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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

	יטו נ	satenual year 2012 of tax year beginning		, and ending		
_	Nan	ne of foundation			A Employer identification	number
	E	GG FOUNDATION			20-8090285	
-		nber and street (or P O box number if mail is not delivered to street a	nddress)	Room/suite	B Telephone number	
	1		•	71007193810	(415) 680-	1230
-	City	or town, state, and ZIP code			C if exemption application is p	
		AN FRANCISCO, CA 94129				
- 7	3 C	heck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		,	
_		Address change	Name change		Foreign organizations me check here and attach co	ering the 85% test, emputation
ı	1 0	theck type of organization: X Section 501(c)(3) exe	The second secon		E If private foundation sta	tus was terminated
_	<u></u>		Other taxable private founda		under section 507(b)(1)	(A), check here
		ur market value of all assets at end of year J Accountin	•	Accrual	F If the foundation is in a	
	-		ner (specify)	haara l	under section 507(b)(1)	(B), check here
г	Da	TELL Analysis of Revenue and Expenses		·		(d) Disbursements
L	Pa	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
-		1 Contributions, gifts, grants, etc., received	1,005,100.	· · · · · · · · · · · · · · · · · · ·	N/A	(casii basis only)
		2 Check If the foundation is not required to attach Sch. B	1,003,100.		14,21	
		3 Interest on savings and temporary cash investments	48.	48.		STATEMENT 1
		4 Dividends and interest from securities	1,751.	1,751.		STATEMENT 2
		5a Gross rents	•	•		
		b Net rental income or (loss)				
	ø.	62 Net gain or (loss) from sale of assets not on line 10	68,698.		RECEI	/FA I
	ne E	b Gross sales price for all assets on line 6a 320,740.				
	Revenue	7 Capital gain net income (from Part IV, line 2)		68,698.	Nov o 5	2012 18
	•	8 Net short-term capital gain	,		IS NOV 2 3	1/0!
		9 Income modifications Gross sales less returns				
2013		10a and allowances			H OGDEN	I. UT -
70		b Less Cost of goods sold c Gross profit or (loss)			<u> </u>	
~ ~		11 Other income	-843,460.	-14,764.		STATEMENT 3
		12 Total. Add lines 1 through 11	232,137.	55,733.		
NOV		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
		14 Other employee salaries and wages	51,161.	0.		51,161.
NNED		15 Pension plans, employee benefits	36,704.	0.		36,704.
Ž.	enses	16a Legal fees STMT 4	4,994.	0.		4,994.
Z	per	b Accounting fees			<u> </u>	
SCA	Exp	c Other professional fees				
G	tive	17 Interest				
	stra	18 Taxes			·	
	Ë	19 Depreciation and depletion 20 Occupancy				
	P	20 Occupancy 21 Travel, conferences, and meetings	5,532.	0.		5,532.
) pu	22 Printing and publications	50.	0.		50.
	ga	23 Other expenses STMT 5	9,624.	14,448.		9,211.
	Operating and Administrative	24 Total operating and administrative				, <u>, , , , , , , , , , , , , , , , , , </u>
	pera	expenses. Add lines 13 through 23	108,065.	14,448.		107,652.
	ō	25 Contributions, gifts, grants paid	657,157.			657,157.
		26 Total expenses and disbursements.				
_		Add lines 24 and 25	765,222.	14,448.		764,809.
		27 Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	-533,085.	14 00-		
		b Net investment income (if negative, enter -0-)		41,285.	37/3	
7	235	C Adjusted net income (if negative, enter -0-) 0-12 LHA For Paperwork Reduction Act Notice, see i	noteueties -	<u> </u>	N/A	Form 990-PF (2012)
	2-05	5-12 LHA For Paperwork Reduction Act Notice, see i	แรน ขอน ขติ 8.			rum 350-rr (2012)

2012.05000 EGG FOUNDATION

20-8090285 EGG FOUNDATION Form 990-PF (2012) Page 2 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 307,598. 310,797. 310,797. 2 Savings and temporary cash investments 1,000,795. 3 Accounts receivable ▶ 100. 1,000,795. 1,000,795. Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 16,365,297. 20,677,063. 20,677,063. STMT 7 13 Investments - other 15,465 14 Land, buildings, and equipment basis 1,718. 15,465. 13,747. Less accumulated depreciation STMT 8 13,747. 15 Other assets (describe ▶ 16,688,460. 22,002,402. 22,002,402. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 7,525 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 16,680,935 22,002,402 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 16,680,935. 22,002,402 Total net assets or fund balances 16,688,460. 22,002,402

Part III Analysis of Changes in Net Assets or Fund Balances

31 Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	16,680,935.
2	Enter amount from Part I, line 27a	2	-533,085.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENT	3	5,854,552.
4	Add lines 1, 2, and 3	4	22,002,402.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	22,002,402.

