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Form	J	J	U			L

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

partment of the Treasury	Treated as a Private Foundation
ernal Revenue Service	Note. The foundation may be able to use a copy of this return to satisfy state reporting requirement

_		Tevende Service Trote: The Touridation	711 1114	DC abic to t					rung requirements		
F	or c	alendar year 2010, or tax year begii			06	/30 , 2010	, and end	ding		12	/31, 20 10
G	Ch	eck all that apply X Initial return	า	1	nıtıal return	of a former p	oublic cha	arıty		Final r	return
		Amended r	eturn		Addre	ess change		<u> </u>	Name change		
V	lame	of foundation	-						A Employer identi	fication nur	mber
F	IOPE	PER-DEAN FOUNDATION							27	-31165	60
N	lumbe	er and street (or P O box number if mail is no	t delivere	d to street ad	dress)		Room/s	uite	B Telephone numbe	r (see page 10	of the instructions)
		HARRIS MYCFO, INC.			•						
		BOX 10195, DEPT. 656						i	(6	50) 21	0-5000
_		town, state, and ZIP code				· ·	l		C If exemption appli	cation is	•
	.,	,,							pending, check he		
F	PATIC	ALTO, CA 94303-0995							D 1 Foreign organiz 2 Foreign organiz		
_		eck type of organization X Section	n 501	(a)(3) ayar	nnt nrwata	foundation			85% test, check	here and atta	ch
ľ						rivate foundat	tion		computation .		
4		Section 4947(a)(1) nonexempt charitable r market value of all assets at end			thod X C				E If private foundati		- L I
'		rear (from Part II, col (c), line		_		asii Acc	iuai		under section 507	b)(1)(A), checl	k here . P
			[]	ther (spec	11y) 1 must he o	n cash basis)			F If the foundation		- 1
r		Analysis of Revenue and Expense		COMMITTION (U.) mast be of	1 (43/1 (43/3)			under section 507(T	sbursements
L	alt	total of amounts in columns (b), (c), and	(d)		enue and	(b) Net inve	estment	(c) Adjusted net	, , ,	charitable
		may not necessarily equal the amounts	ìn´		ises per ooks	ıncom	ne		ıncome		urposes
_		column (a) (see page 11 of the instruction			988,575			5.6	` ',,,'` , ,		basis only)
	1	Contributions, gifts grants, etc received (attach sche	dule) .	1,	300,373	1	·	- 35.		7 3 7 7 7 7	<u>5 - 20 90 11.</u> 1 - 35 - 15% - 20
	2	Check ▶ attach Sch B		,	· · · · · · · · · · · · · · · · · · ·			3 18	99 6 18 Sign	186 387 186 388	\$ 1914 - 573'22
	3	Interest on savings and temporary cash invest						-	.	175 1 44	1. bu
	4	Dividends and interest from securities .								18 5 10 1	<u> </u>
	5 a	Gross rents					·		30 00 6 a 12	1 T. 18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Net rental income or (loss)		1 4	75 500	,	,\$,	,		5.3. 7	<u></u>
ne	6 a	Net gain or (loss) from sale of assets not on lift Gross sales price for all 1 913			-75,500	1	·, · <u>, , </u>	1 >		1 2m 30 4	
èn	"	assets on line 6a	0/5.	· · · · · · · · · · · · · · · · · · ·	4	, .	. `			1. 1/2/2	
Revenue	7	Capital gain net income (from Part IV, lir	ne 2) .	•		1,91	2,055.	·	<u> </u>	3. 3. 3.	30-2 . 24.1
_	8	Net short-term capital gain	1	: ,		· · · ·		ļ		100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9	Income modifications · · · · · · · ·		,		ļ <u>-</u> -				, , ,	×. (
	i u a	Gross sales less returns and allowances · · · ·				<u> </u>		ļ	······································		<u></u>
	[Less Cost of goods sold .				 		,	25 × 10°	12 , 3	3. (~ ~ * ^ 1
	С	Gross profit or (loss) (attach schedule) .					•				<u> </u>
	11	Other income (attach schedule)								<u></u>	
_	12	Total. Add lines 1 through 11	· · ·	1,	913,075.		2,055.			1: '	4
	13	Compensation of officers, directors, trustees, e	tc		0.					ļ	
s	14	Other-employee salaries and wages								ļ	
Se	15	Pension(plans) temployee benefits									
Expenses	16 a	Legal fees (attach schedule)									
Ex	þ	Accounting fees (attach schedule)							·		
S	,c	Other professional fees (attach schedule)									
rat	17/1-	Interest. (A) Taxes (attach Schedule) see page 14 of the instru]		· · · · · · · · · · · · · · · · · · ·					<u> </u>	_
Administrati	18	Taxes (attach schedule) (see page 14 of the instru	ctions)								
틥	19	Depreciation (attach schedule) and depl	etion .							,	<u> </u>
힐	20	Occupancy	[
	21	Travel, conferences, and meetings	1								
	22	Printing and publications	1								
gu	23	Other expenses (attach schedule)	- 1								
at	24	Total operating and administrative expe	Г								
ō Ad		Add lines 13 through 23			0.	ı					
\sim 1	25	Contributions, gifts, grants paid			0.	-	.,	· · ·	· · · · · · · · · · · ·		0.
	26	Total expenses and disbursements Add lines 24 a			0.				·		0.
\neg	27	Subtract line 26 from line 12			, , , , , ,	,			, , , , , , , , , ,	,	
		Excess of revenue over expenses and disbursement		1.9	913,075.			,	de all in		
		Net investment income (if negative, enter				1,912	2,055.		······································	ļ: .	
		Adjusted net income (if negative, enter -	´ -			, , ,		`	•		

