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## Form **990-PF**

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

FOR	alend	dar year 2010, or tax y	ear beginning		, and e	nding		
G	heck	all that apply:	Initial return	Initial return of a fo	-	charity	Final return	1
_			Amended return	Address chan	ge		Name change	<del></del>
Nar	ne of	foundation					A Employer identification	number
-		SHP FOUNT				T	91-2017312	<u> </u>
Nun	nber an	•	er if mail is not delivered to stree	*	000	Room/suite	B Telephone number	.00
-			OOD SHORES PA	ARKWAY, SUITE	200	1	650-344-15	
City	or to	wn, state, and ZIP code		) C F			C If exemption application is p	
L		REDWOOD C					D 1. Foreign organizations	s, check here
H (	_	type of organization:	X Section 501(c)(3) e		_4		Foreign organizations me check here and attach co	omputation
<u> </u>		ction 4947(a)(1) nonexe		Other taxable private foundating method: X Cash			E If private foundation sta	
		rket value of all assets a	·   —	other (specify)	Acci	ruai	under section 507(b)(1	. ,
	<i>0111 F</i> -\$	Part II, col (c), line 16,	32 565 (Part L coli	umn (d) must be on cash i	hasis )		F If the foundation is in a under section 507(b)(1)	
					F	waatmant		(d) Disbursements
		(The total of amounts in connecessarily equal the amo	and Expenses plumns (b), (c), and (d) may not punts in column (a) )	(a) Revenue and expenses per books		rvestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gra		483,319.			N/A	(Sasir Dasis Only)
	l		ation is not required to attach Sch. B	103/3131			14/11	
	ا م	Interest on savings and ten	•	14.		14.		STATEMENT 1
	l	Dividends and interest	from securities	178.		178.	,	STATEMENT 2
		Gross rents						
	ь	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale	of assets not on line 10	21,526.				
	ь	Gross sales price for all assets on line 6a	178,812.					
e ve	7 Capital gain net income (from Part IV, line 2)				2	1,526.	DECE	IVED
Œ	8	Net short-term capital (	gain				NEUL	IVED
		Income modifications						  3
	10a	Gross sales less returns and allowances					[현 AUG 1	6 2011 I입
	b	Less Cost of goods sold						اما
	C	Gross profit or (loss)					OCDE	NIT
	11	Other income					1 OODL	14, 01
	12_	Total. Add lines 1 thro	ugh 11	505,037.	2	1,718.	)	
		Compensation of officers, o		0.		0.		0.
		Other employee salarie	· ·					
g		Pension plans, employ	ee benefits					
enses		Legal fees	amvm 2	1 257				
9	D	Accounting fees	STMT 3	1,257.		0.	)	0.
Z∬1° ative E⊳		Other professional fees Interest	į					
AUG % & Zฏf and Administrative		Taxes						
e it		Depreciation and deple	tion			<del></del>		<del> </del>
<u>~</u>		Occupancy	uon					
₽ ₽		Travel, conferences, an	nd meetings					
뒫힐		Printing and publication	=					
<u> </u>		Other expenses	STMT 4	445.		0.		0.
ئارة atin	24	Total operating and ac						† <del></del>
Operating		expenses. Add lines 13		1,702.		0.	.]	0.
₹ŏ	25	Contributions, gifts, gra	-	339,745.				339,745.
Č		Total expenses and di	•			<del></del>		
,	1	Add lines 24 and 25		341,447.		0.		339,745.
		Subtract line 26 from li	ne 12:					
		Excess of revenue over exp		163,590.				
	Ь	Net investment incom	e (if negative, enter -0-)		2	1,718.	,	
	С	Adjusted net income @	f negative, enter -0-)				N/A	

Fo	m 99	0-PF (2010) SHP FOUNDATION		91-2	2017312 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
드	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-unterest-bearing	6,035.	7,268.	7,268.
	2	Savings and temporary cash investments	31,763.	118,609.	118,609.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
	ŀ	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ŕ	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	11,982.	87,493.	106,688.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶	. ]		
		Less accumulated depreciation			
	15	Other assets (describe ► )			
				=	
	16	Total assets (to be completed by all filers)	49,780.	213,370.	232,565.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ģ	19	Deferred revenue		, , = ==	
ı≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
=	22	Other liabilities (describe  )			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	49,780.	213,370.	
Net Assets or Fund Balances	25	Temporarily restricted		,	
Bal	26	Permanently restricted		_	
pu		Foundations that do not follow SFAS 117, check here			
ŕ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
det	30	Total net assets or fund balances	49,780.	213,370.	
_					
	31	Total liabilities and net assets/fund balances	49,780.	213,370.	
F	art				
<u> </u>	Total	net assets or fund balances at beginning of year - Part II, column (a), line			
•		st agree with end-of-year figure reported on prior year's return)		1	49,780.
2	•	amount from Part I, line 27a		2	163,590.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	213,370.

