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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2010

FOI C	alen	dar year 2010, or tax yea	r beginning		, and ending		
G C	heck	all that apply:	Initial return		rmer public charity	Final return	
		<u> </u>	Amended return	Address chang	je <u>L</u>	Name change	
Nan	ne of	foundation				A Employer identification num	ber
		DUTITO C D	מבסביים מיים	MAN FOUNDATIO	ONT	20-2777268	
Nur	ber ar	nd street (or PO box number if			Room/suite	B Telephone number	
		P.O. BOX 1				650-366-7705	
City	or to	own, state, and ZIP code				C If exemption application is pendin	a check here
J.,	U	LOS ALTOS,	CA 94023			D 1. Foreign organizations, che	• —
H C	heck			exempt private foundation	·-	Foreign organizations meeting check here and attach compute	the 85% test,
	_	ction 4947(a)(1) nonexem	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ation	E If private foundation status w	
l Fa		rket value of all assets at e		ting method: X Cash	Accrual	under section 507(b)(1)(A),	
(fr	om F	Part II, col. (c), line 16)		Other (specify)		F If the foundation is in a 60-m	onth termination
▶	\$			umn (d) must be on cash l	basis.)	under section 507(b)(1)(B),	
Pa	rt I	Analysis of Revenue an (The total of amounts in columecessarily equal the amoun	Id Expenses imns (b), (c), and (d) may not nts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements or charitable purposes (cash basis only)
	1	Contributions, gifts, grant	ts, etc., received			N/A	
	2	Check X if the foundation					
	3	Interest on savings and tempo cash investments	orary	177.	177		ATEMENT 1
	4	Dividends and interest fro	om securities	125,318.	125,318	S. ST	ATEMENT 2
	5a	Gross rents					
	b	Net rental income or (loss)				_	
ē	١.	Net gain or (loss) from sale of Gross sales price for all		47,552.	·····		
Revenue	_b	assets on line 6a	157,454.		47 550	. - - - - - - - 	_
Вè	7	Capital gain net income (from	·		47,552	4	
	8	Net short-term capital gar Income modifications	111			 	
	10a	Gross sales less returns and allowances	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		Less Cost of goods sold					
,	1	Gross profit or (loss)	L	· · · · · · · · · · · · · · · · · · ·			
	11	Other income		<17,102.	> <1,442	ST.	ATEMENT 3
	12	Total. Add lines 1 throug	<u>jh 11</u>	155,945.	171,605	5.	
	13	Compensation of officers, dire	ectors, trustees, etc	0.),	0.
	14	Other employee salaries a	- 0				
ø,	15	Pension plans, employee	benefits				
enses		Legal fees	amer 4	10.000			10 000
		Accounting fees	STMT 4	10,000.).	10,000.
e Ç	17 C	Other professional fees Interest	STMT 5	9,690.	9,690	· · · · · · · · · · · · · · · · · · ·	0.
를 나	18	Taxes	STMT 6	3,064.	3,054	1	0.
Str	19	Depreciation and depletic		3,004.	3,03	3 •	
, in	20	Occupancy					
3₹	21	Travel, conferences, and	meetings				
	22	Printing and publications	;				
ijğ	23	Other expenses					
	24	Total operating and adm					
SCANNED NOV & 2011, Sperative Experimental Scale (Second Second S		expenses. Add lines 13 t		22,754.	12,744	1.	10,000.
S	25	Contributions, gifts, gran	•	268,810.	 		268,810.
	26	Total expenses and disb	oursements.	201 554	10.54	.	270 040
	27	Add lines 24 and 25 Subtract line 26 from line	n 12:	291,564.	12,744	±•	278,810.
	27 		-	<135,619.	_	1	
	Ι.	Net investment income (~133,013.	158,863	1.	
	l	Adjusted net income (if n			133,00.	N/A	
0235			Reduction Act Notice, se	e the instructions.			orm 990-PF (2010)

4

5

402,256.

Form **990-PF** (2010)

18,754. 383,502.