E	anti	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
_	ent.		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash - non-interest-beari	ing			
	2		cash investments		1,913,075.	1,913,075
	3	Accounts receivable				
		Less allowance for doub	btful accounts ▶			
	4	Pledges receivable >		'.		
			btful accounts ▶			
	5					
	6		officers, directors, trustees, and other		·	
	"					
	_		ich schedule) (see page 15 of the instructions)			
	7	Other notes and loans r	eceivable (attach schedule)	[-# - C / /]		
	_		btful accounts ►			
sets	8	Inventories for sale or us	e			
SSE	9		eferred charges			<u> </u>
ä			e government obligations (attach schedule)			
	ģ	Investments - corporate	stock (attach schedule)			
	4.4 C	Investments - corporate	bonds (attach schedule)			ļ
	11	and equipment basis	bonds (attach schedule)		· · · · ·	The state
		Less accumulated deprecia (attach schedule)	tion	_		
	12	Investments - mortgage I	loans			
	13	Investments - other (atta	ich echodula)			
	14	Land, buildings, and equipment basis	>		of the state of	
		Less accumulated deprecial	tion			
	15	Other assets (describe	>)			
			completed by all filers - see the			
			age 1, item I)	0.	1,913,075.	1,913,075
\exists			ccrued expenses			S 50 70 V 8
						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
,,						1-30 (88) (84)
Ę						1、整个点人。
≣			rs, trustees, and other disqualified persons			San
Liabilities			tes payable (attach schedule)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
_	22	Other liabilities (describe	· >)			图 2016年 1878年 1878
					0	The transfer of
-			s 17 through 22)		0.	200
			ow SFAS 117, check here ►			
		and complete lines 2	24 through 26 and lines 30 and 31.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Ses	24	Unrestricted				
au	25 26 27 28 29 30	Temporarily restricted .				
Ba	26					
힏		Foundations that do i				
괴			olete lines 27 through 31. ▶ X			T. 144
히	27		pal, or current funds			
ış	28		land, bldg , and equipment fund			, · · ·
SSe	29		lated income, endowment, or other funds	0.	1,913,075.	
څ	30	· ·	und balances (see page 17 of the			
é			· · · · · · · · · · · · · · · · · · ·	0.	1,913,075.	
- 1		Total liabilities and net	assets/fund balances (see page 17		· · · ·	1
-			` ' '	0.1	1,913,075.	· · · · · · · · · · · · · · · · · · ·
-	2 et '111	Analysis of Cha	nges in Net Assets or Fund E		1/313/0/31	
			ilances at beginning of year - Part		must agree with	
						0.
			on prior year's return)			1,913,075.
		amount from Part I, III			1 . 1	
			d in line 2 (itemize) ▶			1 012 075
					4	1,913,075.
		eases not included in li			5	
<u> </u>	Total	net assets or fund bal	ances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 30 6	1,913,075.
						Form 990-PF (2010)

P	art IV Capital Gains	and Losses for Tax on Inv	vestment Income				
•		d describe the kind(s) of property sold		(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo, day, yr)	
		rick warehouse, or common stock, 200	0 shs MLC Co)	D-Donation (mo , day, yr) (mo , day, yr			
<u>1a</u>		EDOTE					
<u>b</u>			· · · · · · · · · · · · · · · · · · ·				
_ <u>c</u>				1			
e e		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini		
a				<u> </u>			
<u>_b</u>	··						
_ <u>c</u>							
_ <u>d</u>				 			
_ <u>e</u>		showing gain in column (h) and own	ed by the foundation on 12/31/69	(1)	Gains (Col (h) g	an minus	
_		(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	than -0-) or	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	ol (h))	
_a							
b							
_ <u>C</u>							
_d							
_е			f gain, also optor in Part I lino 7				
2	Capital gain net income or	(net capital loss)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2	1,	912,055.	
3	Net short-term capital gain	، or (loss) as defined in sections 1					
		line 8, column (c) (see pages 13					
		ine 8		3		· · ·	
P	art V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net Investment I	ncome			
(Fo	or optional use by domestic	c private foundations subject to the	ne section 4940(a) tax on net invest	ment incor	ne)		
16 -		NO.	T AVAILABLE FOR INITIAL	YEAR	RETURNS		
II S	ection 4940(d)(2) applies,	leave this part blank	I WILLIAM TON INTITIO	10211	KEI OIKID		
Wa	s the foundation liable for	the section 4942 tax on the distri	butable amount of any year in the b	ase period	ls	Yes No	
		not qualify under section 4940(e)					
1		ount in each column for each yea	r, see page 18 of the instructions be	efore maki		. 	
Ca	(a) Base penod years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by		
	2009					· · · · · · · · · · · · · · · · · · ·	
	2008						
	2007 2006			<u> </u>			
	2005						
_		-	<u> </u>	T			
2	Total of line 1, column (d)			2			
3	Average distribution ratio	for the 5-year base period - divid	e the total on line 2 by 5, or by the				
	number of years the found	dation has been in existence if les	s than 5 years	3			
4	Enter the net value of non	charitable-use assets for 2010 fro	om Part X, line 5	4			
_				_			
5	Multiply line 4 by line 3.			5			
c	Enter 1% of not investmen	et incomo (1% of Part I, line 27h)		6			
J	Curer 1/0 Of the Universities	it income (170 of Fait I, IIIe 270).					
7	Add lines 5 and 6			7			
8	Enter qualifying distribution	ns from Part XII, line 4		8			
	If line 8 is equal to or gre	eater than line 7, check the box	ın Part VI, line 1b, and complete t	hat part u	ising a 1% tax	rate See the	