5 Decreases not included in line 2 (itemize) ►

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

Form 990-PF (2010) SHP FOUNDATION

Part IV   Capital Gains and L	osses for Tax on In	vestment	Income					<u> </u>	
	kind(s) of property sold (e.g. ; or common stock, 200 shs			I, b.	łow ac - Purcl - Dona	nase i	c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a 177 SH AMGEN INC						P (	06/1	7/03	07/16/10
b 7301 SH EAST WEST				<u> </u>				<u>5/10</u>	10/22/10
c 2699 SH EAST WEST	BANCORP					P(	08/2	5/10	10/25/10
<u>d</u>									
<u>e</u>	Degrapher allowed	(a) Caa	t or other book	<del>∐</del> Т		l.	/b) C	ain or (loss	
(e) di oss sales price	Depreciation allowed (or allowable)		t or other basis xpense of sale					(f) minus	(g)
a 9,198.			11,98						-2,784.
b 123,741.			106,06			<del> </del>			<u> 17,677.</u>
<u>c</u> 45,873.			39,24	.0.					6,633.
<u>d</u>		<u> </u>							
Complete only for assets showing gain i	n column (h) and owned by t	the foundation	on 12/31/69			//\	Gains (C	ol. (h) gaın	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (1), if any		còl. (k		(k), but r	not less tha (from col. (	n -0-) <b>or</b>
a	"								-2,784.
b	<del></del>								17,677.
С									6,633.
d									· · · · · · · · · · · · · · · · · · ·
e						· · · · · · · · · · · · · · · · · · ·			
2 Capital gain net income or (net capital los	(s) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$			}	2				21,526.
3 Net short-term capital gain or (loss) as de	efined in sections 1222(5) an	nd (6):							
If gain, also enter in Part I, line 8, column	(c).			<b> </b>				3T / 7	
If (loss), enter -0- in Part I, line 8  Part V Qualification Under	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inco	me	N/A	·
(For optional use by domestic private foundation									
(i or optional use by domestic private rounds	mons subject to the section -	1010(a) tax on	net investment in	1001110	,- <i>)</i>				
If section 4940(d)(2) applies, leave this part	blank.								
Was the foundation liable for the section 494	2 tax on the distributable am	nount of any ye	ear in the base per	rıod?					Yes X No
If "Yes," the foundation does not qualify under									
1 Enter the appropriate amount in each co		uctions before	making any entri				T		(d)
Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nebar	utable-	use assets		Distril	oution ratio (ided by col. (c))
Calendar year (or tax year beginning in) 2009	<del></del>	8,511.	7101 74140 01 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4,144		(cor. (b) un	6.399690
2008		8,464.				6,493			7.630614
2007		5,120.				8,590			5.282097
2006	- i ·	5,670.				0,406			2.880772
2005		0,828.				2,379			1.868790
									•
2 Total of line 1, column (d)							2		24.061963
3 Average distribution ratio for the 5-year t	ase period - divide the total (	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existence if le	ss than 5 years						3		4.812393
4. F-AthAbttt		h <b>5</b>							176 700
4 Enter the net value of noncharitable-use	assets for 2010 from Part X,	line 5					4		176,798.
5 Multiply line 4 by line 3							5		850,821.
о мишру ше ч ру ше о									030,021.
6 Enter 1% of net investment income (1%	of Part I, line 27b)						6		217.
7 Add lines 5 and 6							7		851,038.
8 Enter qualifying distributions from Part X	II, line 4						8		339,745.
If line 8 is equal to or greater than line 7, See the Part VI instructions.	check the box in Part VI, line	t 1b, and comp	lete that part usin	ng a 19	% tax ı	rate.			