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Part IV C	apital Gains	and Lo	sses for Tax on In	vestment	Income						
	2-story brick wa	arehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	. MLC Co.)		I ` P	low ac - Purch - Dona	nàse I	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a 4,000	SHS OF S	ANDR:	IDGE PERMIAN	TR - 1	PUBLICLY						
	PARTNER	SHIP							VARI		12/31/12
c 1,250		ARGE'							VARI		06/04/12
			ADVERTISING						VARI		12/17/12
e 4,500	SHS OF T	HE C	HARLES SCHWA	B CORP		<u> </u>		P	VARI		12/31/12
(e) Gross	sales price	(f) l	Depreciation allowed (or allowable)		t or other basis opense of sale					in or (loss (f) minus	
8											48 481
b	87,622.				70,44						17,174.
C	71,413.				60,42						10,987.
d	100,670.				60,90						39,769.
<u>e</u>	61,035.	L		h - 4 d-4	60,26	· / •			0 (0	1.41	768.
Complete on	y for assets showing		column (h) and owned by t							ol. (h) gain iot less tha	
(i) F.M.V. as	s of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					(from col.	
<u>a</u>						\dashv					19 194
b											17,174.
<u> </u>											10,987. 39,769.
<u>d</u>											768.
_ e		L				$\overline{}$					700.
2 Capital gain ne	et income or (net ca	apıtal loss	If gain, also enter $\left\{ \begin{array}{l} \text{If gain, also enter} \\ \text{If (loss), enter -0}. \end{array} \right.$	in Part I, line - in Part I, line	7 7	}	2				68,698.
3 Net short-term	n capital gain or (lo	ss) as def	ined in sections 1222(5) an	d (6):		ιl					
	nter in Part I, line 8,					١I				/-	
If (loss), enter	-0- in Part I, line 8	1 C	Section 4940(e) for	Dodinos	Tay on Not		3			N/A	<u> </u>
Was the foundate	lation does not qua	tion 4942 lify under	tax on the distributable am section 4940(e). Do not co mn for each year, see the ii	mplete this pa	rt						Yes X No
	(a)	-	(b)		,	(c)				D 4	(d) bution ratio
	e periód years (or tax year beginni	ına ın)	Adjusted qualifying dis	tributions	Net value of no			use assets		DISTRI (col. (b) di	bution ratio vided by col. (c))
	2011		64	9,822.		16	,46	0,014	•		.039479
	2010			6,511.		18	,19	4,071	•		.053122
	2009		89	2,828.				4,841			.047707
	2008		44	2,020.				7,035			.037501
	2007			3,863.			<u>,01</u>	1,959	•		.000551
2 Total of line 1		-							2		.178360
=	bution ratio for the has been in existe		se period - divide the total (s than 5 years	on line 2 by 5,	or by the number	r of ye	ears		3		.035672
4 Enter the net v	value of noncharita	ble-use as	sets for 2012 from Part X,	line 5					4	1	8,575,568.
		2,0 200 20	,						5		662,628.
5 Multiply line 4	•				-						
6 Enter 1% of n	et investment incoi	me (1% of	f Part I, line 27b)		-	•			6		413.
7 Add lines 5 ar	nd 6							-	7		663,041.
	ng distributions fro		, line 4 heck the box in Part VI, line	th, and come	lete that nart usin	າດ ຂ 1	% tax	rate.	8		764,809.
See the Part \				, 2 00/11							Form QQQ_DE (2012)

	990-PF (2012) EGG FOUNDATION		80902			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see in	stru	ctio	ns)
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 letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			4	<u>13.</u>
	of Part I, line 27b	İ				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ			<u> 0.</u>
-	Add lines 1 and 2	3			4	<u> 13.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	_			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ			13.
	Credits/Payments: 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 4 , 136 .					
		4			,	
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 40,000	- 1				
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d 6d	┨				
	Total credits and payments. Add lines 6a through 6d	٦,	-	4.	4 1	36.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	Ì		<u> </u>	50.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>	4	3,7	23.
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	11	 			23.
	rt 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 participate or intervent	e in		Í	Yes	No
	any political campaign?		ſ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 publish	ed or	Γ			
	distributed by the foundation in connection with the activities.		[.			
C	Did the foundation file Form 1120-POL for this year?		L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ	1		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.	<u>, </u>	ŀ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ŀ			•
	managers. ► \$ 0.		- [.			_ <u></u>
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		F	2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		3	•	х
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 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		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	`'	5		X
•	If "Yes," attach the statement required by General Instruction T			<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		İ			
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.	e law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		Γ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				۶.	
	CA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		1	8b	<u> </u>	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar		:		
46	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		<u> </u>	9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		-	10	DF.	(2012)
			rorm	33U		(2012)

Part X	Minimum Investment Return (All domestic foundations	must complete this part. Forei	gn foundatio	ons, see instructions.)
1 Fair n	narket value of assets not used (or held for use) directly in carrying out charital	ole, etc., purposes:		
a Avera	ge monthly fair market value of securities		1a	162,599.
b Avera	ge of monthly cash balances		1b	180,692.
c Fair n	narket value of all other assets		1c	18,515,154.
d Total	(add lines 1a, b, and c)		1d	18,858,445.
e Redu	ction claimed for blockage or other factors reported on lines 1a and			
1c (at	ttach detailed explanation)	1e ·	0.	
2 Acqu	isition indebtedness applicable to line 1 assets		2	0.
3 Subtr	act line 2 from line 1d		3	18,858,445.
4 Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amour	t, see instructions)	4	282,877.
5 Net v	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4	5	18,575,568.
6 Minis	mum investment return. Enter 5% of line 5		6	928,778.
Part X	Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this par		tions and cert	ain
1 Minin	num investment return from Part X, line 6	•	1	928,778.
2a Tax o	n investment income for 2012 from Part VI, line 5	2a 4	13.	
b Incor	ne tax for 2012. (This does not include the tax from Part VI.)	2b		
c Add I	ines 2a and 2b		2c	413.
3 Distri	butable amount before adjustments. Subtract line 2c from line 1		3	928,365.
4 Reco	veries of amounts treated as qualifying distributions		4	0.
5 Add 1	ines 3 and 4		5	928,365.
6 Dedu	ction from distributable amount (see instructions)		6	0.
7 Distr	ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	t XIII, line 1	7	928,365.
	Qualifying Distributions (see instructions) unts paid (including administrative expenses) to accomplish charitable, etc., pu	rooce.	· ·	1
	nnes pard (including administrative expenses) to accomplish charitable, etc., ponses, contributions, gifts, etc total from Part I, column (d), line 26	puses.	 1a	764,809.
-	ram-related investments - total from Part IX-B		15	0.
•	unts paid to acquire assets used (or held for use) directly in carrying out charit	able etc. nurnoses	2	
	unts set aside for specific charitable projects that satisfy the:	able, cic., purposes	<u>⊢</u>	
	bility test (prior IRS approval required)		3a	
	distribution test (attach the required schedule)		3b	
	ifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,	and Part XIII line 4	4	764,809.
	dations that qualify under section 4940(e) for the reduced rate of tax on net inv		- - -	,01,003.
	ne. Enter 1% of Part I, line 27b	voundit	5	413.
	sted qualifying distributions. Subtract line 5 from line 4	•	6	764,396.
•	. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether the four	ــــا	<u> </u>
HOLE	4940(e) reduction of tax in those years.	whom calculating whether the loui	iodilori qualific	JO TO: THE BOOKEN