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	page	∍ 18 of	the in	structi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		-	' ,	,	4.
•	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)					5 .
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_1_			38,2	241.
	here here and enter 1% of Part I, line 27b		", ,* .		. ^	•
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		İ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	i			
3	Add lines 1 and 2	3			38,2	241.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			38,2	241.
6	Credits/Payments	,		```,	, ~, · ×,	• • • • •
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	- 4	35.4	William !	14	
	Exempt foreign organizations-tax withheld at source 6b 0.		٠,		,	
	Tax paid with application for extension of time to file (Form 8868) 6c 75,000.					٠,
	Backup withholding erroneously withheld 6d	`		ه ٔ فی	والمراجعة المراجعة	ر د کیا ک
7	Total credits and payments Add lines 6a through 6d	7			75,0	000.
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			36,7	759.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 36,759. Refunded ▶	11				
Pai	tVII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i	t		2,3	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 15	9				
	of the instructions for definition)?			1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	s		X 19 7	£ 56.	* Y
	published or distributed by the foundation in connection with the activities			18363		5 pr. 3
С	Did the foundation file Form 1120-POL for this year?			1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			100	AND THE	ارنورتورا و توریورتورتورتورتورتورتورتورتورتورتورتورتورتو
	(1) On the foundation ▶\$(2) On foundation managers ▶\$				5% (C) G03 (C)	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impor-	sed		7. E		
	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities				الميل في و ا	类数
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	s of		1	1 4	1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T	• • •		5 .	7.5	7,1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			", 2 1	124 .	10.5
	By language in the governing instrument, or					1 13
	By state legislation that effectively amends the governing instrument so that no mandatory directions to the state of	hat) (m)		
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and		⟨V	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of			, " 1	,	. 17
	instructions) ▶ CA,			[[~]	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	Gen	 eral			ية م مناسب
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942	_	or	F 73		
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV				.	
	27)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list		heir			
. •	names and addresses ATTACHMENT 1	ng u	, CII	10	Х	
					0 DE (

August 17, 2008? 3	Pa	rt VII-A Statements Regarding Activities (continued)				_
10 did fe foundation acquired a direct or indirect interest in any applicable insuriance contract before August 17, 2008? 12	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
August 17, 2008? 20		meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X	_
All gills 17, 2009. All gills 17, 2009. All poll the foundation comply with the public inspection requirements for its annual returns and exemption application? Webste address ► N/A Webste address ► N/A The books are in care of ► C/O HARRIS MYCFO, TNC. Telephone no ► 650-210-5000 Located at ►P.O. BOX 10195, DEPT 656 PALO ALTO, CA Telephone no ► 650-210-5000 Located at ►P.O. BOX 10195, DEPT 656 PALO ALTO, CA Telephone no ► 650-210-5000 Is Section 494 ((9)) I nonexempt charitable trusts fling form 990-FF in less of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year The name of the foreign country ► PETRURES Statements Regarding Activities for Which Form 4720 May Be Required The name of the foreign country ► PETRURES Statements Regarding Activities for Which Form 4720 May Be Required The name of the foundation (either directly or indirectly) (1) Emgage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise ottend credit to or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or remburse the expenses of, a disqualified person? (5) Transfer any incroner or assets to a disqualified person (or make any of either available for the hen	12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
Webste advicess ► N/P N/P NOTE OF THE COURT		August 17, 2008?	12		X	-
The books are in care of C/O HARRIS MYCEO TNC Telephone	13			X		_
Located at P.O. BOX 10195, DEET. 655 FALO ALTO, CA ZIP+4 94303		**EDSILE address				_
15 Section 4947(a)(1) nonexempt chantable trusts fling i come 990-Pr in leu of Form 1041-Check nere and enter the amount of tax-exempt interest necessed or accured during the year in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 → 15 to the name of the foreign country → 16 To the name of the foreign country → 17 to the name of the foreign country → 18 to the name of the	14	The books are in care of ► C/O HARRIS MYCFO, INC. Telephone no ► 650-210)-50 	<u> </u>		-
and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filting requirements for Form TD F 90.22.1 If "Yes," enter the name of the foreign country ▶ 27th VILE3 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. 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, seneces, or facilities to (or accept them from) a disqualified person? (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 (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for a period after termination of government service, if terminating within 90 days). 3 If a disput any answer is "Yes" to 1st(1)(6), did any of the acts fast to qualify under the exceptions	4 5	Control 4047(a)(4) pagesympt shortable trusts files Form 000 PE in liquid Form 4044. Check have			\Box	-
Ves No learner during calendar year 2010, did the foundation have an interest in or a signature or other authority to ver a bank, securities, or other financial account in a foreign country ∨ See page 20 of the instructions for exceptions and filing requirements for Form 1D F 90-22 1 if "Yes," enter the name of the foreign country ▶ See page 20 of the instructions for exceptions and filing requirements for Form 1D F 90-22 1 if "Yes," enter the name of the foreign country ▶ 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. 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? (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 ether available for the benefit or use of a disqualified person? (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). b if any answer is "Yes" to 16(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(0)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? 2 Taxes on failure to distribute income (section 4942(d)(3) or 4942(d)(3) or all years listed, answer "No" and attach statement—see page 22 of the instructions	15		• • •	,		
over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-221 if "Yes," enter the name of the foreign country. **TVILE*** 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. 1a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or teasing of property with a disqualified person?	16			Vas	No	-
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at any time during the year? b If "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) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its]	
b If "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) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	3 a	1 V I V			1	
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)		at any time during the year				
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). 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	D			_	, [
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)			"		;	
foundation had excess business holdings in 2010)					!	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			3 h			A
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	,	· · · · · · · · · · · · · · · · · · ·			X	1
				¥°	<u>, , , , , , , , , , , , , , , , , , , </u>	
	þ	charatable purpose that had not been removed from reported before the first day of the tax year beginning in 2010?	4 b	ه. د م ما <i>د</i>	X	