	1990-PF (2010) SHP FOUNDATION	7-1	40.4	10/1-1	1040/-	4	91-	<u> 201/</u>	<u> </u>		age 4
	rt VI Excise Tax Based on Investment Income (Section 4940				<del>194</del> 0(e	), or 4	948	- see II	nstru	Ctior	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here  and ent				Ì	)					
	Date of ruling or determination letter: (attach copy of letter if nece									_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and	enter 19	6	•	1			4	<u>34.</u>
	of Part I, line 27b										
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% $^{\circ}$	of Par	t I, II	ne 12, co	ol. (b).      .	)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	iers ei	nter -	-0-)			2				<u>0.</u>
3	Add lines 1 and 2						3			4	<u>34.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers e	nter	-0-)			4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5			4	3 <b>4.</b>
6	Credits/Payments:										
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a									
b	Exempt foreign organizations - tax withheld at source	6b						İ			
C	Tax paid with application for extension of time to file (Form 8868)	6c						i			
d	Backup withholding erroneously withheld	6d									
7	Total credits and payments. Add lines 6a through 6d						7_				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed					8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					<b>&gt;</b>	9			4	<del>34.</del>
10						•	10				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax				Refun	ded 🖊	11				
	rt VII-A Statements Regarding Activities										
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation (	or dic	d it partic	ipate or i	ntervene	ın			Yes	No
	any political campaign?								1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (se	е іпѕ	structions	s for defir	ution)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and						d or				
	distributed by the foundation in connection with the activities			•	•						
C	Did the foundation file Form 1120-POL for this year?								1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:									
•	(1) On the foundation. > \$ 0. (2) On foundation managers.		3			0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit						•				
·	managers. ►\$ 0.			,		•					
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?							2		Х
-	If "Yes," attach a detailed description of the activities.										
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strum	nent.	articles	of incorp	oration, i	or				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		,				•		3		x
4 9	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?						N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							-,	5		x
Ü	If "Yes," attach the statement required by General Instruction T.										
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:									
Ū	By language in the governing instrument, or										
	By state legislation that effectively amends the governing instrument so that no mandatory	direc	tions	s that cou	iflict with	the state	a law				
	remain in the governing instrument?	400		,a. 00.					6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?								7	X	
′	If "Yes," complete Part II, col. (c), and Part XV.								<b>–</b>	47	
0-	the Yes, "Complete Part II, Col. (c), and Part XV.  Enter the states to which the foundation reports or with which it is registered (see instruction).	ne) 🕨	•								
08	CA	13/	_								
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torna	, Gar	neral /or	decionate	١)		<del></del>			
		rorney	y uti	וטן ומו נטו	ucəiyiidli	,			0.	х	
_	of each state as required by General Instruction G? If "No," attach explanation	ation 4	1040	(1)(O)	4040/-\/5	\ for col-	ndo-		8b	Λ	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec				434Z(J)(3	) IUI Cale	iludi		_		v
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co								9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				10		Λ					

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Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>X</u>
	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?	-	12		<u>X</u>
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	Ĺ	13	X	
	Website address ► N/A	/ CEO \ .		4 -	
	The books are in care of THE SHP FOUNDATION  Telephone no.			-15	00_
		IP+4 <b>▶</b> 940	702		
	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	45 1	NT.	/A	
	and enter the amount of tax-exempt interest received or accrued during the year  At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	19		Yes	No
	securities, or other financial account in a foreign country?	1	16	103	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	-	10 [		
	the foreign country				
	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			!	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
	During the year did the foundation (either directly or indirectly):	Ì			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		X No			
		X No		i	
		X No	- 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	. ,	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	X No			
L		LAL NO			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	1b		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here		וטו		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2010?		1c		x
	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)):				
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1		
	before 2010?	X No	1		
	If "Yes," list the years ▶				
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
_	P. H. C. Li, J. H. W. 1997 J. L.				
за	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	X No			
L	• •	ן אויבב			
U	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 disp	nee			
	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,	V36			
	Form 4720, to determine if the foundation had excess business holdings in 2010)	N/A	3b		
	1 Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th	ıat İ			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b		_X_
		Form	990	-PF(	

Form 990-PF (2010) SHP FOUNDATION			<u>91-20173</u>	12	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be P	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		_			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Y6	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			-
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			
expenditure responsibility for the grant?		/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945				1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				1	
a personal benefit contract?	, p. 0		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6ь	x
If "Yes" to 6b, file Form 8870.	organia Banant dantiaat.		<u> -</u>	<del></del>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Information About Officers Directors Truck		nagers Highly		70	
Part VIII Paid Employees, and Contractors	ees, i oundation ma	magers, mgm	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acc	) Expense ount, other lowances
SUSANNA PAU		RECTOR	compensation	u	OHAIICCS
203 REDWOOD SHORES PARKWAY, SUITE 200		RECTOR			
REDWOOD CITY, CA 94065	10.00	0.	0.		0.
-		<del></del>		<del> </del>	<u> </u>
	CEO, DIRECTOR				
•		_			^
REDWOOD CITY, CA 94065	0.00	0.	0.	$\vdash$	0.
<u> </u>				}	
				<del> </del>	
		1	L	<u> </u>	<del></del>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1 6	· Cypanaa
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	) Expense ount, other
	devoted to position	(0, 100)	compensation	al	lowances
NONE				1	
				<u> </u>	
	<del>-</del> -				- <del>-</del>
				<u> </u>	
Total number of other employees paid over \$50,000		•	<b></b>		0
			Form	990-	<b>PF</b> (2010)
					, ,