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ► BOOK/TAX DIFFERENCES

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	cribe the kind(s) of property sold (arehouse; or common stock, 200			(b) H P - D -	ow acquired Purchase Donation	(c) Date a (mo., da	ocquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a						···		
b SEE ATTACHED	STATEMENT						- 	
C								
<u>d</u>								
<u>e</u>	(0 D			<u>└</u>				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			(e) plus	ain or (loss (f) minus	(g)
<u>a</u> b								
C								
e 157,454.		_	109,90	2				47,552
	ng gain in column (h) and owned	by the foundation		4 • 		A Gaine /C	ol. (h) gair	
	(j) Adjusted basis		cess of col. (I)	\dashv		(k), but n	not less tha	ın -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col.	(h))
<u>a</u>				\dashv				
<u>b</u>		-						
C								
d e				+				47,552
	C If going place	entos en Doet I. Ivos	····	$\overline{}$				41,552
2 Capital gain net income or (net c	apital loss) { If (loss), ente	nter in Part I, line ir -0- in Part I, line	<i>1</i> 7	}	2			47,552
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5	i) and (6):						
If gain, also enter in Part I, line 8				}				
Part V Qualification U	Jnder Section 4940(e)	for Poducod	Tay on Not	1000	3		N/F	1
(For optional use by domestic prival			·					
(i or optional use by domestic prival	te touridations subject to the secti	1011 4540(a) tax 011	Het westikent in	Come	•)			
If section 4940(d)(2) applies, leave	this part blank.							
Was the foundation liable for the se	ction 4942 tax on the distributable	e amount of any ye	ear in the base per	iod?				Yes X No
If "Yes," the foundation does not qua								
	each column for each year; see if	nstructions before	making any entrie	es.		_		4.15
Base period years	(b) Adjusted qualifying	dietributione	Net value of no	(c)	ıtable-use assets	ł	Distr	(d) ibution ratio
Calendar year (or tax year beginn		154,125.	Net value of flor				(col. (b) d	ivided by col. (c))
2009 2008		$\frac{154,125}{441,145}$			<u>,993,880</u> ,712,224			.03086
2007		615,976.			, 112, 224 , 645, 110		···········	.08057
2006		136,716.			,746,083			.02026
2005		300.		6	,201,30	. •	-	.00004
								· · · · · · · · · · · · · · · · · · ·
2 Total of line 1, column (d)						2		.19747
3 Average distribution ratio for the		otal on line 2 by 5,	or by the number	of yea	ars			
the foundation has been in exist	ence if less than 5 years					3		.03949
4 Enter the net value of noncharita	ble-use assets for 2010 from Par	t X. line 5				4		5,512,087
		. , ,				7	<u> </u>	3,312,007
5 Multiply line 4 by line 3						5		217,694
6 Enter 1% of not investment	ma / 19/, of Doot Libra 075)							1 500
6 Enter 1% of net investment inco	1116 (176 UF 2111), IIII 27D)					6	-	1,589
7 Add lines 5 and 6						7		219,283
O Enter qualifying distributions for	en Don't VIII. lines 4							
8 Enter qualifying distributions fro						8	L	278,810
If line 8 is equal to or greater that	n line 7, check the box in Part VI,	line 1b, and comp	piete that part usin	ig a 19	% tax rate.			

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ir	400 Istri '		aye 4
	<u> </u>	300 11	1301 41		
ıa	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	-			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	-	1,5	۵۵
D		 	=	L , 3	03.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1			0
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	+		1,5	0.
-	Add lines 1 and 2	+		1,5	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	+		1,5	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	+	•	L , D	09.
	Credits/Payments:				
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 13,780.	1			
	Exempt foreign organizations - tax withheld at source 6b	ì			
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d	}	4	2 7	0.0
	Total credits and payments. Add lines 6a through 6d			3,7	80.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1	2 1	01
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	2,1	
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 12,191. Refunded ▶ 11 Int VII-A Statements Regarding Activities				<u>0.</u>
				Yes	No
18	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?			103	X
			1a 1b		X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		טו		
	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.				
_	Did the foundation file Form 1120-POL for this year?		4.		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1c		
u	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
6	managers. > \$ 0.				1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
2	If "Yes," attach a detailed description of the activities.		-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		х
•	If "Yes," attach the statement required by General Instruction T.				
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			ļ	ļ
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		1		
	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		8b	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X