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2012 from Part XI, International Control of Contro			(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
line 7 Londerminated account, if eny, set of the end of 2012 Either amount for 2011 only Total for prior years. O. Excess destributions carryover, if any, to 2012; a From 2009 From 2009 From 2009 From 2010 From 2010 From 2011 Total of lines Sit through is O. Authority destributions for 2012 from Part XII, line 4; he 5 76.4, 80.9 Applied to 2011, but not more than the 2a Applied to undestributed mome of prior years (Election required - see instructions) Cifection required - see instructions O. Cifection required - see instructions O. Cifection required - see instructions O. Cifection required - see instructions Cifection required - see instructions O. Compared to the set of the see instructions O. Compared to the set of the see instructions O. Compared to the set of the see instructions O. Cifection required - see instructions O. Compared to the set of the see instructions O. Compared to the set of the see instructions O. Compared to the set of the see instructions O. Compared to the see instructions O. Compared to the see instructions O. Compared to the see instructions O. Compare	1	Distributable amount for 2012 from Part XI.			· · · · · · · · · · · · · · · · · · ·	
2 Undershould receive. A erry, use of the end of 2012 Enter amount for 2011 only b Total for prior years. 3 Excess desholutions carryover, if any, to 2012: a From 2007 b From 2008		· ·				928,365.
3 Excess distributions carryover, if any, to 2012 afrom 2007 From 2008 From 2009 From 2010 From 2011 Total of lines 38 through e 4 Qualifying distributions for 2012 from Part XII, Inte 4; Interest 1	2	•				
3 Excess distributions carryover, if any, to 2012 afrom 2007 From 2008 From 2009 From 2010 From 2011 Total of lines 38 through e 4 Qualifying distributions for 2012 from Part XII, Inte 4; Interest 1	ε	Enter amount for 2011 only			644,649.	
3 Excess distributions carryover, if any, to 2012: a From 2007 b From 2008 c From 2010 c From 2010 c From 2011 c Total of lines 33 through e 4 Qualifying distributions for 2012 from Applied to 2012, but not more than line 2a b Applied to undestributed income of prior years ((Exclorin enguine) - see instructions) c I Treated as distributions out of corpus (Election required - see instructions) d Applied to 2012 distributiable amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2012 distributiable amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2012 distributiable amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2012 distributiable amount o . 6 Enter the net state of seech column as a indicated below: must be shown in column (a). 6 Enter the net state of seech column as a indicated below: must be shown in column (a). 6 Enter the net state of seech column as a indicated below: must be shown in column and the section of 49(a) take shown environments before the section of 49(a) take shown environments 7 O. 8 Excess distributed income for 2011. Subtract line 4 from line 23. Tasable amount - see instructions of undistributed income for 2012. Subtract lines 44 and 67 from line 1. This amount must be distributed in 2013 8 Excess from line 1. This amount must be distributed in 2013 O. Almounts treated as distributions curryover from 2007 on applied on line 5 or line 7 9 Excess distributions carryover from 2007 on applied on line 5 or line 7 9 Excess from 2010 6 Excess from 2010 6 Excess from 2010 6 Excess from 2010 6 Excess from 2010 6 Excess from 2012		· · · · · · · · · · · · · · · · · · ·				
a From 2007 b From 2008 c From 2009 d From 2010 e From 2010 e From 2010 e From 2011 1 Total of lines 3s through e 0 . 4 Coulining distributions for 2012 from Part XII, line 4: ▶ \$ 76.4, 80.9 Part XII, line 4: ▶ \$ 76.4, 80.9 Part XII, line 4: ▶ \$ 76.4, 80.9 Part XII, line 4: ▶ \$ 76.4, 80.9 Part XII, line 4: ▶ \$ 76.4, 80.9 Part XII, line 4: ▶ \$ 76.4, 80.9 Part XIII, line 4: ▶ \$ 76.4, 80.9 Part XIII, line 4: ▶ \$ 76.4, 80.9 Part XIII, line 4: ▶ \$ 76.4, 80.9 Part XIII but not more than line 2a D Applied to undistributed income of prior years (Election required - see instructions) 0 . 1 created as distributions out of corpus (Election required - see instructions) 0 . 2 created and selection surpow explosite amount eRemaining amount distributed out of corpus 0 . 2 create distributions curryow explosite out 2012 Iff an inmoint exploses incoloring (0, the same embusion manulate to exhore in coloring) 8 Enter the net total of each column as indicated below. Intelligent the coloring in color		, ,		0.		
From 2008 From 2010 From 2010 From 2010 From 2010 From 2011 Total of lines 3s through	3	Excess distributions carryover, if any, to 2012:				
From 2010 dirtom 2010 error 2011 I Total to fines 3s throughe 1 Aughled to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2012 distributions out of corpus (Election required - see instructions) 0. 4Applied to 2012 distributions amount eRemaining amount distributed out of corpus 5 assess distributions carryover applied to 2012 must be shown column (a) 6 Enter the net total of each column as indicated below: Corpus Add lines 31, 4c, and 4c Subtract line 3 Drivor years' undistributed anome. Subtract line 4b from line 2b C. Enter the amount of prior years' undistributed anome for which a notice of deficiency has been assued, or on which assessed of the section 442(2) tax has been provincisty assessed anoment - see instructions 0. 4. Undistributed noceme for 2011. Subtract line 4a from line 6b. Taxable amount - see instructions 0. 4. Undistributed noceme for 2011. Subtract line 4a from line 2b. Taxable amount - see instructions 0. 4. Undistributed noceme for 2011. Subtract line 4a from line 2b. Taxable amount - see instructions 0. 4. On the section 442(1) (a) 0. 6. Excess from line 2b. Taxable amount - see instructions 0. 4. On the section 45(1) (a) 0. 6. Excess from 1010 (b) 0. 6. Excess from 2010 (c) 0. 6. Excess from 2010 (c) 0. 6. Excess from 2010 (c) 0. 6. Excess from 2011 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess from 2012 (c) 0. 6. Excess fro	ě	a From 2007				
dFrom 2010 eFrom 2011 Total of lines Sa through e 0.4 Qualifying distributions for 2012 from Part XII, first 4; 1 hr 8; 764, 809. Applied to 2011, but not more than line 2a Applied to 2011, but not more than line 2a Applied to 2015 that more than line 2a Applied to 2015 that the structions of Irretale as distributions out of corpus (Election required - see instructions) 4Applied to 2012 distributable amount effective of the structions of	ı	From 2008	•			
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4 Qualifying distributions for 2012 from Part XI, line 4: ▶ \$ 764,809. 4 Applied to July 1, but not more than line 2a 4 Applied to undistributed income of prior years (Election required - see instructions) 4 Capplied to 2012 distributable amount • Remaining amount distributed out of corpus 6 Exercise distributions carryover applied to 2012 5 Exercise distributions carryover applied to 2012 0 . 6 Enter the net total of each column as indicated below: a Corpus Addiness 34.c. and 4e Subbact line 5 b Prior 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 reviews which the section 494(2) tax has been previously assessed 4 Subtract line 6c from line 6b. Taxable amount - see instructions • Undistributed income for 2011. Subtract line 4a from line 2. Taxable amount - see instructions • Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income 7 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be set of 2015. 9 Excess from line 1. This amount must be distributed income for 2012. Subtract lines 4 from line 2. Taxable amount - see instructions 0 . 10 Analysis of line 9: 12 Excess from 2009 13 Excess from 2010 14 Excess from 2012	•	e From 2011				
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section 170(b)(1)(F) or 4942(g)(3) 8	7	Amounts treated as distributions out of			·	
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2008 b Excess from 2009 c Excess from 2010 d Excess from 2011 e Excess from 2012		corpus to satisfy requirements imposed by	_			
not applied on line 5 or line 7 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2008 b Excess from 2010 c Excess from 2010 d Excess from 2011 e Excess from 2012		section 170(b)(1)(F) or 4942(g)(3)	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	8	Excess distributions carryover from 2007	_			
Subtract lines 7 and 8 from line 6a		• • • • • • • • • • • • • • • • • • • •	0.			
a Excess from 2008	9	Excess distributions carryover to 2013.	_			
a Excess from 2008 b Excess from 2009 c Excess from 2010 d Excess from 2011 e Excess from 2012			0.			
b Excess from 2009 c Excess from 2010 d Excess from 2011 e Excess from 2012	10	Analysis of line 9:				
c Excess from 2010 d Excess from 2011 e Excess from 2012						
d Excess from 2011 e Excess from 2012		b Excess from 2009				
e Excess from 2012						
		e Excess from 2012				5 000 DE :