Form 990-PF (2010) SHP_FOUNDATION 91	1-201731	2 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c)	Compensation
NONE		
	<u> </u>	
	-	
Total number of others receiving over \$50,000 for professional services	<b>▶</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Evn	enses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	LAP	
1 N/A		
2	_	
	_	
3		
4		
Dort IV B Comment of December Deleted Investment		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		ount
	AIII	ount
1 N/A	$\dashv$	
	$\dashv$	
•		
2		
	$\dashv$	
All other program-related investments. See instructions.		
3	—	
	—	
Total. Add lines 1 through 3	<b>—</b>	0.

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	97,652.
	Average of monthly cash balances	1b	81,838.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	179,490.
	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	179,490.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,692.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	176,798.
6	Minimum investment return Enter 5% of line 5	6	8,840.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	8,840.
2a	Tax on investment income for 2010 from Part VI, line 5		•
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	434.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,406.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,406.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,406.
P	art XII Qualifying Distributions (see 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	339,745.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	339,745.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	339,745.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	e section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI,				
line 7				8,406.
2 Undistributed income, if any, as of the end of 2010		·		
a Enter amount for 2009 only			0.	<u></u>
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 331,753.				
<b>b</b> From 2006 369,218.				
c From 2007 411,194.				
d From 2008 276,639.				
e From 2009 217,152.	4 605 056			
f Total of lines 3a through e	1,605,956.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 339,745.			_	
a Applied to 2009, but not more than line 2a		·····	0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			0 106
d Applied to 2010 distributable amount	331,339.	<del>.</del> -		8,406.
e Remaining amount distributed out of corpus	331,339.			0.
Excess distributions carryover applied to 2010     (If an amount appears in column (d), the same amount must be shown in column (a) )				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,937,295.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		· · · · · · · · · · · · · · · · · · ·		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	331,753.	<del></del>		
9 Excess distributions carryover to 2011.	4 60			
Subtract lines 7 and 8 from line 6a	1,605,542.		_	
10 Analysis of line 9:				
a Excess from 2006 369, 218.				
b Excess from 2007 411,194.				
c Excess from 2008 276,639.				
d Excess from 2009 217, 152.				
e Excess from 2010 331,339.			L	Form 000 DE (0010)

Part XIV Private Operating Form			Λ		)17312 Page 10
	· · - · -		-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	· ·	=	▶ ∟_		
<b>b</b> Check box to indicate whether the found		ing foundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 2000	Prior 3 years	(4) 2007	(a) Tatal
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	<u> </u>				
<b>b</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 of					
exempt activities			-		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by t	he foundation before the clo	ose of any tax
year (but only if they have contributed n	iore than \$5,000). (See	section 507(d)(2).)			
SEE STATEMENT 6					
<b>b</b> List any managers of the foundation wh			(or an equally large po	rtion of the ownership of a p	partnership or
other entity) of which the foundation has	s a 10% or greater intere	esl			
NONE					
2 Information Regarding Contributi		• • • • • • • • • • • • • • • • • • • •	_		
	•	•	•	s not accept unsolicited req	
the foundation makes gifts, grants, etc.	•			Complete items 2a, 0, c, an	iu u.
a The name, address, and telephone num	per of the person to who	om applications should be	addressed:		
CDD CONTROLONO 7					
SEE STATEMENT 7					
<b>b</b> The form in which applications should be	e submitted and informa	ation and materials they s	noula include:		
c Any submission deadlines:	-		<del></del>		
d Any restrictions or limitations on awards	s, such as by geographi	cal areas, charitable fields,	kınds of institutions, o	or other factors:	<del> </del>

orm 990-PF (2010) SHP FOUNDAT Part XV Supplementary Information	ION On (continued)		91-201	7312 Page 11
Grants and Contributions Paid During the		Pavment		<del></del>
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
			1	1
				-
SEE STATEMENT 8				
Total		L	<b>▶</b> 3a	339,745
<b>b</b> Approved for future payment				
NONE				
			<u> </u>	
Total			► 3h	n

