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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

|            |                      |   | 31,                    | 2012                                |  |  |
|------------|----------------------|---|------------------------|-------------------------------------|--|--|
| В          | Check if<br>applicat | C Name of organization  | mployer                | identification number               |  |  |
|            | Addr                 | ess change INTERVALIEN FOUNDATION   |                        |                                     |  |  |
| 2          | Name                 | FKA KITE FOUNDATION   | 90-0899545             |                                     |  |  |
| 2          | Initial              | Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite   E                                     | ute E Telephone number |                                     |  |  |
|            | Term                 | inated 2440 WEST EL CAMINO REAL 300   | 650-                   | 450-5400                            |  |  |
|            | Amer                 | oded return   City or town, state or country, and ZIP + 4   | Group Exe              | emption                             |  |  |
|            | Applic               |   | Number                 |                                     |  |  |
| G          | Accour               | nting Method: Cash X Accrual Other (specify) ▶ H (  | Check 🕨                | X if the organization is <b>not</b> |  |  |
| 1          | Websit               |   |                        | o attach Schedule B                 |  |  |
| J          | Tax-ex               | empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527   | Form 990               | 0, 990-EZ, or 990-PF).              |  |  |
| K          | Check                | if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross              | s receipts             | are normally <b>not</b> more than   |  |  |
|            | \$50,00              | 0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).          | But if the             | organization chooses to file        |  |  |
|            | a retur              | n, be sure to file a complete return.   |                        |                                     |  |  |
| L          | Add lin              | es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, |                        |                                     |  |  |
|            | lıne 25              | , column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | ▶ \$                   |                                     |  |  |
| P          | art I                | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction  | ns for Pa              | rt I)                               |  |  |
| _          | ,                    | Check if the organization used Schedule O to respond to any question in this Part I   |                        |                                     |  |  |
|            | 1                    | Contributions, gifts, grants, and similar amounts received  | 1_                     | 1.                                  |  |  |
|            | 2                    | Program service revenue including government fees and contracts   | 2                      |                                     |  |  |
|            | 3                    | Membership dues and assessments   | 3                      |                                     |  |  |
|            | 4                    | Investment income   | 4                      |                                     |  |  |
|            | 5a                   | Gross amount from sale of assets other than inventory 5a  | _                      |                                     |  |  |
|            | Ь                    | Less: cost or other basis and sales expenses 5b   | _                      |                                     |  |  |
|            | C                    | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | 5c                     |                                     |  |  |
|            | 6                    | Gaming and fundraising events   |                        |                                     |  |  |
| •          | a                    | Gross income from gaming (attach Schedule G if greater than   |                        | İ                                   |  |  |
| en E       |                      | \$15,000)   |                        |                                     |  |  |
| Revenue    | Ь                    | Gross income from fundraising events (not including \$ of contributions   | 1                      |                                     |  |  |
|            |                      | from fundraising events reported on line 1) (attach Schedule G if the sum of such   | -                      |                                     |  |  |
|            | 1                    | gross income and contributions exceeds \$15,000)  |                        |                                     |  |  |
|            | C                    | Less: direct expenses from gaming and fundraising events  | _                      |                                     |  |  |
|            | d                    | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                              | 6d                     |                                     |  |  |
|            | 7a                   | Gross sales of inventory, less returns and allowances   | _                      |                                     |  |  |
|            | b                    | Less: cost of goods sold  | _                      |                                     |  |  |
|            | C                    | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  | 7c                     |                                     |  |  |
|            | 8                    | Other revenue (describe in Schedule 0)  | 8                      | 1                                   |  |  |
| _          | 9                    | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9                      | 1.                                  |  |  |
|            | 10                   | Grants and similar amounts paid (list in deficulte o)   | 10                     |                                     |  |  |
|            | 11                   | Benefits paid to or for members Salaries, other compensation, and employee benefits  AUG 2 0 2014                               | 11                     |                                     |  |  |
| Ses        | 12                   | Salaries, other compensation, and employee benefits 131 AUS 2 0 2014 101  | 12                     |                                     |  |  |
| Expenses   | 13<br>14             | Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance                    | 14                     |                                     |  |  |
| Ä          | 15                   | Printing, publications, postage, and shipping   | 15                     |                                     |  |  |
|            | 16                   | Other expenses (describe in Schedule O)   | 16                     |                                     |  |  |
|            | 17                   | Total expenses. Add lines 10 through 16   | ► 10<br>17             | 0.                                  |  |  |
| _          | 18                   | Excess or (deficit) for the year (Subtract line 17 from line 9)   | 18                     | 1.                                  |  |  |
| ş          | 19                   | Net assets or fund balances at beginning of year (from line 27, column (A))   | "                      | <del>-</del>                        |  |  |
| Net Assets | "                    | (must agree with end-of-year figure reported on prior year's return)  | 19                     | 0.                                  |  |  |
| et A       | 20                   | Other changes in net assets or fund balances (explain in Schedule O)  | 20                     | 0.                                  |  |  |
| ž          | 21                   | Net assets or fund balances at end of year. Combine lines 18 through 20   | ≥ 21                   | 1.                                  |  |  |
| TH         |                      | Paperwork Reduction Act Notice, see the separate instructions.  |                        | Form <b>990-EZ</b> (2012)           |  |  |