Pa	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	i <mark>red</mark> (contii	nued)			
5 a	During the year did the foundation pay or incur any amou	int to						
•	(1) Carry on propaganda, or otherwise attempt to influer		1 4945(e))?	. Yes	XNo		'	
	(2) Influence the outcome of any specific public election	(see section 4955), o	or to carry on,					
	directly or indirectly, any voter registration drive?		-	Yes	XNo	j		·
	(3) Provide a grant to an individual for travel, study, or otl	her sımılar purposes?		Yes	X No			
	(4) Provide a grant to an organization other than a chari						!	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	-		Yes	XNo		,	Ì
	(5) Provide for any purpose other than religious, charita							,
	purposes, or for the prevention of cruelty to children of	-		Yes	XNo		[` '	
	If any answer is "Yes" to 5a(1)-(5), did any of the trans			•			.	
•	Regulations section 53 4945 or in a current notice regard					. 5b		΄ Λ
	Organizations relying on a current notice regarding disast	•			•	•		,
_	If the answer is "Yes" to question 5a(4), does the foundation				~/A	L	.	, '
Ü		,		Yes	No No	ווי וי	,	
	because it maintained expenditure responsibility for the gi					. , .		
	If "Yes," attach the statement required by Regulations section	• •				, .		
ба	Did the foundation, during the year, receive any funds, o	•		Yes	XNo	. `.		
	on a personal benefit contract?			• —	110	6 b		X
	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contra	ct /	• • • • •	. 60	 	<u> </u>
_	If "Yes" to 6b, file Form 8870		-1111	Yes	XNo	1, 5		~ 1
	At any time during the tax year, was the foundation a pa					7.5	٠, /	
	If "Yes," did the foundation receive any proceeds or have to the important of the important	Trustees Four	dation Managers	Highly Pai	d Employ	. 7b	<u> </u>	
ic	and Contractors							
1	List all officers, directors, trustees, foundation m							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contribu employee ben	efit plans '	e) Expens) other all		
		devoted to position	-0-)	and deferred co	npensation			
7. II	TACHMENT 2		0.		0.			0
ΑJ	TACHMENT 2		0.			-		
						_		
					1			
				00 -	<u> </u>	47 1		
2	Compensation of five highest-paid employees (otl	ner than those inc	luded on line 1 - se	e page 23 o	r the instruc	ctions).		
	ii none, enter None.	(L) Tale and everes	.	(d) Contribu				
(3) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee I		e) Expens other all		
		devoted to position		compens	-4			
	NONE							
			<u> </u>					
	Laurahar of other ampleus on paid over \$50,000	,						

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions).	If none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	r of Expenses
1 N/A	
2	
3	
4	 - -
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	>

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	eign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1-1	
	purposes		
а	Average monthly fair market value of securities	1a	944,707.
b	Average of monthly cash balances	1b	478,269.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	. 1d	1,422,976.
e	Reduction claimed for blockage or other factors reported on lines 1a and	7	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,422,976.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	21,345.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	. 5	1,401,631.
6	Minimum investment return. Enter 5% of line 5	. 6	35,521.
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) prin foundations and certain foreign organizations check here ▶ and do not complete this	vate operating	
1	Minimum investment return from Part X, line 6		35,521.
	Tax on investment income for 2010 from Part VI, line 5	1400 77	
b	Tax on investment income for 2010 from Part VI, line 5		
c	Add lines 2a and 2b	2c	38,241.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	-2,720.
4	Recoveries of amounts treated as qualifying distributions		- <u>-</u> -
	Add lines 3 and 4	-	-2,720.
	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		······································
	line 1	. 7	
Pai	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	R ZS	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		0.
b	Program-related investments - total from Part IX-B	1h	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	*****	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	alculating who	ether the foundation