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

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		by section 512, 513, or 514	(e)		
1 Program`service revenue:	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
a				-			
b	_						
	l I	·					
d		_			<del></del>		
e					<del></del>		
		·					
g Fees and contracts from government agencies	<u> </u>						
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	14.			
4 Dividends and interest from securities		~ <del>~~~~</del>	14	178.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			18	21,526.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory			1				
11 Other revenue:							
			1 1	1			
a b			<del>  </del>				
	1 1		<del> </del>				
<u> </u>	, ,						
d	_				<u></u>		
e	-	0		21 710			
12 Subtotal. Add columns (b), (d), and (e)	11	0.	)	21,718.			
13 Total. Add line 12, columns (b), (d), and (e)				13	21,718		
(See worksheet in line 13 instructions to verify calculations	.)						
Part XVI-B Relationship of Activitie	s to the Acco	mplishment of E	xempt F	Purposes			
					<del></del>		
Line No. Explain below how each activity for which is			A contribute	ed importantly to the accomp	plishment of		
the foundation's exempt purposes (other the	nan by providing fur	nds for such purposes).					
		· · · · ·					
· · · · · · · · · · · · · · · · · · ·							
	<del></del>						
<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·			
				<del></del>	<del> </del>		
		· · · · · · · · · · · · · · · · · · ·		<del></del>			

Part >				and Transactions a	and Rela	tionships With Noncha	ritable		<u>igo 10</u>
1 Did	the organization directly or indir		of the following	a with any other organizati	on describei	t in section 501(c) of	1	Yes	No
	Code (other than section 501(c)					3 III 30011011 30 1(0) 01			110
	sfers from the reporting founda								ĺ
	Cash						1a(1)		X
(2)	Other assets						1a(2)		Х
<b>b</b> Oth	er transactions:								1
(1)	Sales of assets to a noncharita	ble exempt organizat	tion				1b(1)	ļ <u>.</u>	X
(2)	Purchases of assets from a no	ncharitable exempt o	organization				1b(2)		X
	Rental of facilities, equipment,						1b(3)		X
٠,	Reimbursement arrangements						1b(4)		X
	Loans or loan guarantees						1b(5)		X
	Performance of services or me						1b(6)		X
	ring of facilities, equipment, ma				wave chow	the fair market value of the goods,	1c	L	
or s	ervices given by the reporting fo	oundation. If the four	ndation receive	• •		insaction or sharing arrangement,		5615,	
COIL (a) Line no	mn (d) the value of the goods, (b) Amount involved	· · · · · · · · · · · · · · · · · · ·		exempt organization	(d) =		-t		
a) Line no	(b) Amount involved	(c) Name of		exempt organization	(0)	escription of transfers, transactions, and	sharing a	rangeme	ints
-			N/A						
							-		
		<del>                                     </del>			_				
				*					
			-						
		<del>                                     </del>			<del> </del>	<u>.</u>			
2a le ti	l ne foundation directly or indirec	thy affiliated with or	related to one	or more tay-evennt organ	Izatione dec	cribed			
	ection 501(c) of the Code (other	•	· ·		izations ues		Yes	X	ON [
<b>b</b> If "Y	es," complete the following sch			L	1				
	(a) Name of org	janization		(b) Type of organization	ļ	(c) Description of relations	hip		
	N/A	<u>.</u>							
		<del></del>							
		<del></del>			<del>                                     </del>				
					<del> </del>				
						and to the best of my knowledge and be	lief, it is ti	ие, сопте	ect,
Sign	and complete Declaration of prepa	arer (other than taxpayer	or fiduciary) is ba	ased on all information of which	preparer has	any knowledge			
Here	- Jusan	agran	$\sqrt{}$	811	<u> </u>				
	Signature of officer or tru	ustee /		Date		Title			
	Print/Type preparer's na	ame V	Preparer's si	ionature /	Date	Check If PTIN			
			YAZ	4 1/x/	811	self- employed			
Paid	JOHN SLATE		<u> </u>	May	V'O	<u>'[                                    </u>			
Prepa Use C		TER MOFFA	T ÁSSO	CIATES, LLP		Firm's EIN ►			
	Firm's address ▶ 67	95 N. PAI	M AVE.	, SUITE 108				-	
	<b>.</b>		93704			Phone no. 559-	<u>437</u> -	070	0
								_==	

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

**Employer identification number** 

2010

SHP FOUNDATION 91-2017312 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

lame of or	ganization		Employer identification number
SHP F	OUNDATION		91-2017312
Part I	. Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons Type of contribution
1	PETER & SUSANNA PAU  203 REDWOOD SHORES PARKWAY, SUITE 200  REDWOOD CITY, CA 94065	\$\$3.33	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions 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 contribut	(d) ions 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 contribut	(d) ions 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 contribut	(d) ions 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 contribut	(d) ions 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)