223601 12-05-12

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC CHARITY GENERAL SUPPORT AFRICAN LEADERSHIP FOUNDATION P.O. BOX 7408 9,550. NEW YORK, NY 10150-7408 BOSTON REVIEW PUBLIC CHARITY GENERAL SUPPORT P.O. BOX 425786 81,040. CAMBRIDGE, MA 02142 PUBLIC CHARITY GENERAL SUPPORT CENTER FOR EFFECTIVE GLOBAL ACTION (CEGA) 207 GIANNINI HALL BERKELEY, CA 94720 36,000. PUBLIC CHARITY GENERAL SUPPORT COACHING CORPS 310 8TH STREET, SUITE 300 20,000. OAKLAND, CA 94607 PUBLIC CHARITY GENERAL SUPPORT EDUCATE OUR STATE P.O. BOX 475632 5,000. SAN FRANCISCO, CA 94147 SEE CONTINUATION SHEET(S) 657,157. ➤ 3a **b** Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise molecules.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Alliount	code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	•		14	48.	
4 Dividends and interest from securities			14	1,751.	
5 Net rental income or (loss) from real estate:	•				
a Debt-financed property					
b Not debt-financed property			İ		
6 Net rental income or (loss) from personal					
property				}	
7 Other investment income					-844,387.
8 Gain or (loss) from sales of assets other					
than inventory			18	68,698.	
9 Net income or (loss) from special events			 	00,000.	
40 Cross profit or /loss) from soles of inventory					
11 Other revenue:		1			
a OTHER INCOME	1				927.
b	+		 		
	 		<u> </u>		
d	 		 		
		-	 		
e 12 Subtotal. Add columns (b), (d), and (e)		0.	1	70,497.	-843,460.
13 Total. Add line 12, columns (b), (d), and (e)	L	J		13	-772,963.
(See worksheet in line 13 instructions to verify calculations.)	•			"-	77275054
	- 41 4			4 D	
Part XVI-B Relationship of Activities t	tne Acc	complishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported	I in column (e) of Part XVI-A	contril	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than					
1A MISCELLANEOUS INCOME					
					
