</b> 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? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1a(5)	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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 2023? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</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 2023? .....	4b	X



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

	Yes	No
<b>5a</b> 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> 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?		X

**Part VII** 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 7		4,000.	0.	0.

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

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

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

**Part VII** 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
PACIFIC FOUNDATION SERVICES 1660 BUSH STREET, SAN FRANCISCO, CA 94109	GRANT SELECTION SERVICES	93,420.

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-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 VIII-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.

<b>Part IX</b>		<b>Minimum Investment Return</b> (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	29,200,604.
b	Average of monthly cash balances .....	1b	256,511.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	29,457,115.
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	29,457,115.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	441,857.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	29,015,258.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	1,450,763.

<b>Part X</b>		<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part IX, line 6 .....	1	1,450,763.
2a	Tax on investment income for 2023 from Part V, line 5 .....	2a	15,862.
b	Income tax for 2023. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	15,862.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	1,434,901.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	1,434,901.
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 XII, line 1 .....	7	1,434,901.

<b>Part XI</b>		<b>Qualifying Distributions</b> (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	1,447,393.
b	Program-related investments - total from Part VIII-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 XII, line 4 .....	4	1,447,393.

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

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
<b>1</b> Distributable amount for 2023 from Part X, line 7 .....				1,434,901.
<b>2</b> Undistributed income, if any, as of the end of 2023:				
<b>a</b> Enter amount for 2022 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2018 .....				
<b>b</b> From 2019 .....				
<b>c</b> From 2020 .....				
<b>d</b> From 2021 .....				
<b>e</b> From 2022 .....	84,454.			
<b>f</b> Total of lines 3a through e .....	84,454.			
<b>4</b> Qualifying distributions for 2023 from Part XI, line 4: \$ 1,447,393.				
<b>a</b> Applied to 2022, but not more than line 2a ...			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2023 distributable amount .....				1,434,901.
<b>e</b> Remaining amount distributed out of corpus .....	12,492.			
<b>5</b> Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a.) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	96,946.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 .....				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2018 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a .....	96,946.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2019 ...				
<b>b</b> Excess from 2020 ...				
<b>c</b> Excess from 2021 ...				
<b>d</b> Excess from 2022 ...	84,454.			
<b>e</b> Excess from 2023 ...	12,492.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2023, 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) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

**Part XIV 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 8**

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:

**MELISSA MORAZAN, (415) 561-6540  
1660 BUSH STREET, SUITE 1600, SAN FRANCISCO, CA 94109**

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

**LETTER OF REQUEST**

c Any submission deadlines:

**NO**

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

**CHARITABLE ORGANIZATIONS**

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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>				
THE GF FUND 5190 NEIL ROAD, #465 RENO, NV 89502		PC	GENERAL PURPOSE	275,000.
THE GF FUND 5190 NEIL ROAD, #465 RENO, NV 89502		PC	GENERAL PURPOSE	50,000.
ACTA NON VERBA YOUTH URBAN 1001 83RD AVENUE, MAILBOX #1 OAKLAND, CA 94621		PC	GENERAL PURPOSE	20,000.
AGRICULTURE & LAND BASED TRAIN PO BOX 6264 SALINAS, CA 93912		PC	GENERAL PURPOSE	40,000.
AUDUBON CANYON RANCH INC 4900 SHORELINE HIGHWAY ONE STINSON BEACH, CA 94970		PC	GENERAL PURPOSE	50,000.
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> ..... <b>3a</b>				1,325,000.
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b> ..... <b>3b</b>				0.







**Part XIV** 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
CALIFORNIA FARMLINK 335 SPRECKELS DRIVE, SUITE F APTOS, CA 95003		PC	GENERAL PURPOSE	50,000.
CALIFORNIA RANGELAND TRUST 3900 LENNANE DR, SUITE 210 SACRAMENTO, CA 95834		PC	GENERAL PURPOSE	40,000.
CENTER FOR LAND BASED LEARNING 40140 BEST RANCH ROAD WOODLAND, CA 95776		PC	GENERAL PURPOSE	35,000.
CLEAR LAKE ENVIRON. RESEARCH PO BOX 636 LAKEPORT, CA 95453		PC	GENERAL PURPOSE	20,000.
COMMUNITY ALLIANCE W FAM FRM 36355 RUSSELL BLVD DAVIS, CA 95616		PC	GENERAL PURPOSE	45,000.
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704		PC	GENERAL PURPOSE	40,000.
GOLD RIDGE RES CONS DISTRICT 2776 SULLIVAN ROAD SEBASTOPOL, CA 95472		PC	GENERAL PURPOSE	50,000.
MARIN COUNTY RESOURCE CONSER. P.O. BOX 1146 POINT REYES STATION, CA 94956		PC	GENERAL PURPOSE	50,000.
MENDOCINO RCD 410 JONES STREET, SUITE C-3 UKIAH, CA 95482		PC	GENERAL PURPOSE	50,000.
MULTIPLIER 548 MARKET ST. SAN FRANCISCO, CA 94104		PC	GENERAL PURPOSE	50,000.
<b>Total from continuation sheets</b>				<b>890,000.</b>