FKA KITE FOUNDATION

| _   | 1990-EZ (2012) FRA KITE FOUNDATION  |  | 9  | <u> </u> | 08995  | 45 Page 2                     |
|-----|---|--|--|----------|--|-------------------------------|
| Pa  | Balance Sheets (see the instructions for Part II)   | and to any guartic                       | on in this Dort II                               |          |  | . ভি                          |
|     | Check if the organization used Schedule O to resp   | ond to any questic                       | (A) Beginning of year                            | П        | (B) F  | nd of year                    |
| 22  | Cash, savings, and investments  | <del> -</del>                            | 0.   | 22       | (8)  | ino or year                   |
| 23  | Land and buildings  |  |  | 23       | <u> </u>   |                               |
| 24  | Other assets (describe in Schedule O) SEE SCHEDULE O  |  | 0.   | 24       | <del>                                     </del> | 1.                            |
| 25  | Total assets  |  | 0.   | 25       | <u> </u>   | 1.                            |
| 26  | Total liabilities (describe in Schedule 0)  |  | 0.   |          |  | 0.                            |
| 27  | Net assets or fund balances (line 27 of column (B) must agree with line 21)   |  | 0.   | 27       |  | 1.                            |
| Pa  | rt III Statement of Program Service Accomplishmen   | •  | •  |          |  | cpenses                       |
|     | Check if the organization used Schedule O to resp   | ond to any questic                       | on in this Part III                              | X        |  | for section and 501(c)(4)     |
| Wha | t is the organization's primary exempt purpose? SEE SCHEDULE O  |  |  |          | organizati                                       | ons and section               |
|     | ibe the organization's program service accomplishments for each of its three largest program se<br>er, describe the services provided, the number of persons benefited, and other relevant informat |  | es in a clear and concise                        |          | 4947(a)(1<br>  for others                        | ) trusts; optional            |
|     |   |  | IIAD NOT   |          | 101 041070                                       |                               |
|     | THE ORGANIZATION WAS FORMED DURING T<br>YET STARTED OPERATIONS.   | THE IBAK BUT                             | HAD NOT  | _        |  |                               |
|     | TET STAKTED OFERATIONS:   |  |  |          |  |                               |
|     | (Grants \$ ) If this amount includes foreign g  | rante chack hara                         |  | _        | 28a  | 0.                            |
| 29  | ) if this amount includes foreign g   | rants, check here                        |  |          | 204  |                               |
|     |   | · · · · · · · · · · · · · · · · · · ·    |  | _        |  |                               |
| •   |   |  |  | _        |  |                               |
|     | (Grants \$ ) If this amount includes foreign g  | rants, check here                        | ▶ [  | $\neg$   | 29a  |                               |
| 30  |   |  |  |          |  |                               |
|     |   |  |  |          | 1 1  |                               |
|     |   |  |  |          |  |                               |
|     | (Grants \$ ) If this amount includes foreign g  | rants, check here                        |  |          | 30a  |                               |
| 31  | Other program services (describe in Schedule O)   |  | _  |          | ,  |                               |
|     | (Grants \$ ) If this amount includes foreign g  | rants, check here                        |  |          | 31a  |                               |
|     | Total program service expenses (add lines 28a through 31a)  |  |  | ▶        | 32   | 0.                            |
| Ра  | rt IV List of Officers, Directors, Trustees, and Key Er   |  |  | e the ı  | nstructions fo                                   | r Part IV)                    |
|     | Check if the organization used Schedule O to resp   |  | 1  | 4)       |  | 1                             |
|     | (a) Name and title  | (b) Average hours<br>per week devoted to | compensation (Forms                              | contr    | alth benefits,<br>ibutions to                    | (e) Estimated amount of other |
|     | (a) Name and title  | position                                 | W-2/1099-MISC)<br>(if not paid, enter -0-)       | lans,    | oyee benefit<br>and deferred                     | compensation                  |
| AL  | AN E. ROTHENBERG  |  | <del></del>                                      | COM      | pensation  |                               |
|     | ESIDENT AND DIRECTOR  | 0.50                                     | 0.   |          | 0.   | 0.                            |
|     | RI ELLEN LOIJENS  |  | <del>-    </del>                                 |          |  |                               |
| _   | EASURER AND DIRECTOR  | 0.50                                     | 0.   |          | 0.   | 0.                            |
| EM  | METT CARSON   |  |  |          |  |                               |
| DI  | RECTOR  | 0.50                                     | 0.   |          | 0.   | 0.                            |
|     | IGH STILWELL  |  |  |          |  |                               |
|     | RECTOR  | 0.50                                     | 0.   |          | 0.   | 0.                            |
|     | HN STUCKEY  |  |  |          |  |                               |
|     | RECTOR  | 0.50                                     | 0.   |          | <u> </u>   | 0.                            |
|     | MES_EAKIN   |  |  |          |  | _                             |
| SE  | CRETARY   | 0.50                                     | 0.   |          | <u> </u>   | 0.                            |
|     |   |  |  |          |  |                               |
|     |   | l  |  |          |  |                               |
|     |   | -  | 1  |          |  |                               |
|     |   |  | <del>                                     </del> |          |  |                               |
| _   | <del></del>   | 1  |  |          |  |                               |
|     |   | <del></del>                              | <del>                                     </del> |          |  |                               |
|     |   | 1  |  |          |  |                               |
|     |   |  | <del></del>                                      |          |  | <u> </u>                      |
|     |   | 1  |  |          |  | l                             |
|     |   |  | <del>                                     </del> |          | -  |                               |
|     |   |  |  |          |  |                               |
|     |   |  |  |          |  |                               |

