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

OMB No	1545-0052
2(010

nternal F	Revenue Service N	lote. The foundati	on may	be able to u	use a copy of	this return to s	satisfy state	report	ing requirements	5010
or ca	ilendar year 2010, c	or tax year begi	nning			, 2010	, and end	ing		, 20
3 Che	eck all that apply	Initial retur	'n		nitial return	of a former p	ublic cha	rity		Final return
		Amended	return		Addre	ss change		Na	ame change	_
lame	me of foundation									ication number
		ł								
THE	SAMUELI FOUND	DATION							33-	-0758237
lumbe	er and street (or P O bo	x number if mail is no	ot delivere	d to street ad	dress)		Room/su	ute	B Telephone number	(see page 10 of the instruction:
								ļ		
2101	E. COAST HIG	SHWAY, SUIT	E 300)				1	(94	49) 760-4300
	town, state, and ZIP co					:	1		C If exemption applic	ation is
•								١.	pending, check hen	► I
CORC	NA DEL MAR, C	CA 92625-19	41					['	 1. Foreign organiza 2. Foreign organiza 	
	eck type of organizat			C)(3) ever	nnt nrwate	foundation			85% test, check	here and attach
	Section 4947(a)(1) nor					rivate foundat	tion		computation .	
					ethod X C					on status was terminated
	r market value of all			_		asn Acc	ruai		under section 507(1	b)(1)(A), check here . 🕨 🔙
	year (from Part II, col	(c), line 27 , 030.		ther (spec		\				s in a 60-month termination
				COIUITIIT (C	i) must be of	n cash basis)			under section 507(t	o)(1)(B), check here
Part	Analysis of Rever			(a) Rev	enue and	(b) Net inve	estment	(c)	Adjusted net	(d) Disbursements for charitable
	may not necessarily	equal the amounts	s in		nses per	incom		(5)	income	purposes
	column (a) (see page	e 11 of the instruct	ions))	l	ooks					(cash basis only)
1	Contributions, gifts, grants,	etc , received (attach sch	nedule)	1,	838,842	, , ,	,	_ ^ -	<u> </u>	7-1015
2		oundation is not requ Sch B		· · · · ·		1	, *	4 -	<u> </u>	3-15- 25
3	Interest on savings and				1,826	1	1,826.			ATCH «1
4	Dividends and interes	st from securities			24	-	24.			ATCH 2
5a	Gross rents						·			(基础)(A) (A)
1	Net rental income or (los					A	* /	٠,	11、武器(1)、红	Para Alexander
ı	Net gain or (loss) from s				102	-	1	,	1 7 - to 1 =	1 - 2 - 2 - 2 - 2 - 2
	Gross sales price for all		,944.	4, 2	ويائه الأوق	, , ;			1,000	- 121 Take of
7	assets on line 6a - Capital gain net incom	me (from Part IV)	ina 2)		1,23		8,707.	<u> </u>	<u> </u>	William Commence
8	• •	•	, .	75.7	-n au				. , , , , , , , , , , , , , , , , , , ,	The state of the s
9	Net short-term capita Income modifications					- · · · · · · · · · · · · · · · · · · ·	' '-			Arg.
	Gross sales less returns	,		1	•	-	~ 7			
١.	and allowances · · ·			,		 	· · · - · · · · ·			
	Less Cost of goods sold				•					
	Gross profit or (loss)									10001233
11	,			1	840,794	71	0,557.			May 1% 1
12	Total. Add lines 1 thr				79,609	1	0,337.			82,07
13	Compensation of officer				60,751				 	60,75
14	Other employee salar									10,51
15	Pension plans, emplo	oyee benefits			12,976	1				
16 a	Legal fees (attach-sel				2,489	!				2,48
Ь	AFCOFFICE FEET VALUE				26,049	!	6,512.		0.	. 19,53
۹ ا	Other-professional-fe	e s (att ech schedul	e).*		2,795		500.			2,29
14	Interest	<u>X</u>				<u> </u>				
8	Taxes (attack schedule)	(see page 14 of the inst	ructions) *	<u></u>	30,139	4	0.			5,13
19 [Depreciation (attach	schedute) and de	pletion .		14,972					
20						İ				
2.1=	POGROEN !	and meetings			75,420					75,42
22	Printing and publicate			_	25,288					25,28
23	Other expenses (atta		Н 6		86,459	1	5,025.			79,03
24	Total operating and									
168 19 19 20 21 22 23 24	Add lines 13 through		penses.		416,947] 1	2,037.		0.	362,53
125	-		• • • •	1.	070,944		.,			1,070,94
25	Contributions, gifts, g	,			487,891	1	2,037.		0.	
26	Total expenses and disburs		4 and 25	1,	307, UJI	1	2,031.			1,433,40
27	Subtract line 26 from				252 002		:			
	Excess of revenue over exp				352,903	1	0 500			
	Net investment inco					69	8,520.	·		ļ
c	Adjusted net income	(If negative, enter	-0-)			l			_	
							1/711 A			

For Paperwork Reduction Act Notice, see page 30 of the instructions. 0E1410 1 000

*ATCH 4 JSA ** ATCH 5

P	art'll	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beam	ng			
ŀ	2	Savings and temporary	cash investments	155,202.		423,076.
	3	Accounts receivable -		As well as the	3-4	4
		Loon, allamanaa fardani	htful needunta 📐			
	4	Pledges receivable			والمرافي والمرافية والمرافية	* A 2 5 5 7 7 .
Ì		Less: allowance for dou	btful accounts ▶			
	6		officers, directors, trustees, and other	ì		
		disqualified persons (atta	ach schedule) (see page 15 of the instructions)		and the second s	To all the first
	7	Other notes and loans r	eceivable (attach schedule)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The man I was to	3 3 2 2 C 2 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1
			btful accounts ▶			
9	8	Inventories for sale or us	e			
Assets			eferred charges			
As	10 a	Investments - U S and stat	e government obligations (attach schedule)			
	ь	Investments - corporate	stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, building:	s, >		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 16 1 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and equipment, basis Less accumulated deprecia	ation -			- in in in it is a little
		(attach schedule)				
	12	investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and	ach schedule)	1	4 W a. TO 61 Y C. L.	Jamestica in the second
	•	equipment basis	44,913.	10 005		SATCH 1
1		(attach schedule)	ach schedule) $\begin{array}{cccccccccccccccccccccccccccccccccccc$	18,925.	3,954.	3,954
i	15	Other assets (describe	P)			
	16	•	completed by all filers - see the	ł .		
		instructions Also, see p	age 1, item l)	174,127.	427,030.	427,030
	17	Accounts payable and a	accrued expenses			And the second
ĺ	18			1		
8	19	Deferred revenue				ATCH 8
Liabilities	20		ors, trustees, and other disqualified persons		0.	ATCH 8
2	21		otes payable (attach schedule)	· · ·		(神学学院) かんさい
Ë	22		e >)	0.		
	22	Other habilities (describe				To Carry Later And Later A
	23	Total liabilities (odd line	on 47 through 22)	100,000.	0.	The state of the s
_	23		es 17 through 22)	100,000.	· · · · · · · · · · · · · · · · · · ·	自然是一种企业
			low SFAS 117, check here ▶			
_		and complete lines	24 through 26 and lines 30 and 31.			2000年1月20日
alances	24					1 () "
ם	25	Temporarily restricted .				
$\mathbf{\omega}$	26	Permanently restricted .				14 - CO 4
Fund			not follow SFAS 117,			
Ē			plete lines 27 through 31. X			
5	27		cipal, or current funds	0.	0.	
Net Assets or	28		r land, bldg , and equipment fund	0.	0.	
86	29		ulated income, endowment, or other funds	74,127.	427,030.	
Ą	30		fund balances (see page 17 of the		,	
ē	30		, , ,	74,127.	427,030.	
~					127,030.	
	31		t assets/fund balances (see page 17	174 107	407.000	
				174,127.	427,030.	L
_	art II		anges in Net Assets or Fund			, ,
1			alances at beginning of year - Part			
	end-	of-year figure reported	d on prior year's return)		1	74,127.
2		r amount from Part I,				352,903.
			ed in line 2 (itemize) ▶	• • • • • • • • • • • • • •	3	
		lines 1, 2, and 3				427,030.
_	Door	aaaaa aat inaliidad in	line 2 (domina) s		_	
6	Total	not accete or fund by	alances at end of year (line 4 minus	line 5) - Part II, column /h		427,030.
<u>~</u>	ivid	THE ASSERT OF THIRD DE	nances at enu or year time 4 minus	mie J) - Fart II, Willilli (t	o), line 30 6	127,030.