**Part XIV** 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
NAPA CTY RES CONSERV DISTRICT 1303 JEFFERSON ST., STE. 500B NAPA, CA 94559		PC	GENERAL PURPOSE	50,000.
NATIONAL AUDUBON SOCIETY INC. 220 MONTGOMERY STREET, SUITE 1000 SAN FRANCISCO, CA 94104		PC	GENERAL PURPOSE	35,000.
OCCIDENTAL ARTS AND ECOLOGY PO BOX 1058 UPPER LAKE, CA 95485		PC	GENERAL PURPOSE	50,000.
PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRESERVE ROAD SANTA ROSA, CA 95404		PC	GENERAL PURPOSE	35,000.
POINT REYES BIRD OBSERVATORY 3820 CYPRESS DRIVE, SUITE 11 PETALUMA, CA 94954		PC	GENERAL PURPOSE	35,000.
RIVER PARTNERS 580 VALLOMBROSA AVENUE CHICO, CA 95926		PC	GENERAL PURPOSE	40,000.
SAVORY INSTITUTE ORG INC 1500 28TH ST. BOULDER, CO 80303		PC	GENERAL PURPOSE	45,000.
SONOMA RES CONS DISTRICT 1221 FARMERS LANE SUITE F SANTA ROSA, CA 95405		PC	GENERAL PURPOSE	50,000.
SUSTAINABLE CONSERVATION 98 BATTERY STREET, SUITE 302 SAN FRANCISCO, CA 94111		PC	GENERAL PURPOSE	40,000.
UNIVERSITY FOUND. CHICO CA 25 MAIN ST, UNIT 203 CHICO, CA 95928-5388		PC	GENERAL PURPOSE	30,000.
<b>Total from continuation sheets</b> .....				



# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

**2023**

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

Name <b>THE GAMBLE FOUNDATION</b>	Employer identification number <b>94-1680503</b>
--------------------------------------	---

**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.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>15,862.</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>15,862.</b>
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> 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>4</b>	<b>15,616.</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>15,616.</b>

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty. See instructions.	
6 <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.	
7 <input type="checkbox"/> The corporation is using the annualized income installment method.	
8 <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.	

<b>Part III Figuring the Underpayment</b>					
		(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>	<b>05/15/23</b>	<b>06/15/23</b>	<b>09/15/23</b>	<b>12/15/23</b>
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>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>15,616.</b>
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	<b>14,000.</b>			
<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>		<b>14,000.</b>	<b>14,000.</b>	<b>14,000.</b>
13 Add lines 11 and 12 .....	<b>13</b>		<b>14,000.</b>	<b>14,000.</b>	<b>14,000.</b>
14 Add amounts on lines 16 and 17 of the preceding column	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>14,000.</b>	<b>14,000.</b>	<b>14,000.</b>	<b>14,000.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>				
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>				<b>1,616.</b>
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>	<b>14,000.</b>	<b>14,000.</b>	<b>14,000.</b>	

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.

For Paperwork Reduction Act Notice, see separate instructions.

**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 4/15/2023 and before 7/1/2023 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<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>54.</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 800-829-4933 to get interest rate information.



## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB #2318	614,741.	0.	614,741.	614,432.	0.
TO PART I, LINE 4	614,741.	0.	614,741.	614,432.	0.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,600.	2,800.	0.	2,800.
TO FORM 990-PF, PG 1, LN 16B	5,600.	2,800.	0.	2,800.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GRANT SELECTION SERVICES	93,420.	0.	0.	93,420.
PROFESSIONAL FEES	6,800.	0.	0.	6,800.
TO FORM 990-PF, PG 1, LN 16C	100,220.	0.	0.	100,220.