INTERVALIEN FOUNDATION

|      | 1 990-EZ (2012) FKA KITE FOUNDATION 90-089   |          |              | Page 3      |
|------|--|----------|--------------|-------------|
| Pá   | Other Information (Note the Schedule A and personal benefit contract statement requirement   | s in the | е            |             |
|      | instructions for Part V) Check if the organization used Sch. O to respond to any question in this  | Part \   |              | X           |
|      |  |          | Yes          | No          |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each   |          |              |             |
|      | activity in Schedule O   | 33       |              | X           |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended   |          |              |             |
|      | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34       | X            | <u> </u>    |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported  |          |              | l           |
|      | on lines 2, 6a, and 7a, among others)?   | 35a      | /            | X           |
|      | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b      | N/           | <u>A</u>    |
| C    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax   |          |              | ٠,,         |
| 0.0  | requirements during the year? If "Yes," complete Schedule C, Part III  | 35c      |              | X           |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"  |          |              |             |
| 27.  | complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions  | 36       | <del> </del> | X           |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?   | _        |              | x           |
|      | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made  | 37b      | $\vdash$     | <u> </u>    |
| 000  | in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a      |              | х           |
| ь    | If "Yes," complete Schedule L, Part II and enter the total amount involved    386   N/A  | 302      |              | <del></del> |
| 39   | Section 501(c)(7) organizations. Enter:  | <b>-</b> |              |             |
|      | Initiation fees and capital contributions included on line 9   |          |              | l           |
| b    | Gross receipts, included on line 9, for public use of club facilities  39b  N/A  | 7 /      |              |             |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  | 7        |              |             |
|      | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶   |          |              |             |
| b    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the   |          |              |             |
|      | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?  |          |              |             |
|      | If "Yes," complete Schedule L, Part I  | 40b      |              | X           |
| C    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers  |          | ļ            |             |
|      | or disqualified persons during the year under sections 4912, 4955, and 4958  |          |              |             |
| đ    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the   |          |              |             |
| _    | organization   All organizations At any time divine the towness was the approximately a solution and the solution of the solut |          |              |             |
| e    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |          |              | х           |
| 41   | List the states with which a copy of this return is filed $ ightharpoonup CA$  | 40e      |              |             |
|      | The organization's books are in care of ►VERA BENNETT  Telephone no. ► 650-4   | 50-5     | 400          |             |
|      | Located at ► 2440 WEST EL CAMINO REAL #300, MOUNTAIN VIEW, CA ZIP+4 ►  |          |              |             |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |          | <del></del>  |             |
|      | over a financial account in a foreign country (such as a bank account, securities account, or other financial  | 1        | Yes          | No          |
|      | account)?  | 42b      |              | X           |
|      | If "Yes," enter the name of the foreign country:   |          |              |             |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |          |              |             |
| C    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c      |              | <u>X</u>    |
|      | If "Yes," enter the name of the foreign country.   |          |              | _           |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  |          |              |             |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  | N/A      |              |             |
|      |  | 1        | Yes          | No          |
| A4 9 | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of   |          | 163          | 140         |
| 774  | Form 990-EZ  | 44a      |              | x           |
| b    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead   | 774      |              |             |
| •    | of Form 990-EZ   | 44b      |              | x           |
| C    | Did the organization receive any payments for indoor tanning services during the year?   | 44c      |              | X           |
|      | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  |          |              |             |
|      | in Schedule O  | 44d      |              | L_          |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a      |              | Х           |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  |          |              |             |
| _    | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | 45b      |              |             |
| 0004 |  | Form 9   | 90-EZ        | (2012)      |