Schedule B	(Form 990.	990-F7	or 990-PF	(2010)

٥.	ae.	

f Part II

Name of organization

Employer identification number

## SHP FOUNDATION

91-2017312

(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	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
		<b></b> \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<del> </del>		

	rm 990, 990-EZ, or 990-PF) (2010)		Page of of Part III					
Name of org	anization		Employer identification number					
CHD EC	UNDATION		91-2017312					
Part III	Exclusively religious, charitable, etc., in	e columns (a) through (e) and the four, charitable, etc., contributions	501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing of					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
, 4,7,7								
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
			Traditional per definition to definition to					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
- July		-						
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTEREST ON SAVI	NGS AND TE	EMPORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE `				-	AMOUNT	
						3. 1. 10.
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	COLUMN A			<del></del>	14.
FORM 990-PF DIVIDEND	S AND INTE	EREST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROS	SS AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	)
MERRILL LYNCH		178.		0.	1	78.
TOTAL TO FM 990-PF, PART I, L	N 4	178.		0.	1	78.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	1,257	7.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	1,257	7.	0.			0.
FORM 990-PF	OTHER	EXPENSES		-	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS					
TAXES, LICENSES, AND FEES BANK FEES	256 189		0.			0.
TO FORM 990-PF, PG 1, LN 23	445	5.	0.			0.

91-2017312

FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION	В	OOK VALUE	FAIR MARKET	r
AMGEN INC COM BLACKROCK GLOBAL TRANSOCEAN LTD CITIGROUP INC		0. 28,878. 9,070. 49,545.	30,8° 11,99 63,89	56.
TOTAL TO FORM 990-PF, PART II, I	LINE 10B	87,493.	106,68	88.
	RT XV - LINE 1A FOUNDATION MANAGERS		STATEMENT	6

NAME OF MANAGER

SUSANNA PAU PETER PAU SHP FOUNDATION

91-2017312

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 7 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SUSANNA PAU C/O THE SHP FOUNDATION 203 REDWOOD SHORES PARKWAY, SUITE 200 REDWOOD CITY, CA 94065

TELEPHONE NUMBER

(650) 344-1500

FORM AND CONTENT OF APPLICATIONS

ANY FORM IS ACCEPTABLE. INFORMATION SHOULD INCLUDE NAME, ADDRESS, PHONE NUMBER AND EIN NUMBER OF CHARITY. SHP FOUNDATION'S YEAR END IS DECEMBER 31ST. REQUESTS SHOULD BE MADE WITH CONSIDERATION OF THIS DATE. REQUESTS MADE TOO LATE IN THE YEAR WILL BE CONSIDERED FOR THE FOLLOWING YEAR.

ANY SUBMISSION DEADLINES

DECEMBER 31.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE.

FORM 990-PF

STATEMENT

PAID DURING THE YEAR						
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT			
	NONE CHARITY	PUBLIC	500.			
BAY AREA COMMUNITY SERVICES P.O. BOX 2269 SAN JOSE, CA 94621		PUBLIC	2,000.			
BAY AREA COMMUNITY SERVICES P.O. BOX 2269 OAKLAND, CA 94621		PUBLIC	-2,000.			
CHINESE CHRISTIAN MISSION 2625 MIRANDA AVE ALAMO, CA 94507-1423	NONE CHARITY	PUBLIC	66,270.			
CHINESE CHRISTIAN TESTIMONY MINISTRY P.O. BOX 292 ALHAMBRA, CA 91801	NONE CHARITY	PUBLIC	5,000.			
CITY TEAM MINISTRATION 164 6TH STREET SAN FRANCISCO, CA 941032827	NONE CHARITY	PUBLIC	2,000.			
FAITH BIBLE COLLEGE P.O. BOX 36442 KAMPALA	NONE VOIDED CK FROM PRIOR YEAR	PUBLIC	-500.			
GO INTERNATIONAL 411 AIRPORT BLVD. BURLINGAME, CA 94010	NONE CHARITY	PUBLIC	25,000.			