L	Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	d describe the kind(s) of property sold (e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
_	2-story b	P-Purchase D-Donation	(mo , day, yr)	(mo., day, yr.)		
18	SEE PART IV SCHE					
_1	b					
_	C					
_	d					
_6	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					
_1	b					
_	c					_
_	d					
_	•					
	Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69	(n	Gains (Col. (h) g	ain minus
	(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		(k), but not less t Losses (from co	than -0-) or
_	a					
_						
_	C					
_						
_						
			gain, also enter in Part I, line 7			
2	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		708,707.
3	Net short-term capital gain	or (loss) as defined in sections 12	,		~	
		line 8, column (c) (see pages 13				
		line 8		3		
	Part V Qualification l	Jnder Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
(1	or optional use by domestic	c private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me)	
lf	section 4940(d)(2) applies,	leave this part blank				
		the section 4942 tax on the distrib		ase perio	d?	Yes X No
lf_	"Yes," the foundation does	not qualify under section 4940(e).	Do not complete this part.			
1		ount in each column for each year	; see page 18 of the instructions be	efore mak	ing any entries	
	(a) Base penod years	(b)	(c)		(d) Distribution re	ntio.
_	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
	2009	1,790,894.	410,817.			4.359347
	2008	3,350,771.	508,470.			6.589909
	2007	5,523,775.	891,698.			6.194670
	2006	4,587,262.	718,522.			6.384303
	2005	3,219,699.	434,989.		****	7.401794
2	Total of line 1, column (d)			2	3	0.930023
3	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			•
	number of years the found	dation has been in existence if less	than 5 years	3		6.186005
	<u>-</u>		,			
4	Enter the net value of non	charitable-use assets for 2010 fro	m Part X. line 5	4		392,735.
						
5	Multiply line 4 by line 3	5	2.	429,461.		
•		• -				
6	Enter 1% of not investme	nt income (1% of Part I, line 27b)				6,985.
J	Enter 1/0 Or net investine	in moonie (1 % of Fait I, line 2/0)		6		0, 505.
-	Add lines 5 and 0				2	136 116
7	Add lines 5 and 6			7	۷,	436,446.
_				_	•	422 400
8	Enter qualifying distributio	ns from Part XII, line 4	- Ded 10 fee 45 1	8	1,	433,482.
	If line 8 is equal to or gree Part VI instructions on page		n γαπ vi, line 1b, and complete t	nat part	using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	structi	ons)
1a	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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		13,9	9 70.
	here and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		13,9) 70.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		13,9	9 70.
6	Credits/Payments	. *'	آچر خ ، -	
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 25,000.	44.	عوال محر الإنساس	٠, ١
	Exempt foreign organizations-tax withheld at source	ر وي ويماليا	Mar . Y	
	Tax paid with application for extension of time to file (Form 8868) 6c 0.	1 54	10 1 200	
	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		25,0	000.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		11,0)30.
11	Enter the amount of line 10 to be. Credited to 2011 estimated tax ▶ 100. Refunded ▶ 11		10,9	330.
Pai	t VII-A Statements Regarding Activities		,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	2.	Yes	
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		137	ÿ
	published or distributed by the foundation in connection with the activities	1	3.73	
C	Did the foundation file Form 1120-POL for this year?	1c	9.35	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			£ 4
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$	****	7.17	- :
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	- 7	1	f.,
	on foundation managers. \$	<u>=</u>	<u>. i </u>	- L
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2_		X
	If "Yes," attach a detailed description of the activities.		3 CA -	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		<u> </u>	
	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		, ^
_	If "Yes," attach the statement required by General Instruction T.	7.5		<u>*</u> ',
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	45	,,,,,	٠, ١
	By language in the governing instrument, or Production that office with a product the governing violation and the governing violations and the government of the governm		,	Ī .
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law complete in the conflict with the state law complete.		X	
7	conflict with the state law remain in the governing instrument?	_6 7	X	\vdash
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			<u> </u>
8 a	instructions) > CALIFORNIA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ρ _L	$\overline{\mathbf{x}}$	-~
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8 b		
3	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			1
	27)? If "Yes," complete Part XIV	9	,	х
40		-3-		_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		x
	names and addresses	- 0		

Par	(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 page 20 of the 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	X	
	Website address WWW.SAMUELI.ORG			
14	The backs are in case of MICHAEL SCHULMAN Telephone no. 949-760	2-43	00	
	Located at 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA ZIP+4 92625-	1941		
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			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	100	· ()	1, 10
	the name of the foreign country		ر بدر که حمک	
Par	t 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.	7: "=	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	1.3	in the	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	'	۰ ا	٠ .
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			. ,
	disqualified person?	١.	\ ; '	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No		`	٠,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			21.
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		-, 5	
	the benefit or use of a disqualified person)?Yes X No	-		.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	,	2.32	,_,,
	termination of government service, if terminating within 90 days) Yes X No	المنتور ا	200	3
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations	,	3.30	संदे
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	12.5		7.5%
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	2	E:	7.
	were not corrected before the first day of the tax year beginning in 2010?	1c	. E. ↔	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))			. 13
8	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and	7-10	1	
	6e, Part XIII) for tax year(s) beginning before 2010? Yes X No	7.00		45
	If "Yes," list the years	100		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1	36	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	'22	ويتخشفوا	£ 2
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b	. h	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	13.5		55.5
		1 1		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	1 3		, 5
		-	. '	-
b	olf "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	1. 5	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	1,24	10-365	· ·
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	34 36	3.
	foundation had excess business holdings in 2010)	3b	+	x
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	`.`.	1	х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	1	