				·	-:
					, ., <u>_</u> .
		<u></u>			
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223621 12-05-12				<u>.</u>	Form 990-PF (2012)
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20-8090285 Page 13 Form 990-PF (2012) EGG FOUNDATION Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	organization directly or indir					on 501(c) of		Yes	NO
	e (other than section 501(c)				izations?				
	s from the reporting founda	ition to a noncharitab	ile exempt org	janization of:					7.
(1) Cas		•	-				1a(1)		X
• •	er assets		•				1a(2)		Х
b Other tra									- - -
	es of assets to a noncharitat				• -	-	1b(1)		X
	chases of assets from a nor	•	rganization	•		•	1b(2)		X
	ital of facilities, equipment, (or other assets					1b(3)		X
	mbursement arrangements	-	-	-			1b(4)		X
	ns or loan guarantees	-	-				1b(5)		X
٠.,	formance of services or me	•	-				1b(6)		X
-	of facilities, equipment, mai	•		-				L,	X
	swer to any of the above is							ets,	
	ces given by the reporting fo			ed less than fair market valu	ie in any transaction	or sharing arrangen	nent, show in		
	(d) the value of the goods,				1 74) -				
(a)Line no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transaction	is, and sharing an	rangeme	ents
			N/A			_			
					_				
					_		· · · · ·		
	_ 								
					_				
					-				
		<u> </u>							
	undation directly or indirect	•			zations described			T	л.,
	on 501(c) of the Code (other		(3)) or in sect	ion 5277			Yes	LA	No
b If "Yes,"	complete the following sch			(h) Type of examplestion	Τ	(a) December of rel	otionohin		
	(a) Name of org	janization		(b) Type of organization		(c) Description of rel	ationship		
	N/A								
	,								
Line	ler penalties of perjury, I declare	that I have examined this	s return uncludin	accompanying schedules and	statements and to the	hest of my knowledge			
	belief, it is true, correct, and cor						May the IRS return with th	e prepar	rer
Here	\ \\ /			11/15/13		^)	shown below X Yes		-
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	SA	M LUMICIS	CO, CA	74107		Tanoneno. (-	Form 990		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer identification number Name of the organization EGG FOUNDATION 20-8090285 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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, total contributions of more than \$1,000 for use exclusively for religious, charitable, 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 total 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 Part I, 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) (2012)

Employer identification number

EGG FOUNDATION

20-8090285

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEREK C. SCHRIER 230 SEA CLIFF AVENUE SAN FRANCISCO, CA 94121	s1,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CECILY H. CAMERON 230 SEA CLIFF AVENUE SAN FRANCISCO, CA 94121	\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total contributions	(d) Type of contribution
	<i>F</i>		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

EGG FOUNDATION

20-8090285

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

Employer identification number

EGG FO	UNDATION		20-8090285
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	idual contributions to section 501(c)(le following line entry. For organization le contributions of \$1,000 or less for the	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter he year. (Enter this information once)
(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, ar	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
-	Transferee's name, address, ar	(e) Transfer of gift	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	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	nd ZIP + 4	Relationship of transferor to transferee
		L	

EGGFDN1

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient GATEWAY HIGH SCHOOL PUBLIC CHARITY GENERAL SUPPORT 1430 SCOTT STREET 60,000. SAN FRANCISCO, CA 94115 PUBLIC CHARITY GENERAL SUPPORT GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158-2261 50,000. PUBLIC CHARITY GENERAL SUPPORT KUCETEKELA 1220 PARK AVENUE, SUITE 1B NEW YORK, NY 10128 5,000. PUBLIC CHARITY GENERAL SUPPORT NEWSCHOOLS VENTURE FUND 49 STEVENSON ST. SUITE 575 10,000. SAN FRANCISCO, CA 94105 PUBLIC CHARITY GENERAL SUPPORT PEER HEALTH EXCHANGE 545 SANSOME ST. SUITE 900 SAN FRANCISCO, CA 94111 52,605. PRINCETON IN AFRICA PUBLIC CHARITY GENERAL SUPPORT 194 NASSAU STREET, SUITE 219 20,000. PRINCETON, NJ 08542 PUBLIC CHARITY GENERAL SUPPORT MISSION PREPARATORY 215 FRANCISCO STREET 5,000. SAN FRANCISCO, CA 94123 PUBLIC CHARITY GENERAL SUPPORT SMART (SCHOOLS, MENTORING AND RESOURCE TEAM) 1663 MISSION STREET, SUITE 400 14,500. SAN FRANCISCO, CA 94103 STANFORD INSTITUTE FOR ECONOMIC PUBLIC CHARITY GENERAL SUPPORT POLICY RESEARCH 366 GALVEZ STREET 10,000. STANFORD, CA 94305 STANFORD LAW SCHOOL PUBLIC CHARITY GENERAL SUPPORT 326 GALVEZ STREET 101,962. STANFORD, CA 94305 505,567. Total from continuation sheets

EGG FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor SUNSET YOUTH SERVICES PUBLIC CHARITY GENERAL SUPPORT 3918 JUDAH STREET SAN FRANCISCO, CA 94122 5,000. MOTHERS 2 MOTHERS PUBLIC CHARITY GENERAL SUPPORT 7441 W SUNSET BLVD, SUITE 205 LOS ANGELES, CA 90046 5,000. PUBLIC CHARITY GENERAL SUPPORT UBUNTU EDUCATION FUND 32 BROADWAY, SUITE 414 NEW YORK, NY 10004 25,000. PUBLIC CHARITY GENERAL SUPPORT SCHWAB DONOR ADVISED FUND 211 MAIN STREET SAN FRANCISCO, CA 94105 134,000. PUBLIC CHARITY GENERAL SUPPORT SUMMER SEARCH 500 SANSOME STREET, SUITE 350 5,000. SAN FRANCISCO, CA 94111 PUBLIC CHARITY GENERAL SUPPORT FOUNDATION FOR COLLEGE EDUCATION P.O. BOX 50518 2,500. PALO ALTO, CA 94303 Total from continuation sheets