## FORM 990-PF

## TAXES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER TAXES AND LICENSES	200.	0.	0.	200.
PRIOR YEAR FEDERAL TAXES PAID IN CURRENT YEAR	15,741.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	15,941.	0.	0.	200.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	1,290.	1,290.	0.	0.
INVESTMENT MANAGEMENT SERVICES	23,400.	23,400.	0.	0.
ADMINISTRATIVE SERVICES	15,000.	0.	0.	15,000.
MISCELLANEOUS	-62.	0.	0.	-62.
TO FORM 990-PF, PG 1, LN 23	39,628.	24,690.	0.	14,938.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 6

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB #2318 CORPORATE STOCK	COST	7,487,679.	29,022,157.
CHARLES SCHWAB #2318 CORPORATE BONDS	COST	1,046,052.	1,065,369.
TOTAL TO FORM 990-PF, PART II, LINE 13		8,533,731.	30,087,526.



FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GREG T. PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	PRESIDENT 0.77	0.	0.	0.
DAVID J. GAMBLE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	VICE PRESIDENT 0.77	0.	0.	0.
SUSAN GROVER 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	TREASURER 0.77	4,000.	0.	0.
EMMA C. PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	SECRETARY 0.77	0.	0.	0.
AIMEE GAMBLE PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	DIRECTOR 0.77	0.	0.	0.
LAUNCE A. GAMBLE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	DIRECTOR 0.77	0.	0.	0.
THOMAS G. PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	DIRECTOR 0.77	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		4,000.	0.	0.

---

FORM 990-PF

PART XIV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 8

---

NAME OF MANAGER

GREG T. PRICE  
AIMEE GAMBLE PRICE  
SUSAN GROVER  
EMMA C. PRICE  
LAUNCE A. GAMBLE  
DAVID J. GAMBLE  
THOMAS G. PRICE

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
DECEMBER 31, 2023

---

**PREPARED FOR:**

THE GAMBLE FOUNDATION  
5190 NEIL ROAD, SUITE 465  
RENO, NV 89502

---

**PREPARED BY:**

ANDERSEN TAX LLC  
333 BUSH STREET, SUITE 1700  
SAN FRANCISCO, CA 94104

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>THE GAMBLE FOUNDATION</b>	<b>94-1680503</b>

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

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<u>3,050,299</u>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<u>1,168,965</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>1,490,624</u>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number	
11 Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.


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 2023 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 tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**  Aug 29, 2024 **PRESIDENT**

Signature of officer Date Title

**Part VI 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, 2023 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>	ERO's signature 	Date	8/28/24	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P02196725
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	ANDERSEN TAX LLC 333 BUSH STREET, SUITE 1700 SAN FRANCISCO, CA						Firm's FEIN	33-1197384
								ZIP code	94104

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

# California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **THE GAMBLE FOUNDATION**

California corporation number: **0553147**

Additional information. See instructions.

FEIN: **94-1680503**

Street address (suite or room): **5190 NEIL ROAD, SUITE 465**

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

City: **RENO** State: **NV** ZIP code: **89502**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ 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** Is the organization a limited liability company?  Yes  No

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

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

**O** 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.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,050,299	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	3,050,299	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,881,334	00
	7	Total costs. Add line 5 and line 6	7	1,881,334	00
	8	Total gross income. Subtract line 7 from line 4	8	1,168,965	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,490,624	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-321,659	00
<b>Payments</b>	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	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		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: \_\_\_\_\_ Title: **PRESIDENT** Date: \_\_\_\_\_ Telephone: **415-782-8100**

**Paid Preparer's Use Only**

Preparer's signature: *David A. Byrnes* Date: **8/28/24** Check if self-employed:  PTIN: **P02196725**

Firm's name (or yours, if self-employed) and address: **ANDERSEN TAX LLC  
333 BUSH STREET, SUITE 1700  
SAN FRANCISCO, CA 94104** Firm's FEIN: **33-1197384** Telephone: **(415) 764-2700**