•	•	•	•	_					
F	on	n	9	90.	P	F	(20	10)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	one. enter "NONE."
(a) Name and address of each person pard more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	1
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 of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
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 1 NONE	Amount
1 ROLL	
2	
<u> </u>	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

Pa	see page 24 of the instructions.)	ign foundation	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	200	
	purposes:	الواليعيلية	
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	398,716.
C	Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	398,716.
е			
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	398,716.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of	1 1	
	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	5,981.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	392,735.
6	Minimum investment return. Enter 5% of line 5	6	19,637.
Pa	To and do not complete this provided in the instructions of the instruction of		
1	Minimum investment return from Part X, line 6	1	19,637.
2a	Tax on investment income for 2010 from Part VI, line 5 2a 13, 970.	· 按容.	
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	13,970.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,667.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	5,667.
6	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	5,667.
Pa	Irt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,433,482.
b	Decrees related investments, Astal from Ded IV D	1b	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	0.5000	
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	4	1,433,482.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,433,482.
	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	culating whetl	ner the foundation

Form 990-PF (2010)

applied on line 5 or line 7 (see page 27 of the instructions)	Pa	Undistributed income (see pag	e 26 of the instruction	ens)		
2 Undistributed income if any, as of the end of 2910, a Enter amount for 2000 only . b Total for previous 20 08 20 07 20 06	1	Distributable amount for 2010 from Part XI,	_ ` '	, ,		1 ' '
a Enter amount for 2009 only Directly for price years 2 0 0 8 , 20 , 07 , 20 , 66 3 Excess distributions carryowr, if any, to 2010. a From 2006		line 7			North State Control	5,667.
Secure distributions carryever, if any, to 2010 a From 2005 b From 2006 c From 2007 5, 5, 523, 775. d From 2008 3, 350, 771. e From 2009 1, 790, 894 7 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4 ▶ 5 1, 433, 482. a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to 2010 distributions out of corpus (Election required - see page 25 of the instructions) C Treated as distributions out of corpus (Election required - see page 25 of the instructions) E Remaining amount distributed amount Remaining amount distributed out of corpus Enter the net total of each column (a), the same amount must be shown in column (a). Enter the net total of each column as indicated below: C Orpus. Add line 3f, 4c, and 4e Subtract line 5 Phory years' undistributed income Subtract line 4b from line 2b C Enter the amount of prior years' undistributed income for which a notice of deficiency has been jessed, or on which the section 4942(a) tax has been prevously assessed. 3 Subtract line 2a Taxable instructions Undistributed income for 2010 Subtract line 4b from line 2b C Indistributed mome for 2010 Subtract line 4a from line 2a Taxable instructions Undistributed mome for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed mome for 2010 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions Undistributed mome for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed mome for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed mome for 2010 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions Undistributed mome for 2010 Subtract lines 4d and 5 from line 6a 1.4 Analysis of he 9 Excess distributions carryover for 2005 in at applied on line 7 (see page 27 of the instructions) 1, 838,842. 1, 838,842.	2	Undistributed income, if any, as of the end of 2010.		2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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a From 2006	3		(المجاورة الآرية (2 2 41 2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4		75 ang
E From 2007	а	5	, , , , , ,	The same of the same of		- Tan 1983
d From 2008 3350,771 e From 2009 1,790,894 f Total of lines a through e 10,655,440. 4 Qualifying distributions for 2010 from Part XII, Inc 4 № \$ 1,433,482. a Applied to 2009, but not more than line 2a. b Applied to 2009, but not more than line 2a. c Applied to 2009 but not more than line 2a. d Applied to 2010 distributions out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed and and the corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributed out of corpus applied to 2010 (if an amount appears in column (a)). E Enter the net total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years undistributed income Subtract line 4a for mine 2b prior years undistributed income for which a notice of deficiency has been previously assessed. 4 Subtract line 6. from line 6b. Taxable amount - see page 27 of the instructions and the seed of the corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4492((g)) (see page 27 of the instructions). 4 Undistributed income for 2009 Subtract lines 4d and 5 from line 1 in amount must be distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions). 5 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions). 6 Excess from 2007 3, 380, 7711. 8 Excess from 2008 3, 330, 7711. 8 Excess from 2008 3, 330, 7711. 8 Excess from 2009 1, 7, 790, 894.	b			The second		
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instructions). 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions). 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2006 b Excess from 2007 c Excess from 2008 3,350,771 d Excess from 2009 1,790,894.						
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Subtract lines 7 and 8 from line 6a 10,254,413. 10 Analysis of line 9 a Excess from 2006 b Excess from 2007 3,684,933. c Excess from 2008 3,350,771. d Excess from 2009 1,790,894.						
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10 Analysis of line 9 a Excess from 2006 b Excess from 2007		Subtract lines 7 and 8 from line 6a	10,254,413.	* 1		
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c Excess from 2008 3,350,771. d Excess from 2009 1,790,894.	а		,			
d Excess from 2009 1,790,894.	b		1 .		٠ .	
	C			ļ		, ,
e Excess from 2010 1,427,815.	d			,	1.7	
	_е	Excess from 2010 1,427,815.				en e

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	<u>ırt VII-A, quest</u>	ion 9) NOT	APPLICABL				
1 a	If the foundation has	_		· · · · · · · · · · · · · · · · · · ·	ating						
	foundation, and the ruling is effective for 2010, enter the date of the ruling										
b	Check box to indicate wh	whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5									
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years							
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007		(e) Total				
	I or the minimum investment	t .									
	return from Part X for each year listed				i						
h	85% of line 2a										
-											
C	Qualifying distributions from Part XII, line 4 for each year listed										
d	Amounts included in line 2c not			-	1						
	used directly for active conduct			}	•						
_	of exempt activities		<u> </u>		1						
·	Qualifying distributions made directly for active conduct of				}						
	exempt activities Subtract line				}						
3	2d from Ime 2c Complete 3a, b, or c for the				 						
•	alternative test relied upon										
а	"Assets" alternative test - enter			1	:	-					
	(1) Value of all assets										
	(2) Value of assets qualifying under section]	İ					
	4942(j)(3)(B)(i)										
þ	"Endowment" alternative test-										
	enter 2/3 of minimum invest- ment return shown in Part X,					1					
	line 6 for each year listed										
C	"Support" alternative test - enter										
	(1) Total support other than										
	gross investment income (interest, dividends, rents,					-					
	payments on securities										
	ioans (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)		1								
	port from an exempt										
	organization (4) Gross investment income			 	 						
D.		ary Information (C	omplete this part	only if the found	ation had \$5	000 or me	oro in accote				
T C		during the year - se			auon nau 45	,,000 01 1110	ne ili assets				
1	Information Regardin										
' a	List any managers of			e than 2% of the tota	al contributions	received by t	he foundation				
•	before the close of any						ine roundation				
			•								
-	ATTACHM										
D	List any managers of ownership of a partner					equally large	portion of the				
	ownership of a partite	iship of other entity) o	i which the foundation	i nas a 10% or greater	r interest.						
	NONE										
2	Information Regardin	a Contribution Cross	Cift Loon Cabalana	nin eta Brassamar							
2		•		• • •							
	Check here ► X If 1	the foundation only	makes contributions	to preselected chara	table organiza	tions and doe	es not accept				
	unsolicited requests f	for funds. If the foun	dation makes gitts, (grants, etc (see page	e 28 of the in	structions) to	individuals or				
	organizations under of	mer conditions, comple	ete items za, b, c, and	<u> </u>							
а	The name, address, a	ind telephone number	of the person to who	n applications should b	e addressed						
b	The form in which app	lications should be su	bmitted and informati	on and materials they	should include:						
	Any submission deadle	ines:									
	-										
											
d	Any restrictions or li	imitations on awards	, such as by geogra	apnical areas, charita	abie tields, kind	as of institution	ons, or other				