GRANTS AND CONTRIBUTIONS

SHP FOUNDATION			91-2017312
JOYFUL NOISE EXPRESS PMB-332, 2226A WESTBOROUGH BLVD. SAN FRANCISCO, CA 940805405	NONE CHARITY	PUBLIC	15,000.
POPS FOUNDATION 3536 ARDEN RD. HAYWARD, CA 94545	NONE CHARITY	PUBLIC	1,000.
SAMARITAN HOUSE 1515 S. CLAREMONT ST. SAN MATEO, CA 944022120	NONE CHARITY	PUBLIC	2,000.
SELF HELP FOR THE ELDERLY 50 E. 5TH AVE. SAN MATEO, CA 94401	NONE CHARITY	PUBLIC	1,000.
SHOWERS OF BLESSING EVANGELISTIC MINISTRY 3536 ARDEN RD. HAYWARD, CA 94545	NONE CHARITY	PUBLIC	96,473.
THE MEDIA EVANGELISM ASSOCIATION 1613 S. MAIN STREET #105 MILPITAS, CA 95035	NONE CHARITY	PUBLIC	4,500.
TIEN DAO CHRISTIAN MEDIA 10883-B S. BIANEY AVE. CUPERTINO, CA 95014	NONE CHARITY	PUBLIC	5,700.
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	NONE CHARITY	PUBLIC	3,760.
WORLDWIDE BYBLE SOCIETY 10883-B S. BIANEY AVE. CUPERTINO, CA 95014	NONE CHARITY	PUBLIC	20,100.
AMERICAN CANCER SOCIETY P.O. BOX 22718 OKLAHOMA CITY, OK 73123-1718	NONE CHARITY	PUBLIC	2,000.

SHP FOUNDATION			91-2017312
YMCA 20803 ALVES DR. CUPERTINO, CA 95014	NONE CHARITY	PUBLIC	1,000.
KESED SEMINARS, INC. DBA BWGI MINISTRIES P.O. BOX 5246 PLEASANTON, CA 94566	NONE CHARITY	PUBLIC	4,400.
NAM KUE CHINESE SCHOOL 755 SACRAMENTO ST SAN FRANCISCO, CA 94108	NONE CHARITY	PUBLIC	500.
CATHOLIC MINISTRY TO DEAF PEOPLE, INC UNIT G, 15 C. SALVADOR ST, BARANGAY LOYOLA HEIGHTS QUEZON CITY, PHILIPPINES, PHILIPPINES 1108	NONE CHARITY	PUBLIC	700.
ULERANE CHURCH P.O. BOX 496 WHEATON, IL 60187	NONE CHARITY	PUBLIC	1,000.
CHINESE CHRISTIAN HERALD CRUSADES 523 8TH STREET OAKLAND, CA 94133	NONE CHARITY	PUBLIC	80,000.
CUMBERLAND COLLEGE 6191 COLLEGE DRIVE WILLIAMSBURG, KY 40769-1372	NONE CHARITY	PUBLIC	1,000.
SF FOOD BANK 900 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94107	NONE CHARITY	PUBLIC	500.
THE SMILE TRAIN 245 5TH AVE., SUITE 2201 NEW YORK, NY 10016	NONE CHARITY	PUBLIC	500.
CENTRAL PENINSULA CHURCH 1005 SHELL BOULEVARD FOSTER CITY, CA 94404	NONE		342.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	<del>-</del>	339,745.

### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

OMB No. 1545-1709

. **X** 

Form 8868 (Rev. 1-2011)