27-3116560

	11 330-FF (2010)				raye
Pa	rt XIII Undistributed Income (see pag-	e 26 of the instructio	ns)		
1	Distributable amount for 2010 from Part XI.	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	line 7	Corpus	/, (*)	2000	0.
2	Undistributed income, if any, as of the end of 2010		7.		
а	Enter amount for 2009 only		, , , ,		
b	Total for prior years 20 08 20 07 20 06			B. 1884 Novem	
3	Excess distributions carryover, if any, to 2010	1 - 136	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	North 1278 11 11	
а	From 2005				
b	From 2006	1		700	
С	From 2007				
d	From 2008		(4) (2) (2) (2) (2)(4) (2) (2) (2) (2)(5) (2) (2) (2)(6) (2) (2) (2)(7) (2) (2)(8) (2)<	File Control of Control	
e	From 2009	ĺ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f	Total of lines 3a through e	· ·	人名爱洛克 医阿拉氏		a Signatural for
4	Qualifying distributions for 2010 from Part XII,		1 3 - 1 2 3 A 1 3		37 6 1 1 1 1 1 1
•	line 4 ▶ \$ 0.				Model Control
а	Applied to 2009, but not more than line 2a			Street 12 at 46, 100 rate man marchine	海洋流动 水石
	••••	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	はないなける はま	By Significant to
IJ	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
	Treated as distributions out of corpus (Election		80.00 A 10 A 20 A 20 A 20 A 20 A 20 A 20 A		18 S. T. T. T. W. A. K.
·	required - see page 26 of the instructions)			And the second of the second o	
d	Applied to 2010 distributable amount	14 Mars 16 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOWN SELECT SERVICE	图 经银行额 安	
e	Remaining amount distributed out of corpus	Ô.	4 12/2 14 17 3 26 17 1	And the state of t	
5	Excess distributions carryover applied to 2010		80×7 40×20×10×10×10×10×10×10×10×10×10×10×10×10×10		77.5
	(If an amount appears in column (d), the same	2000 025 2000 T	12 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Patra Strain
6	amount must be shown in column (a)) Enter the net total of each column as		Contract Con		
u	indicated below:			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	Prior years' undistributed income Subtract				San San San San San San San San San San
D	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				2.145年14.15KWT
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 11	
	amount - see page 27 of the instructions			<u> </u>	· · · · · · · · · · · · · · · · · · ·
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions		27 3 11		* * * * * * * * * * * * * * * * * * *
f	Undistributed income for 2010 Subtract lines			• [6]	
'	4d and 5 from line 1. This amount must be		The same of the sa		
	distributed in 2011		Same to the same of the same o	<u> </u>	
7	Amounts treated as distributions out of corpus		Charles The State of	, • • • • •	
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(q)(3) (see page 27 of the			٠, ,	
	Instructions)		3 4 C	·	` _
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the				6 A 6
	instructions)		(2 m - 3)		······································
9	Excess distributions carryover to 2011.			, "	- 12 1
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9		The Market Market	, , , , ,	
	Excess from 2006		333	·	* * * * * * * * * * * * * * * * * * * *
	Excess from 2007				
	Excess from 2008			`. 1 ,	
	Excess from 2009	,	A STATE OF THE STA		
е	Excess from 2010		(1) ser 1		

Pä	art XIV Private Oper	rating Foundations	(see page 27 of the	e instructions and Pai	rt VII-A, question 9)	NOT APPLICABI
1 a	If the foundation has foundation, and the rulin-			at it is a private opera		
þ	Check box to indicate wh				4942())(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	85% of line 2a					
c	Qualifying distributions from Part					
•	XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct					
e	of exempt activities					
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					
þ	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
¢	"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.					
Pa	at any time d	luring the year - se	e page 28 of the in	only if the founda structions.)	tion had \$5,000	or more in assets
1	Information Regarding					
a	List any managers of t before the close of any	tax year (but only if th	nave contributed more ney have contributed r	e than 2% of the total more than \$5,000) (Se	contributions receive e section 507(d)(2))	ed by the foundation
		HEIDI HOPPER	400/	[the start of a series		1
IJ	List any managers of ownership of a partners					large portion of the
	N/A		<u> </u>			
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X if the unsolicited requests for organizations under other controls.	or funds. If the found	dation makes gifts, g	rants, etc (see page	able organizations ar 28 of the instruction	nd does not accept ns) to individuals or
a	The name, address, ar	nd telephone number	of the person to whon	n applications should be	addressed	
b	The form in which appli	cations should be sub	omitted and information	on and materials they s	hould include	
C	Any submission deadlin	es				
d	Any restrictions or lin	nitations on awards,	such as by geogra	phical areas, charitab	le fields, kinds of in	nstitutions, or other

اعدا	Supplementary information (ng the Veer or Appr	oved for I	Euturo Daymont	
	Grants and Contributions Paid Duri	ng the Year or Appr	oved for r		
	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
	Paid during the year	or substantial contributor	recipient		
a	r alo during the year				
			ļ		
			L		
	Total			<u>▶ 3a</u>	
b	Approved for future payment				
7/ -	rtachment 3				
Λ.	TACHMENT 5		-		
	•				
	Total			▶ 3b	30,000.