Part XV Supplementary Information (3 Grants and Contributions Paid Duri	continued)	and for I	Tudama Damand	1430
Recipient	If recipient is an individual.			r
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 12				
ATTACHMENT 12				
		!	1	İ
		ľ		
			1	
			1	
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			ļ	
		}	İ	
		1		
Total			▶ 3a	1,070,944.
b Approved for future payment				
			•	
ATTACHMENT 13			1	
				1
		ŀ		
		}		
		 		
]		
	<u> </u>	<u> </u>		
Total	,		▶ 3b	119,195.

	Analysis of Income-Produ			1		(0)
Enter gross	amounts unless otherwise indicated.	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions.)
a						
ь				ļ <u>.</u>		
c	 :		_			
d						
е						
f						
g Fees	and contracts from government agencies					
2 Membe	rship dues and assessments			1		
	on savings and temporary cash investments			14	1,826.	-
	ds and interest from securities			14	24.	
	tal income or (loss) from real estate:	1 25	100年版的图片	126 94	with make my the section	(2) できばいる場合がといった。
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property		-			
	nvestment income					
	(loss) from sales of assets other than inventory	-		18	102.	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory.					
•	evenue a					
						
			•			
	Add columns (b), (d), and (e)	· · · · · · · · · · · · · · · · · · ·		4.00	1,952.	
42 Tatal A	add line 12, columns (b), (d), and (e)	14474				
(See works	heet in line 13 instructions on page 29 t	to verify calc	· · · · · · · · · · · · · · · · · · ·			
Part XV	-B Relationship of Activities Explain below how each activities					uted importantly to the
_	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purpose	es) (See page 29 of the
•	instructions)	•		,,	, , , , , ,	, (
1	NONE					
					· · · · · · · · · · · · · · · · · · ·	
					<u>-</u>	
						
	-	-				
		_				
					·-····································	
						
		-				
				-		

	XVII			ransfers To and	Fransact	tions a	nd Relation	onships With I	Vonc		table
		on 501(c) of the C	-	engage in any of the section 501(c)(3) orga	_		_		1, 1	Yes	
				oncharitable exempt organiz						ļ	- <u>-</u> -
									1a(1)		X
		ansactions	• • • • • • • •		• • • • •				1a(2)	١.,	, ,
			haritable exempt o	organization					1b(1)	1.4.	X
				exempt organization					1b(2)		х
				ets					1b(3)		X
									1b(4)		Х
											Х
				fundraising solicitations .							X
				ther assets, or paid employe							X
				Yes," complete the foll							
		• •		nces given by the repo	•						
(a) Lu		(b) Amount involved		gement, show in column noncharitable exempt organiza				ers, transactions, and sha			
		N/A				N/A					
									•		
								<u> </u>			
	_										
			ļ <u>-</u>	···							
											
		<u></u>									
	describe	ed in section 501(c) of	the Code (other t	ffiliated with, or related han section 501(c)(3)) or i			•	-		es [X No
	n res,	 complete the followin (a) Name of organizatio 		(b) Type of organ	uzation			c) Description of relations	ship		
							·				
	1			 							
Sign Here	belief	r penalties of perjury. I d , it is true, correct, and con	eclare that I Mave mplete Declaration	examined this return, including pf preparer (other than taxpay	ng accompar rer or fiduciar	nying sched ny) is based	on all informati	on of which preparer has	any kn	nowledg	ige and
	S	glature of officer or buste			Date *		▼ Titl	le			
		Print/Type preparer's	name	Preparer's signature	ci	18-	Date		PTIN		
Paid	!	DANTET D POT	מא	1-1-13		. –	11-10-	// Checkif	2001	570	05
Prep	oarer	DANIEL R. BOI		H & JENNINGS LLI	<u> </u>			self-employed Firm's EIN ▶ 33-0			
-	Only			ARMAN AVENUE, #1				Fums EIN ► 33-0		. 1. 1	
- "	•	1	RVINE, CA			926	12	Phone no 949-2	24-3	300	
										_	(2010)

Schedule B

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

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
THE SAMUELI FOUNDAT	ION	33-0758237
Organization type (check one):	00 0100201
Filers of:	Section:	
Form 000 or 000 F7	FOMOV Ventra rount of accordant	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7 instructions.	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rul	e and a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, one contributor. Complete Parts I and II	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 331/3 % su and 170(b)(1)(A)(vi), and received from any one contributor, during 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) F	the year, a contribution of the
the year, aggregate)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive contributions of more than \$1,000 for use exclusively for religious, es, or the prevention of cruelty to children or animals Complete Par	charitable, scientific, literary, or
the year, contribution aggregate to more to year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that receive ins for use exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributionally religious, charitable, etc., purpose Do not complete any of the prization because it received nonexclusively religious, charitable, etc.	nese contributions did not as that were received during the arts unless the General Rule , contributions of \$5,000 or more
=	is not covered by the General Rule and/or the Special Rules does	•
	st answer "No" on Part IV, line 2 of its Form 990, or check the box certify that it does not meet the filing requirements of Schedule B (F	
For Paperwork Reduction Act Notice	e, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

e	of	of Part I

<u>-</u>			 ·
Name of organization	THE SAMUELI	FOUNDATION	Employer identification number
			22 0250022

			33-0758237
Part I	Contributors (see instructions)		
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	HS MANAGEMENT, LP 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625	\$708,842.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_	HS MANAGEMENT, LP 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625	\$1,130,000.	Person X 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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization THE SAMUELI FOUNDATION

Employer identification number 33-0758237

Part	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	21,707 SHARES FAMILY DOLLAR STORES		
		\$\$	03/01/2010
(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
		_	