|                   |  |                         |                   |                                       |   |  | Yes     | No          |
|-------------------|--|-------------------------|-------------------|---------------------------------------|---|--|---------|-------------|
|                   | organization engage, directly or indirectly, in political campaign acti  | vities on behalf of or  | ın oppositio      | on to candidates for pu               | ublic office?                           | ,  |         | v           |
| Part VI           | "complete Schedule C, Part I Section 501(c)(3) organizations only  |                         |                   |                                       |   | 46   |         | <u> </u>    |
| i dit vi          | All section 501(c)(3) organizations must answer questions  | 47-49b and 52 an        | d complet         | a the tables for lines                | s 50 and 51                             |  |         |             |
|                   | Check if the organization used Schedule O to respond to a  |                         | •                 | e the tables for lines                | 5 50 and 51                             |  |         |             |
|                   | onesk in the organization used conteduce of to respond to t  | arry quoditori in time  | ,, <u>u.</u> , ,, |                                       | <del></del>                             |  | Yes     | No          |
| 7 Did the         | organization engage in lobbying activities or have a section 501(h) or   | election in effect duri | no the tax v      | ear? If "Yes." complete               | Sch C. Part II                          | 47   |         | X           |
|                   | organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes  |                         |                   | ·· · · · · · · · · · · · · · · · ·    | , | 48   |         | X           |
|                   | organization make any transfers to an exempt non-charitable related  |                         |                   |                                       |   | 49a  |         | X           |
|                   | " was the related organization a section 527 organization?   |                         |                   |                                       |   | 49b  |         |             |
| •                 | ete this table for the organization's five highest compensated employ  | ees (other than office  | ers, director     | s, trustees and key em                | nplovees) who eac                       |  | eived r | nore        |
|                   | 100,000 of compensation from the organization. If there is none, enter   |                         |                   | •                                     | . , ,                                   |  |         |             |
|                   | (a) Name and title of each employee  | (b) Averag              | e hours           | (C) Reportable                        | (d) Health benefits,                    | (e   | ) Estin | nated       |
|                   | paid more than \$100,000   | per week de             | voted to          | compensation (Forms<br>W-2/1099-MISC) | contributions to<br>employee benefit    |  | ount o  | othe        |
|                   | NONE   | positi                  | on                | 11 2 1000 111100)                     | plans, and deferred<br>compensation     | co   | mpens   | ation       |
|                   |  |                         |                   |                                       |   |  |         |             |
|                   |  |                         |                   |                                       |   | 1  |         |             |
|                   |  |                         |                   |                                       |   | 1  |         |             |
|                   |  |                         |                   |                                       |   |  |         |             |
|                   |  |                         |                   |                                       |   |  |         |             |
|                   |  |                         |                   |                                       |   | 1  |         |             |
|                   |  |                         |                   |                                       |   | 1  | -       |             |
|                   |  |                         |                   |                                       |   |  |         |             |
|                   |  |                         |                   |                                       |   | 1  | _       |             |
|                   |  |                         |                   |                                       |   |  |         |             |
| (a) Name a        | and address of each independent contractor paid more than \$100,00   | 0                       | (b) Type          | of service                            | (c) (                                   | ompe   | nsatio  | n           |
|                   |  | -                       |                   | <del> </del>                          |   |  |         |             |
|                   |  |                         |                   |                                       |   |  |         |             |
|                   |  |                         |                   |                                       |   |  |         |             |
|                   |  |                         |                   |                                       |   |  |         |             |
| <b>d</b> Total no | umber of other independent contractors each receiving over \$100.00  | 00                      |                   | •                                     | 1                                       |  |         |             |
|                   | organization complete Schedule A? Note; All section 501(c)(3) organization   |                         | a)(1) nonex       | emot                                  |   |  |         |             |
|                   | ble trusts must attach a completed Schedule A  | amzations and 1011 (    | ۵)(۱) ۱۱۵۱۱۵۸     | ompt.                                 | ▶ 🛽                                     | Ye   | . [     | _ N         |
| Inder penalties   | s of perjuly, I declare that I have examined this return, including accompanying act<br>preparer (http://than.officer) = based on all information of which preparer has an in- | nedules and statements, | and to the bes    | of my knowledge and be                | iet, it is true, correct,               | and co   | mplete  |             |
|                   | Agus 7 Pulled  | FVI                     |                   |                                       | 8/7                                     | 77   | 4       |             |
| Sign              | eignature of officer   | /                       |                   |                                       | Date                                    | <del>/                                    </del> | +-      |             |
| lere              | ALAN ROTHENBERG, PRESIDENT Type or print name and title  |                         |                   | - ···                                 |   |  |         |             |
| L                 | Print/Type preparer's name Prop/fbr s signate  | ite .                   | Date              | Check                                 | if PTIN                                 |  |         |             |
| Paid              |  | $\cap \cap \emptyset$   |                   | self- emplo                           | <b>⊐</b>   ' · · · · ·                  |  |         |             |
| Preparer          | TRACY S. PAGLIA ( LUCY)  | ) takna                 | 8/4/              |                                       | P003                                    | 166  | 884     |             |
| Jse Only          |  |                         | <u> </u>          | , <u></u>                             | ▶ 91-018                                |  |         |             |
|                   | Firm's address ▶ 975 OAK STREET SUIT   | PE 500                  |                   | Phone no.                             | F 4.4 C.0                               |  |         | <u> </u>    |
|                   | EUGENE, OR 97401   | . <u>.</u> 500          |                   | Phone no.                             | . 24I-00                                | · U = .  | T O 4   | U           |
| lay the IDC       | discuss this return with the preparer shown above? See instructions  | <del></del>             |                   | <del></del>                           | <b>▶</b> [∑                             | Ye   |         | <del></del> |
| nay uit ino       | discuss this return with the brobater shown above. See instructions  | <u>,</u>                |                   |                                       |   |  |         | (201)       |
|                   |  |                         |                   |                                       | F                                       | วเเม <b>9</b>                                    | 90-EZ   | (201        |