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

**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.

328951 12-26-23

<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	614,741	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 1	•	6	2,435,558	00
	7	Other income	•	7		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	3,050,299	00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 6	•	9	1,325,000	00
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 2	•	11	4,000	00
	12	Other salaries and wages	•	12		00	
	13	Interest	•	13		00	
	14	Taxes	•	14	15,941	00	
	15	Rents	•	15		00	
	16	Depreciation and depletion (See instructions)	•	16		00	
	17	Other expenses and disbursements	SEE STATEMENT 3	•	17	145,683	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	1,490,624	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		229,954	•	115,638
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			•	
8 Mortgage loans			•	
9 Other investments	STMT 4	8,732,038	•	8,533,731
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			•	
12 Other assets	STMT 5	82,934	•	82,934
13 <b>Total assets</b>		9,044,926		8,732,303
<b>Liabilities and net worth</b>				
14 Accounts payable			•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities				
19 Capital stock or principal fund		3,574,668	•	3,574,668
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		5,470,258	•	5,157,635
22 <b>Total liabilities and net worth</b>		9,044,926		8,732,303

**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	•	-321,659	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-321,659
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		-321,659				

CA 199                      GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY                      STATEMENT 1

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
PUBLICLY TRADED SECURITIES			PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	1,250,000.	0.	0.	1,250,000.

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
PUBLICLY TRADED SECURITIES			PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	631,334.	0.	0.	1,185,558.

TOTAL ON FORM 199, PG 2, LINE 6	1,881,334.	0.	0.	2,435,558.
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CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
GREG T. PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	PRESIDENT 0.77	0.
DAVID J. GAMBLE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	VICE PRESIDENT 0.77	0.
SUSAN GROVER 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	TREASURER 0.77	4,000.
EMMA C. PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	SECRETARY 0.77	0.
AIMEE GAMBLE PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	DIRECTOR 0.77	0.
LAUNCE A. GAMBLE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	DIRECTOR 0.77	0.
THOMAS G. PRICE 5190 NEIL ROAD, SUITE 465 RENO, NV 89502	DIRECTOR 0.77	0.

TOTAL TO FORM 199, PART II, LINE 11

4,000.



CA 199

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	AMOUNT
ACCOUNTING FEES	5,600.
OTHER PROFESSIONAL FEES	100,220.
TRAVEL, CONFERENCES, AND MEETINGS	235.
INSURANCE	1,290.
INVESTMENT MANAGEMENT SERVICES	23,400.
ADMINISTRATIVE SERVICES	15,000.
MISCELLANEOUS	-62.
TOTAL TO FORM 199, PART II, LINE 17	145,683.

CA 199

OTHER INVESTMENTS

STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CHARLES SCHWAB #2318 CORPORATE STOCK	7,800,671.	7,487,679.
CHARLES SCHWAB #2318 CORPORATE BONDS	931,367.	1,046,052.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	8,732,038.	8,533,731.

CA 199

OTHER ASSETS

STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFER TAX LOSS	82,934.	82,934.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	82,934.	82,934.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 6

ACTIVITY CLASSIFICATION: CHARITABLE

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GF FUND 5190 NEIL ROAD, #465, RENO, NV 89502	NONE	275,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GF FUND 5190 NEIL ROAD, #465, RENO, NV 89502	NONE	50,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACTA NON VERBA YOUTH URBAN 1001 83RD AVENUE, MAILBOX #1, OAKLAND, CA 94621	NONE	20,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AGRICULTURE & LAND BASED TRAIN PO BOX 6264, SALINAS, CA 93912	NONE	40,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AUDUBON CANYON RANCH INC 4900 SHORELINE HIGHWAY ONE, STINSON BEACH, CA 94970	NONE	50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA FARMLINK  
335 SPRECKELS DRIVE, SUITE F, APTOS, CA 95003

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA RANGELAND TRUST  
3900 LENNANE DR, SUITE 210, SACRAMENTO, CA 95834

NONE

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CENTER FOR LAND BASED LEARNING  
40140 BEST RANCH ROAD, WOODLAND, CA 95776

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CLEAR LAKE ENVIRON. RESEARCH  
PO BOX 636, LAKEPORT, CA 95453

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY ALLIANCE W FAM FRM  
36355 RUSSELL BLVD, DAVIS, CA 95616

NONE

45,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EARTH ISLAND INSTITUTE  
2150 ALLSTON WAY, SUITE 460, BERKELEY, CA 94704

NONE

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GOLD RIDGE RES CONS DISTRICT  
2776 SULLIVAN ROAD, SEBASTOPOL, CA 95472

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MARIN COUNTY RESOURCE CONSER.  
P.O. BOX 1146, POINT REYES STATION, CA 94956