	350-FF (2010) PHILIP & REBECCA HOCHMAN FOUNDATION 20-2177	<u> 268</u>	ſ	aye 5
Pa	rt VII-A Statements Regarding Activities (continued)			
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)	11		_X_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► SARAH BLATNER Telephone no. ► 650 – 36	6-7	705	
	Located at ▶ 1890 STOCKBRIDGE AVENUE, REDWOOD CITY, CA ZIP+4 ▶94			
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 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
Pε	rt 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.	1	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	Ì		
	(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.)			
h	olf 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 page 22 of the instructions)? N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	10		
c	E 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 2010?	1c		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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2010? West X No			1
	Time at an A			
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	-		
٠	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	26		
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
•				
3=	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
vu	during the year?			
h	of "Yes," did it have excess business holdings in 2010 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 2010.) N/A	26		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	 	V
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4 <u>a</u>	-	X
u	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4.		v
	nga not been removed from Jeopardy before the first day of the tax year Degithling III 20 IV?	1 4b	1	l X

Part VII-B Statements Regarding Activities for Which F			<u> 20 – 21112</u> Jed)		
5a During the year did the foundation pay or incur any amount to:	Jan Will Hay Do I				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	∏ Va	s X No	-	
(2) Influence the outcome of any specific public election (see section 4955); or	` ''		110		
any voter registration drive?	. to built on, oncour or munc		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes:	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		10			
509(a)(1), (2), or (3), or section 4940(d)(2)?	. 200011000 111 00011011	☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f				
the prevention of cruelty to children or animals?	c. coccane.a. perposed or i		s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described (- (
section 53.4945 or in a current notice regarding disaster assistance (see instru	· ·			5b	x
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ıned			
expenditure responsibility for the grant?			s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).	, ,,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				- 1	
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6ь	x
If "Yes" to 6b, file Form 8870.					 -
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Port VIII Information About Officers, Directors, Trust		nagers, Highly			
Faid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	ri	L.) Compression	(d) communication		. =
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	ac	e) Expense count, other
(sy rame and addition	to position	enter -0-)	compensation	1 - 3	allowances
CEE CMA MENTENTO		_	_		^
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0	•	0.
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0		0.
SEE STATEMENT 8		0.	0		0.
	duded on line 1). If none		0		0.
Compensation of five highest-paid employees (other than those inc.)	(b) Title, and average	enter "NONE."	(cl) Contributions to		e) Expense
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc.)	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	e) Expense

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		-age /
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 serv	rice (c) Comper	nsation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>	C
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 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0
	Form 990-PF	(2010

P	art X Minimum Investment Return (All domestic foundations must o	complete this part. Foreign four	ndations, s	ee 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	5,499,937
b	Average of monthly cash balances		1b	96,090
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	5,596,027
е	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	5,596,027
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see i	nstructions)	4	83,940
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part		5	5,512,087
6	Minimum investment return. Enter 5% of line 5		6	275,604
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(foreign organizations check here and do not complete this part.)	5) private operating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6		1	275,604
2a	Tax on investment income for 2010 from Part VI, line 5	1,589.		
b	Income tax for 2010. (This does not include the tax from Part VI.)		}	
C	Add lines 2a and 2b		2c	1,589
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	274,015
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	274,015
6	Deduction from distributable amount (see instructions)		6	0
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, i	ine 1	7	274,015
P	art 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	278,810
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, et	c., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
Ь	,		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa		4	278,810
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	nt		
	income. Enter 1% of Part I, line 27b		5	1,589
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	277,221
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when o	alculating whether the foundation	qualifies for	the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				274,015.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			7,758.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2010:		0.		
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				•
Part XII, line 4: ► \$278,810.				
a Applied to 2009, but not more than line 2a			7,758.	
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 2010 distributable amount	• •			271,052.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (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	0.			
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 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				2,963.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				·····
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
	 		····	5 000 DE (03.15)

Part XIV Private Operating F		structions and Bort \//			11208 Page 10
<u> </u>			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	· · ▶ └──	40.404.40	
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 2000	Prior 3 years	(4) 2007	/al Tatal
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				ļ	· · · · · · · · · · · · · · · · · · ·
c Qualifying distributions from Part XII,					
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 X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					1
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 XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n	o have contributed more	than 2% of the total confisection 507(d)(2)	tributions received by the	e foundation before the clo	se of any tax
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation ha	o own 10% or more of the sa 10% or greater interes	he stock of a corporation est.	(or an equally large port	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., P	rograms:	· · · · · · · · · · · · · · · · · · ·	·
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requirements	uests for funds. If
a The name, address, and telephone num				ompiete nemo za, o, e, an	<u> </u>
a The hame, address, and telephone ham	ber of the person to who	om applications should be	addiessed.		
b The form in which applications should be	e submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines:			· · · · · · · · · · · · · · · · · · ·		
d Amuse de la constant de la constan		<u> </u>			
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields	, kinds of institutions, or	other factors:	