FORM 990-PF INTEREST ON SAV	INGS AND TH	EMPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
FIRST REPUBLIC BANK #0744				48.
TOTAL TO FORM 990-PF, PART I	, LINE 3, 0	COLUMN A		48.
FORM 990-PF DIVIDEN	DS AND INT	EREST FROM SI	CURITIES	STATEMENT 2
SOURCE	GROS	es amount	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CHARLES SCHWAB #2938 FIRST REPUBLIC SECURITIES #0	906	1,749.	0.	1,749.
TOTAL TO FM 990-PF, PART I,	LN 4	1,751.	0.	1,751.
FORM 990-PF	OTHER	INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
PARTNERSHIP INCOME	-		3,383	
INDABA CAPITAL PARTNERS (CAY LP	MAN),	-844,38		
	MAN), -	-8 44 ,38' 92'	718,147 7. (7.).
LP	-	-844,38	718,147 7. (7.).
LP OTHER INCOME	, LINE 11 =	-8 44 ,38' 92'	718,147 7. (7.). 4.
LP OTHER INCOME TOTAL TO FORM 990-PF, PART I	, LINE 11 =	-844,38' 92' -843,460 AL FEES (B) NET INVES'	718,147 7. (7) -14,764 - (C) T- ADJUSTEI	STATEMENT 4 (D) CHARITABLE
TOTAL TO FORM 990-PF, PART I FORM 990-PF	, LINE 11 LEGA	-844,38° 92° -843,460 AL FEES (B) NET INVES' S MENT INCOM	718,147 7. (7) -14,764 - (C) T- ADJUSTEI	STATEMENT 4 (D) CHARITABLE

FORM 990-PF	OTHER E	S'	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE AND DELIVERY	217.	0.		217.	
FILING FEES	30.	0.		30.	
OFFICE SUPPLIES	932.	0.		932.	
SUBSCRIPTIONS	225.	0.		225.	
TELEPHONE	1,890.	0.		1,890.	
WEB/TECH RESOURCES	1,688.	0.		1,688.	
INSURANCE	1,701.	0.		1,701.	
BANK SERVICE CHARGES	413.			0.	
MISCELLANEOUS	2,528.	0.		2,528.	
PORTFOLIO DEDUCTIONS FROM				_	
PARTNERSHIPS	0.	14,035.		0.	
TO FORM 990-PF, PG 1, LN 23	9,624.	14,448.		9,211.	
	FOOTN	OTES	S	TATEMENT 6	

INDABA CAPITAL MANAGEMENT, LLC PROVIDES SPACE TO THE FOUNDATION FOR ADMINISTRATION OFFICES RENT-FREE BEGINNING JANUARY, 2011. TOTAL FAIR VALUE FOR 2012 IS \$11,849. A FOUNDER OF THE FOUNDATION IS ALSO A FOUNDER OF INDABA CAPITAL MANAGEMENT, LLC.

FORM 990-PF OTHE	ER INVESTMENTS		STATEMENT
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FCOI II HOLDINGS, L.P. INDABA CAPITAL PARTNERS, L.P. HELLMAN AND FRIEDMAN CAPITAL	FMV FMV FMV	195,771. 20,240,162.	195,771 20,240,162
PARTNERS VII, L.P. SHIELD, L.P.	FMV	241,130.	241,130
TOTAL TO FORM 990-PF, PART II, LINI	E 13	20,677,063.	20,677,063
FORM 990-PF DEPRECIATION OF ASSET	TS NOT HELD FOR	INVESTMENT	STATEMENT
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	15,465.	1,718.	13,747
TOTAL TO FM 990-PF, PART II, LN 14	15,465.	1,718.	13,747
FORM 990-PF, PART 11, EN 14		· · · · · · · · · · · · · · · · · · ·	STAT

EXPLANATION

ONE HUNDRED PERCENT OF THE DISTRIBUTION WAS USED TO SUPPORT ELIGIBLE 501C3 ORGANIZATIONS THAT FULFILL AT LEAST ONE OF THE FOLLOWING PURPOSES:

SOCIAL SERVICES BENEFITS, HEALTHCARE AND HUMAN SERVICES, CHARITABLE, EDUCATIONAL, LITERARY, ARTS, CULTURE AND HUMANITIES.

	ST OF OFFICERS, D	STATEMENT 10		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DEREK SCHRIER 1 LETTERMAN DRIVE, BUILDING D, SUITE DM700 SAN FRANCISCO, CA 94129	CEO 2.00	0.	0.	0.
CECILY CAMERON 1 LETTERMAN DRIVE, BUILDING D, SUITE DM700 SAN FRANCISCO, CA 94129	CFO/SECRETARY	0.	0.	0.
WILLIAM MANIATIS 1 LETTERMAN DRIVE, BUILDING D, SUITE DM700 SAN FRANCISCO, CA 94129	BOARD MEMBER	0.	0.	0.
ANDREAS NICHOLAS 1 LETTERMAN DRIVE, BUILDING D, SUITE DM700 SAN FRANCISCO, CA 94129	BOARD MEMBER 0.25	0.	0.	0.
JAY OWENS 1 LETTERMAN DRIVE, BUILDING D, SUITE DM700 SAN FRANCISCO, CA 94129	BOARD MEMBER	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

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(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Rev. March 20121 ent of the Tr

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150
For IRS Use Only
Received by:
Name
Yelephone

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ower of Attorney

aution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS. Taxpayer information. Taxpayer must sign and date this form on page 2, fine 7 Taxpayer identification number(s) Taxpaver name and address EGG FOUNDATION 20-8090285 Plan number (if applicable) 1 LETTERMAN DRIVE, BLDG D, SUITE DM700 Daytime telephone number SAN FRANCISCO, CA 94129 (415) 680-1230 hereby appoints the following representative(s) as attorney(s)-in-lact. 2 Representative(s) must sign and date this form on page 2, Part II. CAF No. 9006-27324R Name and address SCOTT WHEELESS, DELOITTE TAX LLP PTIN P01274555 5250 MORTH PALM AVE., SUITE 300 Telephone No. 559-449-6383 PRESHO, CA 93704-2212 Fax No. 559-449-6883 Check if to be sent notices and communications Check if new Address Telephone No. Fax No. CAF No 9006-32355R Name and address MORLEEN S. BOUNDS, BICESTARDT PTIN P00287731 Telephone No. 415-321-1245 50 CALIFORNIA ST., SUITE 3550 San Francisco, CA 94111 Fax No. 415-362-2434 \Box Check if new: Address 🔣 Telephone No. Fax No. Check if to be sent notices and communications CAF No. 0309-71949R Name and address PTIN P01678555 REY DE LA CRUZ, DELOITTE TAX LLP Telephone No. 559-449-6381 5250 NORTH PALM AVE., SUITE 300 Fax No. 559-449-4400 FRESMO, CA 93704-2212 Check if new: Address Telephone No. Fax No. to represent the taxpayer before the Internal Revenue Service for the following matters Matters Description of Matter (froome, Employment, Payrof, Excase Estate, Gift, Whiptleblower, Practitioner Discoiline, PLR, FOIA, Civil Penalty, etc.) (see instructions for fine 3) Tax Form Number Year(s) or Period(s) (if applicable) (1040, 941, 720, etc.) (if applicable) (see instructions for line 3) 2010, 2011, 2012, 2013 990PF INCOME TAX Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns. Substitute or add representative(s); Signing a return; Disclosure to third parties; Other acts authorized: (see instructions for more information) Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extern provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner). List any specific deletions to the acts otherwise authorized in this power of attorney. WEDER TELS POWER OF ATTORNEY, THE DELOTTE TAX REPRESENTATIVES DO NOT HAVE THE AUTHORITY TO SETTLE A TAX MATTER, AGREE TO A TAX LIABILITY, EXTEND A