	⁼ (2010)					Pag
rt XV	-A Analysis of Income-Produ	cing Activ	vities			
r gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exemp function income
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
•	TO SCI VICE TEVERIDO					
				L		
	and contracts from government agencies			-		
	rship dues and assessments			 		
	on savings and temporary cash investments					
	ds and interest from securities		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	17.18	- (a)	
	tal income or (loss) from real estate t-financed property		1 (3) 7 , 7 / 18 / 19	12 45 10	<u> </u>	<u> </u>
Not	debt-financed property					
	al income or (loss) from personal property					
	ivestment income					
	loss) from sales of assets other than inventory			18	-75,500.	_
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue a					
		20 20 20		No. 27 N. 40 N. 6	75 500	
	Add columns (b), (d), and (e) [dd line 12, columns (b), (d), and (e)				-75,500.	-75,5
e No. ▼	Explain below how each activity accomplishment of the foundation instructions.)					
	Instructions /				<u></u>	
	- · · · · · · · · · · · · · · · · · · ·			·		
						

Part	XVII	Information Exempt Orga	_	ansfers To	and Trans	actions	and Rela	tionships With	Nonc	hari	table
1 1	Did th	e organization direct	ly or indirectly e	ingage in any	of the follow	ing with a	ny other or	rganization described	Τ.	Yes	No
		tion 501(c) of the C	-				-				`
(organiz	ations?									
а	Transf	ers from the reporting t	oundation to a nor	ncharitable exem	npt organization o	of			_{cuf}	ľ	
((1) Ca	sh							1a(1)		X
		ner assets							1a(2)		X
		ransactions							2	·	
(1) Sa	es of assets to a nonc	naritable exempt or	ganization					1b(1)		X
		rchases of assets from							1b(2)		X
(3) Re	ntal of facilities, equipm	nent, or other assets	·			<i></i> .		1b(3)	1	X
		mbursement arrangem									X
(5) Loa	ans or loan guarantees			. .				1b(5)		X
		formance of services									X
		g of facilities, equipmen							1 c	Ĺ. <u>.</u>	X
d I	f the	answer to any of	the above is "Yi	es," complete	the following	schedule	Column (b)	should always show	v the	fair	market
\	alue	of the goods, other	assets, or service	es given by	the reporting	foundation	If the four	ndation received less	than	fair i	market
\	alue_	n any transaction of	r sharing arrange	ement, show i	ın column (d)	the value	of the goo	ds, other assets, or	service	es re	ceived
(a) Lin	e no	(b) Amount involved	(c) Name of no	ncharitable exem	pt organization	(d) Desc	ription of trans	sfers, transactions, and sha	ring arra	ingeme	nts
		N/A				N/A					
_											
_											
2a s	the	foundation directly	or indirectly affil	liated with, oi	r related to,	one or mo	re tax-exem	pt organizations			
d	escrib	ed in section 501(c) of t	the Code (other tha	in section 501(d	c)(3)) or in section	on 527?		·	Y€	s 🔀	₹ No
		complete the following									
		(a) Name of organization	1	(b) Typ	e of organization			(c) Description of relations	hip		
										-	
		· :								-	
	Unde	penalties of perjury, I de	clare that I have exa	amined this return	n, including accom	panying sche	dules and state	ements, and to the best of	f my kr	nowled	ge and
Sign	belief	it is true, correct and com	iplete Declaration of	preparer (other th	an taxpayer or fidu	ciary) is based	on all informa	tion of which preparer has	any kno	wledge	÷
Here		/WL2		_		9/12/11		Trustee			
	Si	gnature of officer or trustee			Date		—— F _{Tı}	tle			
	•	Print/Type preparer's	name	Preparer's si	gnature	·	Date	F	PTIN		
J~:4			2	- Ro	e -		1	Check If			
Paid		gonald	Osus			CM	× 7/14/	self-employed	2001	9154	4
repa	rer	Fırm's name ► HA	RRIS MYCFO,	INC.				Firm's EIN ▶ 81-0!			
Jse C	nly	Firm's address > 22			100			. mili Lily P = 2			
	•		PALO AL			943	03	Phone no 650 23	10-5	000	
					-		<u></u>	T THORIGHTO	orm 99 (2010)
								1.	001	- • • \	,-,

Schedule B

Schedule of Contributors

OMB No 1545-0047

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

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

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number HOPPER-DEAN FOUNDATION 27-3116560