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Form 990-PF (2610) PHILIP & REBECCA HOCHMAN FOUNDATION Part XV Supplementary Information (continued)

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3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual,		Purpose of grant or	
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
a Paid during the year				
			1	
			'	
		[
ann an an an an an				
SEE STATEMENT 10 Total	<u> </u>	<u> </u>	▶ 3a	268,810.
b Approved for future payment				
NONE				
		1		
	:			
	<u> </u>		<u> </u>	
Total			▶ 3b	0.

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

Inter gross amounts unless otherwise indicated.	Unrelated of	isiness income		d by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	_	 			
C					
d					
e					
1	_		<u> </u>		
g Fees and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments		t			
Interest on savings and temporary cash				****	
investments			14	177.	
Dividends and interest from securities			14	177. 125,318.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
7 Other investment income			1		
Gain or (loss) from sales of assets other					
than inventory			14	5,022.	42,530
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a PARTNERSHIP INCOME	523000	<15,660.	>14	<1,442.>	·
b		· · · · · · · · · · · · · · · · · · ·			
C	_				
d					-· -·
			1 1	<u> </u>	
e			+ + +		
e		<15,660.		129,075.	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		<15,660.		129,075. 13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	5.)	<15,660.			
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations				13	
e	s to the Accom	plishment of E	xempt	Purposes	155,945
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s to the Accom	plishment of Explanation (e) of Part XVI-	xempt	Purposes	155,945
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other the subtotal columns and the subtotal columns.)	s to the Accom	plishment of Explanation (e) of Part XVI-	xempt	Purposes	155,945
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other the subtotal columns and the subtotal columns.)	s to the Accom	plishment of Explanation (e) of Part XVI-	xempt	Purposes	155,945
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other the subtotal columns and the subtotal columns.)	s to the Accom	plishment of Explanation (e) of Part XVI-	xempt	Purposes	155,945
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e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other the subtotal columns and the subtotal columns.	s to the Accom	plishment of Explanation (e) of Part XVI-	xempt	Purposes	155,945
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Part XVII	Information Regarding	Transfers	To and	Transactions	and Re	elationships \	With Nonch	aritable
•	Exempt Organizations					•		