THE SAMUELI FOUNDATION
Description of Property

33-0758237

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated / depreciation	Accumulated Me-	Conv	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
PROXIMA ULTEA LGT	06/02/2000	.:	100.000			6,442.	6,442.		DB HY			5		
SOFTWARE-WEBSITE	01/11/2008	14,700.	100.001			14,700.	9,800.	14,700. SL		3.000				4,900
SOFTWARE-CRM	01/15/2008	10,800.	100.000			10,800.	6,300.	9,900. SL		3.000				3, 600
SOFTWARE-CRM	01/15/2008	5,400.	100.000			5,400.	3,150.	4,950. SL		3.000				1,800.
SOFTWARE-CRM	02/01/2008	5,400.	100.000			5,400.	3,150.	4,950. SI		3.000				1,800
SOFTWARE-CRM	09/26/2008	8,615.	8,615. 100.000			8,615.	3,590.	6,462. SL		3.000				2,872
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Less Retired Assets		6,442.				6, 442.	6,442.	-	,			 		
Subtotals	1	44,915.				44,915.	25,990.	40,962.	,		3			14,972.
Listed Property									-					
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	1								_]	<u> </u>	7		
Less Retired Assets								,	•		٠.	, L		
Subtotals									.? -	 - -		, l		
AMODITATION		44,915.				44,915.	25,990.	40,962.						14,972
	Date	Cost	2.1	Wash San a	1	Jed 1 St 1. 25 1 14 .		Ending	L	-				
Asset description	service	basis	4 4 4		Way.	で かん	amortization	Accumulated amortization Code	Je Life	<u>;</u>	.· .			amortization
			** *	: :	, , , , , , , , , , , , , , , , , , ,				-	; ' T	 	·, ·	- , l .	
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				¥.,	公康,	The second			_					
TOTAL														

*Assets Retired JSA 0x8024 1 000 FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<i>C#</i>	APITAL GAI	NS AND LU	SSES FUI	K IAX ON	INVEST	<u>N</u> E	NI INCOM	
Kınd of F	Property	NS AND LC	Desc	ription		or	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)	
		SEE STATEME PROPERTY TY				D	VARIOUS	VARIOUS
708,944.		237.			;	•	708,707.	
TOTAL GAIN(L	oss)		• • • • • • • • • • • • • • • • • • • •				708,707.	
	;							
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ISA						_		

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

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

Name	of estate or trust				Employer Identifi		number
T	THE SAMUELI FOUNDATION				33-07582	37	
Note	: Form 5227 filers need to complete only Pa						<u> </u>
Par	t I Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo , day, уг)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
							
					· · · · · · · · · · · · · · · · · · ·		
			·				
b	Enter the short-term gain or (loss), if any, t	rom Schedule D	-1, line 1b			1b	
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover Enter th Carryover Worksheet					4	()
5	Net short-term gain or (loss). Combine lin column (3) on the back	es 1a through 4	ın column (f)	Enter here and on line	e 13,	5	
Par	t Long-Term Capital Gains and Losse	s - Assets Held	More Than Or	пе Үеаг			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							,,,,,,
			<u> </u>				
b	Enter the long-term gain or (loss), if any, fi	rom Schedule D-	1, line 6b			6ь	708,707.
7	Long-term capital gain or (loss) from Forn	ns 2439, 4684, (6252, 6781, aı	nd 8824		7	
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
						1	
10	Gain from Form 4797, Part I					10	
10 11	Long-term capital loss carryover Enter the	e amount, if any	, from line 14 o	of the 2009 Capital Los	s	10	()
	Gain from Form 4797, Part I Long-term capital loss carryover Enter the Carryover Worksheet Net long-term gain or (loss). Combine line column (3) on the back	e amount, if any s 6a through 11	f, from line 14 of the column (f)	of the 2009 Capital Los	s e 14a,		708,707.

Schedule D	(Form	1041)	2010

Dags 2

001100	(cim / c / / 2 - / c				1 agc 2
Par	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
40	Caution: Read the instructions before completing this p		(see instr.)	or trust's	
13	Net short-term gain or (loss)	13		 	
14	Net long-term gain or (loss):	44-			708,707.
a		14a			700,707.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)				
	28% rate gain			 	708,707.
	total fiet gain or (loss). Combine lines 13 and 14a		T Part I line 40) ff lin	202 140 224 15 22	
	rt V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Pa				
	t IV Capital Loss Limitation				· · · · · · · · · · · · · · · · · · ·
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I li	ne 4c if a trust\ the s	maller of	
	, ,		•	L L	(
Note	The loss on line 15, column (3) or b \$3,000	1, lin	e 22 (or Form 990-T,	line 34), is a loss,	complete the Capital Loss
Carry	over Worksheet on page 7 of the instructions to figure your capital loss carryover.	<u>: </u>			
Par -	•				
	n 1041 filers. Complete this part only if both lines 14a and 15 in colur			mount is entered	In Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more tion: Skip this part and complete the worksheet on page 8 of the instruc				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	uons	"		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 14a and 15 are				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	t and	complete the worl	ksheet 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	4) .	17	٠,	
18	Enter the smaller of line 14a or 15 in column (2)			. بر د	
	but not less than zero	_		- jk	
19	Enter the estate's or trust's qualified dividends			3. E.	_
	from Form 1041, line 2b(2) (or enter the qualified		360 Ca		
	dividends included in income in Part I of Form 990-T) 19				<u>`</u>
20	Add lines 18 and 19				1
21	If the estate or trust is filing Form 4952, enter the		Mis.	16	
	amount from line 4g; otherwise, enter -0 ▶ 21		7.65		•
22	Subtract line 21 from line 20. If zero or less, enter -0		22		
23	Subtract line 22 from line 17. If zero or less, enter -0		23		
24	Enter the amelian of the amount on line 17 or \$2,200		24		
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.			#j#	
			25	, , , , , , , , , , , , , , , , , , ,	
26	No. Enter the amount from line 23 Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?		• • •		,
	Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or line	e 22	27		
		-	-	• •	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	-	
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			ind Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)				
	···				
32	Add lines 30 and 31				
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate	Sch	edule for Estates a	nd Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h	ere a	ind on Form 1041,	Schedule	
	G, line 1a (or Form 990-T, line 36)	<u> </u>	<u> </u>	34	

Name of estate or trust as shown on Form 1041 D THE SAMUELI FOUNDATION				Employer identif	
Part II Long-Term Capital Gains	and Losses - Asse	ts Held More Th	an One Year		
(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 pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a SEE STATEMENT A	VARIOUS	VARIOUS	708,944.	237.	708,707
			7.00,3110	237.	7007707
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		-	-		
					
6b Total. Combine the amounts in colu	ımn (f) Enter here a	nd on Schedule D	line 6h		708.707

Samueli Foundation Capital Gains 12/31/10

Ticker	Stock Name	Exchange Fund Distr	Date Acquired	Date Sold	# of Shares	Tax Cost Value	Proceeds	Tax Gain/Loss
FDO	Family Dollar Store	GS2000 orBelcrest	05/25/00	03/01/10	21,707	236.69	708,943.78	708,707 09
						\$ 07.760	\$ 700 042 70	700 042 70

STATEMENT/ELECTION TO TREAT PRIVATE FOUNDATION AS A "CONDUIT" FOUNDATION PURSUANT TO IRC §170(b)(1)(F)

The Samueli Foundation (33-0758237) Tax Year: 2010

Pursuant to IRC §170(b)(1)(F) and Reg. §1.170A-9(h)(2), the above referenced foundation hereby elects to be treated as a "conduit" foundation for the 2010 tax year. The following are distributions made out of corpus pursuant to IRC §4942(h):

Tax Year	Amount				
2007	<u>\$ 1,838,842.</u>				
Signed:	284		Date: x	j1/ ₁₄ /11	
Name and Title •	Michael Schulmon	Minter/CFO			

ELECTION TO TREAT UNUSED PRIOR YEAR CORPUS DISTRIBUTIONS AS CURRENT YEAR CORPUS DISTRIBUTIONS

The Samueli Foundation (33-0758237) Tax Year: 2010

Pursuant to Reg. 53.4942(a)-3(c)(2)(iv), the above referenced foundation hereby elects to treat, as a current distribution out of corpus, the following unused prior tax year's distributions that were treated as corpus distributions under Reg. 53.4942(a)-3(d)(1)(iii) in such prior tax year:

Tax Year Amount

2007 \$1,838,842.