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MENDOCINO RCD  
410 JONES STREET, SUITE C-3, UKIAH, CA 95482

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MULTIPLIER  
548 MARKET ST., SAN FRANCISCO, CA 94104

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NAPA CTY RES CONSERV DISTRICT  
1303 JEFFERSON ST., STE. 500B, NAPA, CA 94559

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NATIONAL AUDUBON SOCIETY INC.  
220 MONTGOMERY STREET, SUITE 1000, SAN FRANCISCO,  
CA 94104

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

OCCIDENTAL ARTS AND ECOLOGY  
PO BOX 1058, UPPER LAKE, CA 95485

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PEPPERWOOD FOUNDATION  
2130 PEPPERWOOD PRESERVE ROAD, SANTA ROSA, CA  
95404

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

POINT REYES BIRD OBSERVATORY  
3820 CYPRESS DRIVE, SUITE 11, PETALUMA, CA 94954

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RIVER PARTNERS  
580 VALLOMBROSA AVENUE, CHICO, CA 95926

RELATIONSHIP

NONE

AMOUNT

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

SAVORY INSTITUTE ORG INC  
1500 28TH ST., BOULDER, CO 80303

RELATIONSHIP

NONE

AMOUNT

45,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

SONOMA RES CONS DISTRICT  
1221 FARMERS LANE SUITE F, SANTA ROSA, CA 95405

RELATIONSHIP

NONE

AMOUNT

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

SUSTAINABLE CONSERVATION  
98 BATTERY STREET, SUITE 302, SAN FRANCISCO, CA  
94111

RELATIONSHIP

NONE

AMOUNT

40,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

UNIVERSITY FOUND. CHICO CA  
25 MAIN ST, UNIT 203, CHICO, CA 95928-5388

RELATIONSHIP

NONE

AMOUNT

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

URBAN TILTH  
323 BROOKSIDE DRIVE, RICHMOND, CA 94801

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

WILD FARM ALLIANCE  
PO BOX 2570, WATSONVILLE, CA 95077

NONE

30,000.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY

1,325,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,325,000.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**  
DECEMBER 31, 2023

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**PREPARED FOR:**

THE GAMBLE FOUNDATION  
5190 NEIL ROAD, SUITE 465  
RENO, NV 89502

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**PREPARED BY:**

ANDERSEN TAX LLC  
333 BUSH STREET, SUITE 1700  
SAN FRANCISCO, CA 94104

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**AMOUNT OF TAX:**

BALANCE DUE OF \$200

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**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF JUSTICE

---

**MAIL TAX RETURN TO:**

REGISTRY OF CHARITIES AND FUNDRAISERS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

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**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

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**SPECIAL INSTRUCTIONS:**

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



**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

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

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**THE GAMBLE FOUNDATION**

Name of Organization

List all DBAs and names the organization uses or has used

**5190 NEIL ROAD, SUITE 465**

Address (Number and Street)

**RENO, NV 89502**

City or Town, State, and ZIP Code

**(775) 328-7020**

Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report  
 Organization requests email notifications

State Charity Registration Number 10193

Corporation or Organization No. 0553147

Federal Employer ID No. 94-1680503

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 1,168,965 Noncash Contributions \$ 0 Total Assets \$ 30,203,164  
Program Expenses \$ 1,447,393 Total Expenses \$ 1,490,624

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

Note: All questions must be answered. 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, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

Greg Price  
Greg Price (Aug 29, 2024 16:33 PDT)  
Signature of Authorized Agent

**GREG T. PRICE**  
Printed Name

**PRESIDENT**  
Title

**Aug 29, 2024**  
Date






# The Gamble Foundation - 2023 Tax Returns

Final Audit Report

2024-08-29

Created:	2024-08-29
By:	Laura Tran (lauratran@ljtrust.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAoe3qZp29Z0xFF5iOTero0uUxrllyYqX7

## "The Gamble Foundation - 2023 Tax Returns" History

-  Document created by Laura Tran (lauratran@ljtrust.com)  
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-  Document emailed to Greg Price (greg@gambleprice.com) for signature  
2024-08-29 - 5:53:03 AM GMT
-  Email viewed by Greg Price (greg@gambleprice.com)  
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-  Document e-signed by Greg Price (greg@gambleprice.com)  
Signature Date: 2024-08-29 - 11:33:37 PM GMT - Time Source: server
-  Agreement completed.  
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