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) of the Code (other than section 501(c)(3)) or in section 5277 Yes X No		e organization directly or indirectly or indirectly of the following that section 501(c)		-	• •		tion 501(c) of		Yes	No
(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remitious memore of services or membership or fundrassing solicitations (5) Loans or loan guarantees (6) Performment arrangements (6) Performment arrangements (7) Sales of assets from a noncharitable exempt organizations (8) Performment arrangements (9) Performment of services growth by the reporting foundation. If the Condition neceived less than far market value in any biassaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (9) Amount involved (9) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (2) Amount involved (3) Amount involved (4) Description of relationship (5) Loser growth by the Code (other than section 501(c)(3)) or in section 52?? (4) If Yes, complete the following schedule. (5) Loser growth by the Code (other than section 501(c)(3)) or in section 52?? (6) Description of relationship (7) Amount involved (8) Amount involved in the trule payer of Society) in based on all entermation of whird prepare to any horoswelps (8) Amount involved in the payer of Society) in based on all entermation of whird prepare to any horoswelps (9) Description of relationship (1) Print (1) Firm's same by WTAS LLC Firm's same by WTAS LLC Firm's same by WTAS LLC Firm's safetes by 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105						izations:				
22) Other assets					,			1a(1)		х
(1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sharing of Statisties, equipment, mailing lists, other assets, or paid employes (8) It is answer to any of the above is "Yes," complete the following schedule. Column (6) 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 stansaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation. If the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangements, show in section 50 (16) of the Color (6) Amount involved (6) Name of inoncharitable exempt organization (9) Description of trensfers, trensactions, and altuming exemptions of institution of the section 50 (16) of the Code (other than assets) on 50 (16)(3) or in section 52?? If "Yes," complete the following schedules If "Yes," complete the following schedules and statements, and to the least of my receivables and belief, if a tox, correct. If "Yes," complete the following schedules and statements, and to the least of my receivables and belief, if a tox, correct. If "Yes," complete the following schedules and statements, and to the least of my receivables and belief, if a tox, correct. If "Yes," complete the following schedules and statements, and to the least of my receivables and belief, if a tox, correct. If "Yes," complete the following schedules and statements, and to the least of my receivables and belief, if a tox, correct. If "Yes," complete the following schedules and statements, and to the least of my										
(2) Purchases of assets from a nonchardable earmpt organization (3) Renal of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (8) This part of the control of the control of the sessets, or part engineers (9) Interior of the control	b Other	transactions:								
(a) Rental of facilities, equipment, or other assets 11813	(1) S	ales of assets to a noncharitat	ble exempt organiz	ation				15(1)		X
(4) Rembursement arrangements (5) Loans or load guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) It file answer of any of the above or "key" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the poor of the services of the goods, other assets, or services generally the goods of the services of the services and statements, and to the best of my knowledge and belief, if is true, correct, and complete objections of financial problems, for the services generally the following assets of the services of the best of my knowledge and belief, if is true, correct, and complete objections of financial problems, or discussions of the best of my knowledge and belief, if is true, correct, and complete objections or financial problems, or discussions of the best of my knowledge and belief, if is true, correct, and complete objections or fingular them tatapops or discussions in assets of the best of my k	(2) P	urchases of assets from a nor	ncharitable exempt	organization				1b(2)		
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees d if the answer to any of the above is "key," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services precieved. d) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, trensactions, and drawing arrangements. Show in school involved (c) Name of noncharitable exempt organization (d) Description of transfers, trensactions, and drawing arrangements. N/A N/A	(3) F	lental of facilities, equipment, (or other assets					1b(3)		
(e) Performance of services or membership or fundrasing solicitations		<u>=</u>						1b(4)		
Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. 1										
d 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.				-						
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 pooks, other assets, or services received. a) time no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfera, transactions, and sharing arrangements N/A			-		• •					X
column (d) the value of the goods, other assets, or services received.									ets,	
(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) of the Code (other than section 501(c)(3)) or in section 52?? Yes X No If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Signature of officer or trustee Preparer's signature Preparer's signature MAMIE CHEW Prof. STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700					su iess tilali iali illaiket valu	ie ili aliy u alisaciic	or Sharing arrangemen	it, Siluw iii		
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) of the Code (other than section 501(c)(3)) or in section 527? Yes No If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship	a) Line no	r			exempt organization	(d) Description	on of transfers, transactions, a	end sharing arr	angeme	
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? Yes X No If Yes, * complete the following schedule.	•					(-)				
If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perpury, I declaration of the nature examined thus return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dictaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature MAMIE CHEW Preparer's signature WTAS LLC Firm's address ▶ 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700							·- ···			
If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perpury, I declaration of the nature examined thus return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dictaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature MAMIE CHEW Preparer's signature WTAS LLC Firm's address ▶ 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700										
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Sign Under penaltication of persury, 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 prepare (other than taxpayer or fliduciary) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Date Title								Yes	ſχ	ON E
N/A Sign Under penalties of perpury, 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 prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee Date Title										
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Address ► 100 FIRST STREET, SUITE 1600 Sign and complete Declaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 11 13 1		N/A								
Address ► 100 FIRST STREET, SUITE 1600 Sign and complete Declaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 11 13 1		······								
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Address ► 100 FIRST STREET, SUITE 1600 Sign and complete Declaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 11 13 1										
Sign Here Address Date Title		Linder papality of payant Linder		1 Ab						
Print/Type preparer's name Preparer's signature Date Title		and complete Declaration of prepa	re (other than taxpay	er or fiduciary) is ba	ing accompanying schedules and ased on all information of which (d statements, and to preparer has any knov	the best of my knowledge and wiedge	d belief, it is tri	JB, COITE	et,
Signature of officer or truslee Print/Type preparer's name Preparer's signature Preparer's signature Date Check if PTIN		, low-	ヤ ヘハ ー		111/12/	11				
Paid Preparer WAMIE CHEW Preparer Use Only Firm's address ▶ 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Preparer's signature Ut/10/(1 Self- employed Self- employed P00773559 Firm's EIN ▶ 33-1197384 Phone no. (415) 764-2700		Signature of officer or true	ISIBB				Titla			
Paid Preparer Use Only Firm's address ► 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Self- employed P00773559 Firm's EIN ► 33-1197384			<u> </u>	Preparer's s		Date		IN .		
Preparer Use Only Firm's name ► WTAS LLC Firm's EIN ► 33-1197384 Firm's address ► 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700			-					•		
Preparer Use Only Firm's name ► WTAS LLC Firm's EIN ► 33-1197384 Firm's address ► 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700	Paid	MAMIE CHEW	r	Jallar	muchin	"" ("O/"	1 ' - 1	00773	559)
Use Only Firm's address ► 100 FIRST STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700	Prepar	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·					
SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700	Use Or						152	,		
SAN FRANCISCO, CA 94105 Phone no. (415) 764-2700		Firm's address ▶ 10	0 FIRST	STREET,	SUITE 1600					
		SA		-			Phone no. (41	5) 76	4-2	700
								Form 990	-PF	(2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