Signed: ★ Date: ★ // / / / //

Name and Title . Mittel Scholage Director CFO

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NET INVESTMENT INCOME	1,826.	1,826.
REVENUE AND EXPENSES PER BOOKS	1,826.	1,826.
		TOTAL
DESCRIPTION	INTEREST	

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

REVENUE AND EXPENSES INVESTMENT PER BOOKS	24.	24.
		TOTAL
DESCRIPTION	DIVIDENDS	

1901.60

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	12,862. 6,675.	19,537.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	4,287.	6,512.
REVENUE AND EXPENSES PER BOOKS	17,149. 8,900.	26,049.
		TOTALS
DESCRIPTION	ACCOUNTING FEES TAX PREPARATION FEES	

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE	2,295.	2,295.
NET INVESTMENT INCOME	500.	500.
REVENUE AND EXPENSES PER BOOKS	2,295.	2,795.
		TOTALS
DESCRIPTION	CONSULTING FEES CUSTODIAL FEES	

ATTACHMENT 5

FORM 990PF, PART I - TAXES

CHARITABLE <u>PURPOSES</u>	170. 4,926. 10. 33. 0.
NET INVESTMENT INCOME	
REVENUE AND EXPENSES PER BOOKS	170. 4,926. 10. 33. 25,000.
	TOTALS
DESCRIPTION	TAXES & LICENSES PAYROLL TAXES STATE TAXES PROPERTY TAXES FEDERAL TAXES

9

FORM 990PF, PART I - OTHER EXPENSES

		CHARITABLE	PURPOSES	3,856.	1,030.	6,937.	44,972.	.0	5,274.	4,800.	913.	2,837.	2,939.	5,476.	79,034.
	NET	INVESTMENT	INCOME	.0	0.	٥.	0.	225.	0.	4,800.	.0	0.	0.	.0	5,025.
REVENUE	AND	EXPENSES	PER BOOKS	3,856.	1,030.	6,937.	44,972.	225.	5,274.	12,000.	913.	2,837.	2,939.	5,476.	86,459.
															TOTALS
			DESCRIPTION	OFFICE EXPENSES	OTHER ADMIN EXPENSES	AUTO EXPENSES	MEALS & ENTERTAINMENT	BANK CHARGES	TELEPHONE & INTERNET	MANAGEMENT FEES	TRAINING	INSURANCE	PAYROLL PROCESSING FEES	DUES & SUBSCRIPTIONS	

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ATTACHMENT 7

NGE		14,700.	9,900.	4,950.	4,950.	6,462.	962.
ENDING		14,	ģ	÷	Ť	9	40,962.
DISPOSALS	6,442.						
ADDITIONS		4,900.	3,600.	1,800.	1,800.	2,872.	
BEGINNING BALANCE	6,442.	9,800.	6,300.	3,150.	3,150.	3,590.	32,432.
ENDING BALANCE		14,700.	10,800.	5,400.	5,400.	8,615.	44,915.
DISPOSALS	6,442.						
ADDITIONS							
BEGINNING	6,442.	14,700.	10,800.	5,400.	5,400.	8, 615.	51.357.
METHOD/ CLASS	MS	SL	ЗГ	SL	SL	SI	
ASSET DESCRIPTION	PROXIMA ULTEA LGT	SOFTWARE-WEBSITE	SOFTWARE-CRM	SOFTWARE-CRM	SOFTWARE-CRM	SOFTWARE-CRM	TOTALS

0.

ATTACHMENT 8

FORM 990PF, PART II - LOANS FROM OFFICERS, DIRECTORS, ETC.

TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC.

LENDER: DUE TO SHILOH TRUST ORIGINAL AMOUNT: 100,000. DATE OF NOTE: 12/23/2009 MATURITY DATE: 12/22/2012 MATURITY DATE: 12/22/2012 REPAYMENT TERMS: OUTSTANDING PRINCIPAL SHALL BE PAID ON 12/22/12 SECURITY PROVIDED: NONE PURPOSE OF LOAN: FUND OPERATIONS DESCRIPTION AND FMV CASH OF CONSIDERATION: BEGINNING BALANCE DUE 100,000. ENDING BALANCE DUE TOTAL BEGINNING LOANS FROM OFFICERS, DIRECTORS, ETC. ____100,000.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
HENRY SAMUELI 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625-1941	SECRETARY 1.00	.0		·	
SUSAN SAMUELI 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625-1941	PRESIDENT 5.00	ò	.0	.0	
MICHAEL SCHULMAN 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625-1941	EXECUTIVE DIRECTOR 1.00		.0	• 0	
GERALD SOLOMON 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625-1941	EXECUTIVE DIRECTOR	79, 609.	2,462.	o	
	GRAND TOTALS	79,609.	2,462.	0	

PAID EMPLOYEES
GHEST
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OF THE F
COMPENSATION
VIII -
PART
990PF,

ATTACHMENT 10	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	0.
	COMPENSATION	60,751.	60,751.
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	EXECUTIVE ASSISTANT 40.00	TOTAL COMPENSATION
THE CONTINUE AND THE CONTINUE AND THE	NAME AND ADDRESS	MAGGIE SCHERER 2101 E. COAST HIGHWAY SUITE 300 CORONA DEL MAR, CA 92625-1941	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

HENRY SAMUELI SUSAN SAMUELI

THE SAMUELI FOUNDATION

FORM 990PF. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SEE ATTACHED STATEMENT	NONE PUBLIC CHARITY	GENERAL	1,070,944.