STATUTE OF LIMITATIONS, OR OTHERWISE EXERCISE AN AUTHORITY OR DECISION THAT BELONGS TO TAXPAYER'S MARAGE-DELOITTE TAX CANNOT RECEIVE FUNDS ON BEHALF OF TAXPAYER OR PAY ITS LIABILITIES.

GR(1 25	48 (Ran. 3-2012)					Page 2
6	want to revoke a	with the internal Revent prior power of attorney,	re Service for the same check here	matters and years or	mey automatically revokes all earlier periods covered by this document. If	power(s) of you do not
7	Signature of tax	payer. If a tax metter or	oncerns a year in which a	joint return was fied,	TO REMAIN IN EFFECT. the husband and wife must each file a corporate officer, partner, quantien, tax is	separate power
	executor, receive texpayer	r, administrator, or trust	see on behalf of the taxpo	ayer, I certify that I ha	we the authority to execute this form of URNED TO THE TAXPAYER.	
		IED AND DATED, TH		27/13	direct to the tapater	
	<u></u>			<u> </u>	CHIEF EXECUTIVE OFFICE	TR.
	1)	Signature		Date	Title (if applicable)	
	DB	REK SCHRIKR			egg foundation	
	_	Print Name	PiN	Number Print	name of texpayer from line 1 if other t	han individual
						
Part		ion of Representa	tive			
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	•	•	ent from practice before th			
i am a	aware of regulatio	ns contained in Circular	230 (31 CFR, Pari 10), 25	amended, concerning	practice before the Internal Revenue Se	evice;
I am a	authorized to repri	esent the taxpayer identi	fied in Part I for the matte	r(s) specified there; and	đ	
I am o	one of the liaBowin	g:				
a At	tomeya membe	r in good standing of the	bar of the hignest court o	f the jurisdiction shown	below.	
b C	enified Public Acc	ountains—duly qualified s	o practice as a certified p.	iblic accountant in the j	hrisdiction shown below.	
			the requirements of Circu			
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th	e internal Revenu	e Service is limited by 64	ection 10.3(d) of Circular a	130).	under 29 U.S.C. 1242 (the authority to pr	
78	Hum under exemir Hum preparers ir	ration and have signed to the instructions.	he return, See Notice 201	1-6 and Special fures	is limited. You must have been eligible to for registered tax return preparers as	K) WHEIR OHNER
p: re	ractice before the turn. See Notice :	Internal Revenue Servic 2011-6 and Special rule	e is limited. You must hav is for registered tax retu	u biebaisus aug nusi e pesu ardiois io zibu r	of section 10.4 of Circular 230, Your au the return under examination and have a profiled return preparers in the Instruc	tions.
k S	tudent Attorney or orking in LITC or S	CPA—receives permiss STCP under section 10.1	ion to practice before the (d) of Circular 230, See a	IRS by virtue of his/her istructions for Part II fo	status as a law, business, or accounting r additional information and requirement) student IS.
ln.	demai Revenue S	ervice is limited by section	on 10.3(e))		s of Circular 230 (the authority to practic	
R	ETURNED. RE	PRESENTATIVES MI	JST SIGN IN THE ORI	DER LISTED IN LINI	ATED, THE POWER OF ATTORN E 2 ABOVE. See the instructions to	r ran H.
Note: i	For designations on the following control of the co	i-f, enter your title, positi	on, or retationship to the t	expayer in the "Licensis	ng jurisdiction" column. See the instructi	ons for Part II
			Bar, license, certification			
		Licensing jurisdiction	registration, or			
0	ignation—Insert	(state) or other	enroilment number			
	ove letter(p-r)	ticensing authority	(if applicable). See		Signature	Date