Employer identification number

P	HILIP & REBECCA HOCHMAN FOUNDATION	<u> 20-2777268</u>
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charatable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, dunng the year, \$5,000 or more (in m	
	plete Parts I and II.	ionoy of proporty, nom any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the req 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	=
aggregate contri	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one controutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one continues exclusively for religious, charitable, etc., purposes, but these contributions did not active, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because one, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000 ely religious, chantable, etc.,
Caution. An organization	that is not covered by the General Rule and/or the Special Rules does not file Schedule	B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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 line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

_	1 .	1	
Page	1 of	1	of Part 1

Schedule E	Æ	don	000 E7	000	חם	man
Schedule b	s (Form	YYU.	. 88U-EZ.	Or USU	-PF)	(2010)

Name of organization

Employer identification number

PHILIP & REBECCA HOCHMAN FOUNDATION

20-2777268

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DENNIS TROPER P.O. BOX LOS ALTOS, CA 94023	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SUSAN WOJCICKI P.O. BOX LOS ALTOS, CA 94023	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
023452 12-	23-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2010)

Page

of Part II

Name of organization

Employer identification number

PHILIP & REBECCA HOCHMAN FOUNDATION

20-2777268

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			990, 990-EZ, or 990-PF) (2

			•						
Schedule I	A	(Form	990	990-F7	OF	990	-PF	(2010	'n

Name of organization Employer identification number PHILIP & REBECCA HOCHMAN FOUNDATION 20-2777268 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
GS #02266-5 GS #02274-9 GS #02276-4 GS #04859-5			-		3. 22. 51.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	OLUMN A	=	17	77.
FORM 990-PF DIVIDEND	S AND INTE	REST FROM SEC	CURITIES	STATEMENT	2
SOURCE	GROS	CA S AMOUNT	APITAL GAINS DIVIDENDS	COLUMN (A))
GS #02266-5 GS #04859-5		116,307. 14,033.	5,022.	111,28 14,0	
TOTAL TO FM 990-PF, PART I, I	N 4	130,340.	5,022.	125,3	18.
FORM 990-PF	OTHER	INCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
PARTNERSHIP INCOME		<17,102	> <1,442	•>	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	<17,102	<1,442	.>	
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
ACCOUNTING FEES	10,000	•	0.	10,0	00.

FORM 990-PF C	THER PROF	ES	SIONAL FE	ES		STATEME	ENT	5
DESCRIPTION	(A) EXPENSES PER BOOK		(B) NET INVE MENT INC	-		CHAI	(D) RITAI RPOSI	
GS (MANAGEMENT FEES)	9,69	90.	9,	690.				0.
TO FORM 990-PF, PG 1, LN 16C	9,69	0.	9,	690.				0.
FORM 990-PF		'AX	ES			STATEMI	ENT	6
DESCRIPTION	(A) EXPENSES PER BOOK				(C) ADJUSTED NET INCOM	CHAI	(D) RITA RPOS	
FOREIGN TAXES OTHER TAXES	3,05	54. LO.	3,	054.				0.
TO FORM 990-PF, PG 1, LN 18	3,06	54.	3,	054.				0.
FORM 990-PF	OTHER 3	INV	ESTMENTS			STATEM	ENT	7
DESCRIPTION			LUATION ETHOD	вос	OK VALUE	FAIR MALI		т
STERLING STAMOS PRIVATE EQUIT I, LP STERLING STAMOS REAL ASSETS B			COST		162,733.	1'	77,4	27.
LP STERLING ENDOWMENT FUND GS #02266 GS #04859 MESA COURT OTHER INVESTMENTS	. (2.2)		COST COST COST COST COST		664,435. 1,791,557. 3,394,035. 152,857. 94,064. 7,500.	3; 4,2; 1	24,2 84,6 83,3 72,6 94,0 7,5	29. 60. 85. 64.
TOTAL TO FORM 990-PF, PART II	, LINE 1	3	•	(5,267,181.	5,8	43,8	70.