1.070.944. TOTAL CONTRIBUTIONS PAID

FORM 990-PF

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OF 2010

RECIPIENT NAME AND ADDRESS	RECIPIENT STATUS	PURPOSE OF GRANT	RECIPIENT RELATIONSHIP	AMOUNT
American Academy of Arts & Sciences	Public Charity	EDUCATION	None	5,000.00
136 Irving Street	<u> </u>	Annual Contribution		
Cambridge, MA 02138-1996			·	
Cambridge, Wik 02130 1330				
Anaheim Ducks Foundation	Public Charity	SOCIAL SVC	Related	121,144.98
2695 E. Katelia Ave		Program Support		
Anaheim, CA92806				
California State University of Fullerton	Public Charity	EDUCATION	None	50,000.00
2600 E. Nutwood Ave Suite 850		Program Support		
Fullerton, CA 92831		Scholarship Support		-
	241.61	200.0000000		
CASA	Public Charity	SOCIAL SERVICES	None	10,000.00
1615 E 17th Street, Suite 100		Program Support		
Santa Ana,CA 92705		Operating		
CHOC Foundation	Public Charity	HEALTH	None	50,000.00
1 Federation Way, Suite 200	1	CAM Program Support		
Irvine, CA 92603				
Coming Home Project	Public Charity	SOCIAL SERVICES	None	10,000.00
1801 Brush Street, Suite 213		Program Support		
San Francisco, CA 94109				
Eddie Nash Foundation	Public Charity	SOCIAL SERVICES	None	10,000.00
307 W. Taft Avenue		Program Support		
Orange, CA 92865				
Girls Incorporated of Orange County	Public Charity	SOCIAL SERVICES	None	10,000.00
1815 Anaheim Avenue		Program Support		
Costa Mesa, CA 92672				
Goals	Public Charity	SOCIAL SERVICES	None	10,000.00
1170 N La Palma Park		Program Support		
Anaheim, CA 92801				
Grantmakers in Health	Public Charity	HEALTH	None	20,000.00
1100 Connecticut Ave, Suite 1200		Program Support		
Washington DC, 20036				
Grantmakers for Education	Public Chanty	EDUCATION	None	10,200.00
720 SW Washington St., Suite 605		Program Support		
Portland, OR 97205		- - - - - - - - 	- -	
Groundwork Group of Orange County	Public Charity	SOCIAL SVC	None	25,000.00
1505 East 17th Street		Program Support		
Santa Ana, CA 92705				
<u> </u>	 			
Hands Together	Public Charity	SOCIAL SVC	None	28,000.00
201 Civic Center Drive		Program Support		
Santa Ana, CA 92701		Operating		
Hillel Council of UCLA	Public Chanty	RELIGIOUS	None	2,500.00
	, some chanty			2,500.00
574 Hilgard Avenue	1	EVENT SUPPORT	1	1

Human Options	Public Charity	SOCIAL SVC	None	30,000.00
P.O. Box 53745	7 donc criarry	Program Support	None	30,000.00
Irvine, CA 92619-3745		Operating		
		CPG-U-B		
Jefferson Myrna Brind Center	Public Charity	HEALTH	None	10,000.00
925 Chestnut Street		PROGRAM SUPPORT		,
Philadelphia, PA 19107				
Jewish Community Center of OC	Public Charity	RELIGIOUS	None	25,000.00
1 Federation Way, Suite 200		Annual		
Irvine, CA 92603		Operating Expenses		
				
Jewish Federation of OC	Public Charity	RELIGIOUS	None	65,000.00
1 Federation Way, Suite 210		Program/Event Support		
Irvine, CA 92603		Israel Expo		
		Birthright Rose Initiative		
		Rose initiative		
Kehilat Ra'anan for	Public Charity	RELIGIOUS	None	100,000.00
94 Pardes Mashutaf St.	T done charty	Operating Support	None	100,000.00
Ra'anana, Israel 43356		- Поражина в поражина в поражина в поражина в поражина в поражина в поражина в поражина в поражина в поражина в		
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Kidswork	Public Charity	SOCIAL SVC	None	50,000.00
1902 W. Chestnut Avenue		Program Support		
Santa Ana, CA 92703				
Marconi Foundation for Kids	Public Charity	SOCIAL SVC	None	4,503.00
1302 Industrial Drive		Event		
Tustin, CA 92780				
Music for a Cure	Public Charity	HEALTH	None	10,000.00
9140 Irvine Center Drive		Program Support		
Irvine, CA 92618				
Newport Sports Museum	Public Charity	SOCIAL SVC	None	10,000.00
100 Newport Center Drive, Suite 100		Program Support		
Newport Beach, CA 92660				
OS Redemiles Adv Santas	Dublio Chambi	ARTS		F0 000 00
OC Performing Arts Center Segerstrom Hall	Public Charity	Program Support	None	50,000.00
Costa Mesa, CA 92626		Samueli Theater		
COSTA TVICSA, CA 52020		Jamacii Fricatei		
Orange County Museum of Art	Public Charity	ARTS	None	5,000.00
850 San Clemente Drive		Program Support	1000	
Newport Beach, CA 92660				
				
OC HS of the Arts Foundation	Public Chanty	EDUCATION	None	10,000.00
3591 Cerritos Avenue		Program Support		
Los Alamitos, CA 90720				
People to People Internaitonal	Public Charity	SOCIAL SVC	None	5,000.00
1956 Ambassador Way		Program Support		
Spokane, WA 99224				
Project Hope	Public Charity	SOCIAL SVC	None	15,000.00
343 East Grove Ave.		Program Support		
Anaheim, CA 92802				
Share Our Salara	0.11.01		N	45.55
Share Our Selves	Public Charity	SOCIAL SVC	None	10,000.00
1550 Superior Ave		Project Support		
Costa Mesa, CA 92627	 			
Telluride Foundation	Public Charity	SOCIAL SVC	None	25,000.00
620 Mountain Village Blvd , Suite 28	i done charty	Project Support	1000	23,000.00
Telluride, CA 81435		.,		
Temple Beth El	Public Charity	RELIGIOUS	None	10,000.00

2A Uberty •		Operating Support		
Aliso Viejo				
CA				
92656-3372				
Teemu Selanne Youth Sports Foundation	Public Charity	SOCIAL SVC	None	15,000.00
22431 Antonio Parkway, Suite 8-160-800		Program Support		
Rancho Santa Margarita, CA 92688				
UCI Foundation	Public Charity	EDUCATION	None	100,500.00
4199 Campus Drive, Suite 402		Project Support		
Irvine, CA 92697				
UC Regents/Susan Samueli Ctr.	Public Charity	EDUCATION	None	5,000.00
UC Irvine College of Medicine	rubiic Citatity	Project Support SSCIM	None	3,000.00
1034 Hewitt Hali	<u> </u>	Troject Support SSCIVI		
Irvine, CA 92697				
UCLA Foundation	Public Charity	EDUCATION	None	18,000.00
Emily Lerner - Athletics Dept.	- Come Green	Project Support		15,000.00
P.O Box 24209		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Los Angeles, CA 90099-4214				
USA Hockey Foundation	Public Charity	SOCIAL SVC	None	1,000.00
1775 Bob Johnson Drive	T donc charty	Program Support	None	1,000.00
Colorado Springs, CO 80906		Membership		
Colorado Springs, CO 80900		Membership		
Volunteer Center Orange County	Public Charity	EDUCATION	None	75,000.00
1901 E. Fourth Street		Project Support		
Santa Ana, CA 92705				
Santa Ana School District	Public Chanty	SOCIAŁ SVC	None	60,095.56
1601 E Chestnut Ave		Sports Equipment		
Santa Ana,CA 92701				

1,070,943.54

33-0758237

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. 13			AMOUNT	119,195.
ATTACHMENT 13			PURPOSE OF GRANT OR CONTRIBUTION	GENERAL
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY
			RECIPIENT NAME AND ADDRESS	SEE ATTACHED STATEMENT

TOTAL CONTRIBUTIONS APPROVED 119,195.