Organization type (check one)									
Filers of:	Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
•	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See								
General Rule									
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or e contributor. Complete Parts I and II								
Special Rules									
sections 509(a)(1) and	3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under d 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts								
the year, aggregate co	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ontributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or or the prevention of cruelty to children or animals. Complete Parts I, II, and III								
the year, contributions aggregate to more tha year for an exclusively applies to this organiz	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during s for use exclusively for religious, charitable, etc., purposes, but these contributions did not an \$1,000 If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.								
Caution. An organization that is	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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)

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)

of Part I

Dago	of
Page	01

Name of organization HOPPER-DEAN FOUNDATION

Employer identification number

			27-3110300
Part l	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	JEFF DEAN & HEIDI HOPPER 995 MATADERO AVENUE	\$1,988,575.	Person X Payroll X Noncash
	PALO ALTO, CA 94306		(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 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 if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution)

Person Payroll Noncash

Page ___

of Part II

Name of organization HOPPER-DEAN FOUNDATION

Employer identification number 27-3116560

of

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
1_	3,400 SHARES OF GOOGLE STOCK		11/29/2010
(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
(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

ATTACHMENT

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

DATE

DIRECT PUBLIC SUPPORT

JEFF DEAN & HEIDI HOPPER 995 MATADERO AVENUE PALO ALTO, CA 94306

11/29/2010

1,988,575.

TOTAL CONTRIBUTION AMOUNTS

1,988,575.

ATTACHMENT 1

ATTACHMENT 2

EXPENSE ACCT AND OTHER ALLOWANCES

CONTRIBUTIONS

TO EMPLOYEE

BENEFIT PLANS

COMPENSATION

0

0

0

0

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FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CEO/SECRETARY 2.00	CFO 2.00	GRAND TOTALS			
NAME AND ADDRESS	HEIDI HOPPER 995 MATADERO AVENUE PALO ALTO, CA 94306	JEFF DEAN 995 MATADERO AVENUE PALO ALTO, CA 94306				

0

27-3116560

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

TAX EXEMPT

NONE

UNIVERSITY OF WASHINGTON FOSTER SCHOOL OF BUSINESS

SEATTLE, WA 98195 BOX 353200

RECIPIENT NAME AND ADDRESS

ATTACHMENT 3

AMOUNT

30,000

PURPOSE OF GRANT OR CONTRIBUTION

CHARITABLE

TOTAL CONTRIBUTIONS APPROVED

30,000

ATTACHMENT 3
PAGE 21

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SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Department of the Treasury Internal Revenue Service Name of estate or trust

HOPPER-DEAN FOUNDATION

Employer identification number

27-3116560 Note: Form 5227 filers need to complete only Parts I and II Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (b) Date acquired (c) Date sold the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day yr) (see instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (see instructions) 6a 1,912,055. **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b............. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 1,912,055. column (3) on the back. 12

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Sche	dule D (Form 1041) 2010			Page 2
Pa	Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part	(see instr)	or trust's	(3) Total
13	Net short-term gain or (loss)			
14	Net long-term gain or (loss):			1 010 055
	Total for year			1,912,055.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)			
C	28% rate gain	 _		1,912,055.
	Total net gain or (loss). Combine lines 13 and 14a > 15		- 44 45 40-	L
to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 98 art V, and do not complete Part IV if line 15, column (3), is a net loss, complete Part IV	/ and the Capital Loss Cal 	es 14a and 15, column ryover Worksheet, as r	(2), are net gains, go necessary
Pa	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I,			,
a Note	The loss on line 15, column (3) or b \$3,000		ne 34) is a loss com	olete the Capital Loss
Camy	vover Worksheet on page 7 of the instructions to figure your capital loss carryover	ine 22 (or Form 990-1, h		nete the capital 2003
Pai	Tax Computation Using Maximum Capital Gains Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column		nount is entered in F	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more th			
	tion: Skip this part and complete the worksheet on page 8 of the instruction	s ıf		
	other line 14b, col (2) or line 14c, col (2) is more than zero, or other than zero, or other than zero other than zero			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are ga	ans, or qualified divide	ends are included ii	n income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part ar	nd complete the work	sheet on page 8 of	the instructions if
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)		1,000	
	but not less than zero		Arra Con	
19	Enter the estate's or trust's qualified dividends	3		
	from Form 1041, line 2b(2) (or enter the qualified		A. 7. 7.	
	dividends included in income in Part I of Form 990-T) . 19	2.6	'3-	
20	Add lines 18 and 19		بمرين	
21	If the estate or trust is filing Form 4952, enter the		, "	
	amount from line 4g, otherwise, enter -0 ▶ 21			
22	Subtract line 21 from line 20 If zero or less, enter -0-			
23	Subtract line 22 from line 17 If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24	-, -	
25	Is the amount on line 23 equal to or more than the amount on line 24?			
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box	25		
26	No. Enter the amount from line 23			
27	Subtract line 25 from line 24	20		
21	Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or line 22	27	- }	
	165. Skip lines 27 tilld 30 go to line 31			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	الخيا	
		••		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)		30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate Sc			
	(see the Schedule Ginstructions in the instructions for Form 1041)	<i>.</i>	31	
32	Add lines 30 and 31			
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rate Sc			
	(see the Schedule G instructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here			
	G, line 1a (or Form 990-T, line 36)	<u></u> <u></u>	34	