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CALIFORNIA

10/29/13

10/29/13

Form 8868 (Hev. 1-2013)					Page 2
• If you are	filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶ X
	complete Part II if you have already been granted an a					
	filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	ctension	of Time. Only file the origin	al (no c	onies nee	ded)
						see instructions
Type or	Name of exempt organization or other filer, see instru	ctions				
print	realise of exempt or gameation or built tiles, see #1500	icuoris		Employer identification number (E		
` ha	BGG FOUNDATION				90285	
				S		
filing your	Number, street, and room or suite no. If a P.O. box, s			Social se	curity numb	er (SSN)
return. See	LETTERMAN DRIVE, BLDG D, S					
	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	AN FRANCISCO, CA 94129		——————————————————————————————————————			
						(
Enter the Re	turn code for the return that this application is for (file	e a separa	te application for each return)	*********		0 4
Application		Return	Application			Return
is For		Code	ls For			Code
Form 990 or	Form 990-EZ	01				
Form 990-BL 02 Form 1041-A					08	
Form 4720 (individual) 03 Form 4720 0					09	
Form 990-Pf		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11		
Form 990-T (trust other than above) 06 Form 8870				12		
	ot complete Part II if you were not already granted			iousty file	ed Form 88	58.
			EK SCHRIER - 1 LET			
• The book	s are in the care of D, SUITE DM700					- •
	e No. ► (415) 680-1230		FAX No. ▶			
	anization does not have an office or place of business	r in the lin	· · · · · · · · · · · · · · · · · · ·			▶ □
_	or a Group Return, enter the organization's four digit					now in chark this
	. If it is for part of the group, check this box					
			BER 15, 2013.	au memb	CIS GIC CALE	TISIOTI IS IOF.
		10 V DIA		_		
	lendar year 2012, or other tax year beginning		and ending			 :
	ax year entered in line 5 is for less than 12 months, o	neck reas	on: LInitial return L	Final r	ewn	
	Change in accounting period					
	n detail why you need the extension				·	
	ORGANIZATION REQUIRES ADDITIONAL TIME TO	GATHER	THE INFORMATION NECESSARY	TO PILE	A COMPLE	TE
AND	ACCURATE TAX RETRURN.					
<u></u>						
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any			44 450
	undable credits. See instructions.			Ba	\$	44,136.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax pa	ymems made. Include any prior year overpayment all	lowed as a	credit and any amount paid	<u> </u>		
previo	ously with Form 8868.			8b	\$	44,136.
ç Balan	ce due. Subtract line 8b from line 8a. Include your pa	ryment wit	th this form, if required, by using			_
EFTPS	(Electronic Federal Tax Payment System), See instr			8c	\$	0.
	Signature and Verificat	ion mus	t be completed for Part II o	nty.		
Under penaltis	es of perions of declare that I have examined this form, included any angle to prepare this f	fing accomporm.	panying schedules and statements, and to	the best	of my knowle	dge and belief,
Signature >	Nances Title ▶				▶ 08/09	
Cignature	Time -					1.2013

223842 01-21-13

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
	are filing for an Additional (Not Automatic) 3-Month Ex					
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electro	nic filing _(e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request ar	n extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With	Certain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of the	s form,
visit ww	w.irs gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I o			•			
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and ti	rusts must use Form 7004 to reques	t an extens	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification nu	mber (EIN) or
print			1			
	EGG FOUNDATION				20-80902	285
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, s 1 I.ETTERMAN DRIVE BLDG D.			Social se	curity number (S	SN)
return Security	City, town or post office, state, and ZIP code. For a fo					
	SAN FRANCISCO, CA 94129					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		•	[0 4]
Applica	ition	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870	m=5.43		12
	CECILY CAMERON		EK SCHRIER - 1 LET		N DRIVE,	BLDG
• The	books are in the care of D, SUITE DM700	- SA		129		
	phone No. ► (415) 680-1230		FAX No.			
	e organization does not have an office or place of business			lf Al fa		
_	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box					
box 🕨	request an automatic 3-month (6 months for a corporation				ers trie exterision	is ior.
1			ition return for the organization name		The extension	
	for the organization's return for					
P	► X calendar year 2012 or					
•	tax year beginning	, an	nd ending		- ·	
2 lf	the tax year entered in line 1 is for less than 12 months, o	check reas	son Initial return	Fınal retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any			
<u>n</u>	onrefundable credits. See instructions.			3a	\$	<u>44,136.</u>
b If						
	stimated tax payments made. Include any prior year over			3b	\$	4,136.
	alance due. Subtract line 3b from line 3a. Include your pa					40 000
	y using EFTPS (Electronic Federal Tax Payment System).			3c		40,000.
Cautio	n. If you are going to make an electronic fund withdrawal			orm 8879		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instr	ructions.		Form 8868	(Rev. 1-2013)

Form 88	868 (Rev. 1-2013)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	s box		X
-	nly complete Part II if you have already been granted an a				8868.	
	are filing for an Automatic 3-Month Extension, comple		•			
Part I	Additional (Not Automatic) 3-Month E	xtensio	of Time. Only file the origin	al (no co	opies needed).	
			Enter filer's	identifyin	g number, see in	structions
Type or	Name of exempt organization or other filer, see instru	ctions	· -	Employer identification number (EIN)		
print						
File by the	EGG FOUNDATION			20-8090285		
due date for filing your	Number, street, and room or suite no. If a P.O. box, s			Social se	curity number (SS	N)
return See		SUITE	DM700		·	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94129						
		-				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	30 or Form 990-EZ	01				
Form 99	90-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11		
Form 990-T (trust other than above) 06 Form 8870 1					12	
STOP! I	Do not complete Part II if you were not already granted					
			EK SCHRIER - 1 LET		N DRIVE,	BLDG
	books are in the care of \triangleright D, SUITE DM700	- SA	· ·=-	129		
	phone No. ► (415) 680-1230		FAX No.			[]
	e organization does not have an office or place of busines					·
	s is for a Group Return, enter the organization's four digit	1				
box >	. If it is for part of the group, check this box		ich a list with the names and EINs on BER 15, 2013.	r all memb	ers the extension	is for.
	request an additional 3-month extension of time until $\frac{1}{2}$ or calendar year 2012 , or other tax year beginning	NO A PIT				
	the tax year entered in line 5 is for less than 12 months, or	hook roos	on: Initial return	Final r	roturn	·
6 If	Change in accounting period	FIECK TEAS	on marreton	רוומו ו	etum	
7 S	tate in detail why you need the extension					
, 3	Late in detail why you need the extension					
_						
_						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax, less any		<u> </u>	
	onrefundable credits. See instructions.		,	8a	s 4	4,136.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069.	enter any	refundable credits and estimated			
ta	x payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid			
F	previously with Form 8868.			8b] \$ 4	4,136.
c B	alance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using			
E	FTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
	•		st be completed for Part II o	-		
Under pe	enalties of peruip p declare that I have examined this form, inclu , correct, and complete, and that I am authorized to prepare this t	ding accom form.	panying schedules and statements, and	to the best	of my knowledge an	d belief,
Signatur	e ► Tomce Title ►	CPA		Date	▶ 08/09/13	
	7					Rev. 1-2013)