	LIST OF OFFICERS, DISTAND FOUNDATION MANAGE		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
SUSAN WOJCICKI P.O. BOX 1936 LOS ALTOS, CA 94023	PRESIDENT 0.50	0.	0.	0.
ANNE WOJCICKI P.O. BOX 1936 LOS ALTOS, CA 94023	VICE PRESIDENT 0.50	0.	0.	0.
JANET WOJCICKI P.O. BOX 1936 LOS ALTOS, CA 94023	VICE PRESIDENT 0.50	0.	0.	0.
DENNIS TROPER P.O. BOX 1936 LOS ALTOS, CA 94023	CFO / TREASURER 0.50	0.	0.	0.
ESTHER WOJCICKI P.O. BOX 1936 LOS ALTOS, CA 94023	SECRETARY 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	0.	0.	0.
FORM 990-PF	PART XV - LINE 1A OF FOUNDATION MANAGER	RS	STAT	EMENT 9

NAME OF MANAGER

SUSAN WOJCICKI DENNIS TROPER

STATEMENT 10

FORM 990-PF

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
FRESHWATER HAVEN 50 WOODSIDE PLAZA, #212 REDWOOD CITY, CA 94061	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	25,000.
DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001-5004	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	30,000.
CONGREGATION KOL EMETH 4175 MANUELA AVE. PALO ALTO, CA 94306-3703	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	2,810.
TAUBE-KORET CAMPUS FOR JEWISH LIFE 121 STEUART STREET SAN FRANCISCO, CA 94105	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	50,000.
SOMALY MAM FOUNDATION P.O. BOX 4569 NEW YORK, NY 10163	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	25,000.
PARTNERS IN HEALTH 800 BOYLSTON STREET, 47TH FLOOR BOSTON, MA 02199	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	5,000.
FLIP FLOP FOUNDATION P.O. BOX 231054 NEW YORK, NY 10023	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	2,500.

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

PHILIP & REBECCA HOCHMAN FOUNDA	TION		20-2777268
ROOM TO READ 111 SUTTER STREET, 16TH FLOOR SAN FRANCISCO, CA 94104	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	2,000.
FRIENDS OF LURDES MUTOLA 2651 ELMDALE COURT PALO ALTO, CA 94303	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	10,000.
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	7,000.
CUREBLINDNESS.ORG P.O. BOX 55 WATERBURY, CT 05676	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	2,500.
DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001-5004	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	7,000.
TAWONGA JEWISH COMMUNITY CORPORATION 131 STEUART STREET, SUITE 460 SAN FRANCISCO, CA 94105	NONE FUND RAISING/DISTRIBUTION - ADD'L INFO. AVAILABLE UPON REQUEST	501(C)(3)	100,000.
TOTAL TO FORM 990-PF, PART XV, LI		268,810.	

Part IV Capital Gains and Los	ses for Tax on Investment Income				
(a) List and 2-story br	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.			(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 208 ISHARES TR	D - Donation P	01/22/09	11/11/10		
b 1,163 SHS VANG	UARD INDEX FUNDS	P	01/23/09		
c 512 SHS VANGUA	RD INDEX FUNDS	P	01/22/09	11/11/10	
d 311 SHS VANGUA	RD TOTAL BOND ET	F	P	03/16/09	11/11/10
8 2,660 SHS GS H		MUTUAL FUND	P	07/29/09	11/11/10
CAPITAL GAINS	DIVIDENDS			ļ	
9					
h					
1.					
!				-	
<u>k</u>				-	
	 				