HOPPER-DEAN FOUNDATION			27-3116560			
	d Losses - Assets Held More Than One Year			(1)		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (
a 3,400 SHARES GOOGLE	01/07/2002	11/30/2010	1,913,075.	1,020.	1,912,05	
						
b Total. Combine the amounts in column	(f) Enter here and	d on Schedule D, lir	ne 6b		1,912,05	

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FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME									
				ription		or D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)		
1,913,075.		3,400 SHARE PROPERTY TY 1,020.		TIES	i	D	01/07/2002	11/30/2010	
TOTAL GAIN(L	oss)				• • • • • • •		1,912,055.		
								i	
SA									

Form **8868**

(Rev January 2011) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

Internal Revenu	ie Service	i Separate a	ipplication for each return.	ļ.	
	filing for an Automatic 3-Month Extension,				▶ X
	filing for an Additional (Not Automatic) 3-M				•
Do not comp	p <i>lete Part II unless</i> you have already been gra	inted an au	utomatic 3-month extension on a pre	eviously filed Form 886	8
a corporatio 8868 to red Return for	Iling (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of t	nal (not au forms liste al Benefit	utomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to	You can electronical ption of Form 8870, or the IRS in paper f	lly file Form Information format (see
	tomatic 3-Month Extension of Time. Or				
	on required to file Form 990-T and requesting			box and complete	
					▶ □
All other cor	rporations (including 1120-C filers), partnersh	nips. REMIC	Cs. and trusts must use Form 7004 to	request an extension of	of time
_	e tax returns				
Type or	Name of exempt organization			Employer identification	number
print	HOPPER-DEAN FOUNDATION			27-3116560)
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions C/O HARRIS MYCFO,	INC.	
due date for	P.O. BOX 10195, DEPT. 656				
filing your return See	City, town or post office, state, and ZIP code For	a foreign ac	idress, see instructions		_
instructions	PALO ALTO, CA 94303-0995				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return)	0 4
Application		Return	Application	. <u></u>	Return
ls For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL	-	02	Form 1041-A		08
Form 990-E2		03	Form 4720		09
Form 990-PF		04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telephone If the orga If this is fo for the whole a list with the I reques until for the	organization's return for	ousiness in ur digit Gro it is for pa on is for poration re exempt org	FAX No in the United States, check this box on the United States, check this box on Exemption Number (GEN) introf the group, check this box on the group of the group of the organization return for the organization	of time n named above The expression of the ex	ach
2 If the ta	calendar year 20 10 or tax year beginning ix year entered in line 1 is for less than 12 minange in accounting period			, 20	
nonrefu	application is for Form 990-BL, 990-PF, 99 indable credits. See instructions application is for Form 990-PF, 990-T,		·	3a \$	75,000.
estimate	ed tax payments made Include any prior year	overpaym	ent allowed as a credit	3 b \$	0.
	• Due. Subtract line 3b from line 3a Include points Federal Tax Payment System) See instructions.		ent with this form, if required, by usi	- 1	75,000.
	ou are going to make an electronic fund w		with this Form 8868, see Form 8		
-aution. y(ou are going to make an electronic fund w	nmurawal	with this rollingood, see form be	+55-EO and Form 88	19-50 101

payment instructions

Form 8868 (Re	ev 1-2011)				Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box						
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868						
	filing for an Automatic 3-Month Extension,			•		
Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
Type or Name of exempt organization				Employer identificati	Employer identification number	
print	HOPPER-DEAN FOUNDATION			27-3116560		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions			<u>*</u>		
extended due date for	e date for C/O HARRIS MYCFO, INC. City, town or post office, state, and ZIP code For a foreign address, see instructions					
filing your return See						
instructions						
Enter the Return code for the return that this application is for (file a separate application for each return)						
Application		Return	Application		Return	
ls For		Code	ls For		Code	
Form 990		01	A Secretary Secretary			
Form 990-BL		02	Form 1041-A		08	
Form 990-EZ		03	Form 4720			
Form 990-PF		04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			
	(trust other than above)	06	Form 8870		12	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						
The books are in the care of ► C/O HARRIS MYCFO, INC.						
Telephone No ► 650 210-5000 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						
4 I request an additional 3-month extension of time until 11/15, 20 11						
5 For calendar year 2010, or other tax year beginning, 20, and ending					20	
6 If the tax year entered in line 5 is for less than 12 months, check reason: X Initial return Change in accounting period Final return						
7 State in detail why you need the extension TAXPAYER IS WAITING FOR INFORMATION FROM THIRD						
PARTIES AND ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND						
ACCURATE TAX RETURN						
8a If this	8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefu	onrefundable credits. See instructions 8a \$ 38,241.					
b If this application is for Form 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 and any						
amount paid previously with Form 8868 75,000.						
c Balance	c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS					
(Electro	(Electronic Federal Tax Payment System) See instructions 8c \$ 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						
Wall.						
Signature ►	1181425		Title ▶ CFA	Date ▶ _	5//	
	U = U			Form 8868	(Rev 1-2011)	