THE SAMUELI FAMILY FOUNDATION						33-0758237
FORM 990-PF	2010 GRAN APPROVED	2010 GRANTS AND CONTRIBUTIONS PPROVED FOR FUTURE PAYMENT				•
RECIPIENT NAME AND ADDRESS	RECIPIENT	PURPOSE OF GRANT	Grant (GR) Pledge (PL)	RECIPIENT RELATIONSHIP	AMOUNT	Pledge Period
SIIB	Public Charity	Annual gift	GR	Related	100,000.00	2010
Anaheim Ducks Foundation 2695 E. Katella Ave Anaheim, CA92806	Public Charity	Equipment	GR	Related	6,695.00	2010
UCI Foundation 4199 Campus Drive, Suite 402 Irvine, CA 92697	Public Charity	Executive roundtable	GR	None	12,500.00	2010
					\$ 119,195.00	

45

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

ntemal Revenue	,	➤ File a :	separate ap	plication for each return.			
If you are t	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check this box			X
				sion, complete only Part II (on page			
	-	-		omatic 3-month extension on a pre-		•	3
Electronic fil	ing (o filo)	You can electronically file Form 9	BEB if you	u need a 3-month automatic extens	ion of tu	no to filo IS	months for
				omatic) 3-month extension of time.			
				d in Part I or Part II with the excep			
				Contracts, which must be sent to			
nstructions).	For more	details on the electronic filing of th	is form, vis	at www.irs.gov/efile and click on e-fi	le for Ch	arities & Non	profils. `
Part I Aut	omatic 3	-Month Extension of Time. On	y submit	original (no copies needed).	<u> </u>		
A corporation	required t	to file Form 990-T and requesting	an automa	itic 6-month extension - check this b	ox and c	omplete	
Part I only 🚬							▶ 🗌
All other corp	oorations (including 1120-C filers), partnershi	ps, REMIC	s, and trusts must use Form 7004 to	request a	n extension	of time
to file income			•		•		
Type or	Name of ex	kempt organization			Employe	r identification	number
print	THE SA	MUELI FOUNDATION			33	3-0758237	1
File by the	Number, st	reet, and room or suite no. If a P O. box	, see instruc	tions.	L		
due date for	2101 E	. COAST HIGHWAY, SUITE	300				
filing your		or post office, state, and ZIP code For		dress, see instructions			
retum See instru <i>c</i> tions.		DEL MAR, CA 92625-194		•			
							
Enter the Re	turn code i	for the return that this application i	s for (file a	separate application for each return	`		0 4
Line, the re	turii oodo i	or the reterm that the application i	3 101 (1110 0	separate application for each return	<i>,</i>		نىت.
Application			Return	Application			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-EZ			03	Form 4720			09
Form 990-PF		<u> </u>	04	Form 5227			10
		a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust otne	r than above)	06	Form 8870			12
		. MICHAEL COURT	7. \ 1				
 The books 	s are in the	care of ► MICHAEL SCHULM	AN				
-		049 760-4300	_				
		949 760-4300	_	AX No. ▶			
If the orga	inization de	oes not have an office or place of t	ousiness in	the United States, check this box			▶∟_
 If this is to 	r a Group	Return, enter the organization's for	ır digit Gro	oup Exemption Number (GEN)		If th	
				art of the group, check this box	>	and at	tach
		nd EINs of all members the extensi					
	st an autor			equired to file Form 990-T) extension			
until			exempt org	ganization return for the organization	n named	above. The e	extension is
		on's return for:					
		ear 20 <u>10</u> or					
▶	tax year b	eginning	, 20	, and ending		_, 20	
2 If the ta	ax year ent	ered in line 1 is for less than 12 m	onths, ched	ck reason: Initial return	Final ret	urn	
c	hange in a	ccounting period					
			0-T, 4720	, or 6069, enter the tentative tax	c, less a	ny	
nonrefu	ındable cre	edits. See instructions.				3a \$	25,000.
b If this	application	on is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable ci	redits ar	nd	
estimat	led tax pay	ments made. Include any prior yea	r overpayn	nent allowed as a credit		36 \$	25,000.
				ent with this form, if required, by us	sing EFTF		
		al Tax Payment System). See instru			•	3c \$	0.
Caution. If y	ou are go	ing to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	3453-EO		879-EO for
payment ins	tructions						

Form 8868 (F	Rev. 1-2011)		•		
• If you a	re filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II and che	eck this box	► X
	complete Part II if you have already been gra				
• If you a	re filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1).	•	
Part II	Additional (Not Automatic) 3-Month E			copies needed).	
Type or	Name of exempt organization		, , , , , , , , , , , , , , , , , , , ,	Employer identification	number
print	THE SAMUELI FOUNDATION			33-0758237	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions	30 0.0020.	
extended	2101 E. COAST HIGHWAY, SUITE				
due date for filing your	City, town or post office, state, and ZIP code For		dress see instructions		
return. See	CORONA DEL MAR, CA 92625-194	=	5.000, 000 mod 2000m		
instructions.	CONORNI BEE TERRY ON SECES 134				
Enter the I	Return code for the return that this application	ıs for (file a	a separate application for each return	1)	. 04
Applicatio	n	Return	Application		Return
ls For		Code	ls For		Code
Form 990		01	The state of the s	•	
Form 990-	BL	02	Form 1041-A	<u> </u>	08
Form 990-	EZ	03	Form 4720		09
Form 990-	PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					
Form 990-T (trust other than above) 06 Form 8870 12					
	not complete Part II if you were not already	granted an		a previously filed Form	
	oks are in the care of MICHAEL SCHULM				
	one No ▶ 949 760-4300		FAX No. ▶		
	ganization does not have an office or place of				
	for a Group Return, enter the organization's fo			If th	
	ole group, check this box				
	e names and EiNs of all members the extension		are or the group, chock this box	P and att	ucii a
	uest an additional 3-month extension of time u		11/15 .	20 11	
	calendar year 2010, or other tax year beginn		, 20 , and ending		20
	tax year entered in line 5 is for less than 12 m			Final return	
	Change in accounting period		ok rodoon.		
7 State	e in detail why you need the extension AN Ut	NAVOIDAE	BLE DELAY HAS BEEN EXPER	RIENCED IN	
	EMBLING THE ESSENTIAL DATA NECE				
	URN. THE TIME REQUESTED WILL H				
		_ _			
8a If thi	s application is for Form 990-BL, 990-PF, 99	90-T. 4720	or 6069, enter the tentative tax	x less any	
	efundable credits. See instructions.	.,	, at every enter the tentance to	- t I	25,000.
· · · · · · · · · · · · · · · · · · ·	is application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable of	15500	
	nated tax payments made. Include any pr				
	unt paid previously with Form 8868	,	respondent anomou as a cream	8b \$	25,000.
	nce Due. Subtract line 8b from line 8a. Include	VOUL DAVE	ent with this form if required by us		
	stronic Federal Tax Payment System) See instru		ione with this form, it required, by us	- 1 1	0.
			d Verification	8c \$	
Under penalt	es of perjury, I declare that I have examined this form,			to the best of my knowled	ge and belief,
	ect, and complete, and that I am authorized to prepare this fo		•	•	
	_			,	,
Signature >	Que Strage		Title ▶ <i>CPA</i>	Date ▶ 7// 8	12011
				Form 8868	(Rev 1-2011)
	1				