<u>m</u>					
n				 	-
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis) Gain or (loss)	!
	(or allowable)	plus expense of sale	(e) t	olus (f) minus (g)	
a 12,032.	····	7,953.			4,079.
b 69,048.		42,904.			26,144.
c 26,291.		18,585.			7,706.
d 25,511.		23,703.			1,808.
e 19,550. f 5,022.		16,757.			<u>2,793.</u>
			· · · - · ·		5,022.
g h					<u>.</u>
1	·····				
1					
k					
1					
m					
n					
0					
Complete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain ove not less than "-0-")	er col. (k),
a					4,079.
b					26,144.
С					7,706.
d					1,808.
<u>e</u>					<u>2,793.</u>
f	····				5,022.
9					····
h I			-		
i					
k					
1					
m			·		
n					
0					
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	r in Part I, line 7	2		47,552.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) ai				
If (loss), enter "-0-" in Part I, line 8		J	3	N/A	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

• If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box	•	.	
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of this	form).		
Do not c	omplete Part II unless you have already been granted a	n automat	ic 3-month extension on a previously fi	led For	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time t	o file (6	months for a corpo	oration
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file F	orm 88	68 to request an e	xtension
of time to	ofile any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Tran	nsfers A	ssociated With Ce	rtaın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format (see instructions). For more details on t	he elec	tronic filing of this f	orm,
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only sul	bmit onginal (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and con	nplete		
Part I on	ly				▶	X
	corporations (including 1120-C filers), partnerships, REM come tax returns.	iCs, and ti	rusts must use Form 7004 to request ar	n exten:	sion of time	
Type or	Name of exempt organization			Employer identification number		
print						
File by the	PHILIP & REBECCA HOCHMAN FO			2	<u>0-2777268</u>	
due date fo		ee instruct	tions.			
return See	P.O. BOX 1936					
nstructions		reign add	ress, see instructions.			
	LOS ALTOS, CA 94023					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)	•		07
Applicat	ion	Return	Application			Return
ls For		Code	Is For_			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	03	Form 4720			09
Form 99	0.PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	-		11
Form 99	0-T (trust other than above)	06	Form 8870			12
Telep If the	SARAH BLATNER sooks are in the care of ► 1890 STOCKBRIDG hone No. ► 650-366-7705 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur	FAX No. ▶			
		1	· · · · · · · · · · · · · · · · · · ·		the whole group,	
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of all		ers the extension is	s tor.
1 1 re	equest an automatic 3-month (6 months for a corporation				The	
-	NOVEMBER 15, 2011, to file the exemp	t organiza	tion return for the organization named	above.	ine extension	
	for the organization's return for:					
	X calendar year 2010 or		d and a			
	tax year beginning	, an	a enaing		 '	
2 If 1	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fin	al retur	n	
3a If 1	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			<u></u>
_	nrefundable credits. See instructions.			3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
es	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa		·-			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
by		See instru	ctions.			

LHA

For Paperwork Reduction Act Notice, see Instructions.

orm 88	68 (Rev. 4-2009)	<u> </u>			Page	<u> 8 2 </u>
iota. (u are filing for an Additional (Not Automatic) S-Month Extension, complete only Part II and ch Only complete Part II if you have already been granted an automatic 3-month extension on a previous are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				▶ 🛣	
Part		iainal (no cor	oies nee	ded).		
уре о	Name of Exempt Organization				etion numb	O7
erint ile by th	PHILIP & REBECCA HOCHMAN FOUNDATION		20-	-27772	68	
iclended the date ling the	Number, street, and room or sulte no. If a P.O. box, see instructions.	For IRS use only				
eturn. 8a netructio				+ 1		
	type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4	_		1 5227 1 6069	Form 88	70
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension or	n a previous	ly filed	Form 8861	<u>, </u>	
SARAH BLATNER The books are in the care of > 1890 STOCKBRIDGE AVENUE - REDWOOD CITY, CA 94061 Telephone No. > 650-366-7705 FAX No. > If the organization does not have an office or place of business in the United States, check this box						
8 e	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a nonrefundable credits. See instructions.	Mily	8.0	\$		0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti tax payments made. Include any prior year overpayment allowed as a credit and any amount pai previously with Form 8868.	id	8b	\$	14,95	_
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, owith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See it	•	80	\$		0.
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
Signat	ure ► (UICUTHITM Title ► CPA		Date	<u> 6/2</u>	10	20000