Electronic filing (e-fie), You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 9901 for an additional (for automatic) 3-month setsions of time to file any of the forms listed in Part I or Part II with the exception of Form 9870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the III Sin pager formatt (see instructions). For more details on the electronic filing of this form, visit awar visit government of the Form 990 T and requesting an automatic 3-month extension - check this box and complete.    Part I	Do not o	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fil	ed For	rm 8868.	
of time to the any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms (see instructions). For more details on the electronic filing of this form, west wave is govietile and click on e-file for Chembes 3 Monprofits.    Part I	Electror	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	file (6	months for a corpo	ration
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic fling of this form, vent www.rs. gov/efile and clock on e-rife for Chartes & Nonprofits.    Part I   Institute   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   A corporation required to file Form 990T and requesting an automatic 6-month extension - check this box and complete Part I only   All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.   Type or print   SHP FOUNDATION   Partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.   SHP FOUNDATION   Partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file in the return of the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time to file in the return of time time the return of time time time time application is for (file a separate application for each return)   ① 4	required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file Fe	orm 88	368 to request an ex	tension
Vest www.rs.gov/effice and click one-fide for Charless & Nonproffs.	of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Tran	sfers /	Associated With Cert	taın
Part	Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on th	ne elec	tronic filing of this fo	orm,
Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only Part I on	visit www	v irs gov/efile and click on e-file for Chanties & Nonprofits					
Part Ionly  Af other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne fair returns.  Type or Name of swempt organization  Type or Name of swempt organization  SHP FOUNDATTON  File by the file state of the file of th	Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed)			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or print  SHP FOUNDATION  SHP FOUNDATION  SHP FOUNDATION  SHP FOUNDATION  SHP FOUNDATION  SHP FOUNDATION  SHORES PARKWAY, SUITE 200  Within See  Within See  REDWOOD CITY, CA 94065  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return  Application  Return  Application  Return  Ser  Application  Return  Ser  Application  Return  Ser  Application  Ser  Ser  Application  Ser  A	A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and com	plete		
Type or print SHP FOUNDATION 91-2017312  SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP FOUNDATION 90-10-2017312  SHP SHP SHP SHP SHP SHP SHP SHP SHP SHP	Part I on	ly	_			<b>&gt;</b>	
Prince   Prince		, , ,	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
SHP POUNDATION   SHP POUNDATION   SHP POUNDATION   Number, steet, and room or sute no. If a P.O. box, see instructions.   203 REDWOOD SHORES PARKWAY, SUITE 200	Type or	Name of exempt organization			Emp	loyer identification	number
Power   Pow	print	print					
Clay Compose   Cla	File by the				9	1-2017312	
Testing the Return code for the return that this application is for (file a separate application for each return)    Code	due date fo	1					
Enter the Return code for the return that this application is for (file a separate application for each return)    Application		203 REDWOOD SHORES PARKWAY	, SUI'	re 200			
Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Beturn  Gode  Return  Gode  Form 990  O1 Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (separation)	instructions		reign add	ress, see instructions.			
Return   September   Return   Return   September   Return   September   Return   September   Return   September		REDWOOD CITY, CA 94065					
Return   September   Return   Return   September   Return   September   Return   September   Return   September							
S For	Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0   4
S For			<u> </u>				
Form 990 BL	Applica	ion	Return	Application			Return
Form 990-BL    O2	Is For		Code	Is For			Code
Form 990-EZ  Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  THE SHP FOUNDATION - 203 REDWOOD SHORES PARKWAY, SUITE  THE SHP FOUNDATION - 203 REDWOOD SHORES PARKWAY, SUITE  The books are in the care of ▶ 200 - REDWOOD CITY, CA 94065  Telephone No. ▶ (650) 344-1500  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 a Group Return, enter the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011  I to file the exempt organization return for the organization named above. The extension is for the organization's return for.  I all this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  3a \$ 0.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  The Balance due. Subtract line 3b from line 3a. Include your payment allowed as a credit  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	Form 99	0	01	Form 990-T (corporation)			07
Form 990-PF	Form 990-BL 02 Form 1041-A				08		
Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  THE SHP FOUNDATION - 203 REDWOOD SHORES PARKWAY, SUITE  The books are in the care of ▶ 200 - REDWOOD CITY, CA 94065  Telephone No. ▶ (650) 344-1500  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 a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for  1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011  To file the exempt organization return for the organization named above. The extension is for the organization's return for.  ▼※※ calendar year 2010 or  □ □ tax year beginning  The state year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return  □ Change in accounting penod  3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  3a \$ 0.  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  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.	Form 99	0-EZ	03	Form 4720		<del>.</del>	09
THE SHP FOUNDATION - 203 REDWOOD SHORES PARKWAY, SUITE  The books are in the care of  200 - REDWOOD CITY, CA 94065  Telephone No.  (650) 344-1500 FAX No FAIL TELEPHONE No. FAIL TELEPHONE NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE SHE YEAR NO. FOR THE SHE YEAR YOU AND THE SHE YEAR NO. FOR THE SHE YEAR NO. FOR THE SHE YEAR YOU AND THE SHE YEAR NO. FOR THE SHE YEAR NO. FOR THE SHE YEAR YOU AND THE SHE YEAR NO. FOR THE SHE YEAR YOU AND THE SHE YEAR YOU AND THE YEAR YOU AN	Form 99	0-PF	04	Form 5227			10
THE SHP FOUNDATION - 203 REDWOOD SHORES PARKWAY, SUITE  The books are in the care of ▶ 200 - REDWOOD CITY, CA 94065 Telephone No. ▶ (650) 344-1500 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.  ▼	Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
The books are in the care of ▶ 200 - REDWOOD CITY, CA 94065 Telephone No.▶ (650) 344-1500 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EiNs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.  ▼X calendar year 2010 or  ▼ tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  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  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.	Form 99	0-T (trust other than above)	06	Form 8870			12
Telephone No. ▶ (650) 344-1500 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for I required an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.  If the tax year beginning , and ending  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting penod  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 0.  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 3b \$ 0.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.		THE SHP FOUNDAT	rion -	- 203 REDWOOD SHORES	PA	RKWAY, SUI	TE
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For Paperwork Reduction Act Notice, see Instructions.