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or, 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization

INTERVALIEN FOUNDATION

Employer identification number 90-0899545

|           |   |                                       | E FOUNDATION                       |               |                  |               |              |                            | 9          | 0-0899545                 |  |  |
|-----------|---|---------------------------------------|------------------------------------|---------------|------------------|---------------|--------------|----------------------------|------------|---------------------------|--|--|
| Part I    | Reason  | for Public Char                       | ity Status (All organiz            | ations mu     | st complet       | e this part   | ) See inst   | ructions                   |            |                           |  |  |
| The organ | nzation is not a  | a private foundation                  | because it is (For lines 1         | through 1     | 1, check c       | nly one bo    | ox)          |                            |            |                           |  |  |
| 1 🖳       | A church, co  | nvention of churche                   | s, or association of churc         | ches descr    | nbed in se       | ction 170     | (b)(1)(A)(i) |                            |            |                           |  |  |
| 2 🔲       | A school des  | cribed in section 17                  | <b>70(b)(1)(A)(ii).</b> (Attach Sc | hedule E.)    |                  |               |              |                            |            |                           |  |  |
| з 🖳       | A hospital or   | a cooperative hospi                   | ital service organization o        | tescribed i   | n <b>section</b> | 170(b)(1)(    | A)(iii).     |                            |            |                           |  |  |
| 4 🔲       | A medical re  | search organization                   | operated in conjunction v          | with a hos    | pıtal descr      | ibed in se    | ction 170    | (b)(1)(A)(iii              | i). Enter  | the hospital's name,      |  |  |
|           | city, and state   |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
| 5 🔛       | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
| _         | section 170(b)(1)(A)(iv). (Complete Part II )   |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
| 6 🖳       | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).                          |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
| 7 🔛       | An organizat  | on that normally rec                  | eives a substantial part o         | of its supp   | ort from a       | govemmei      | ntal unit or | from the                   | general į  | public described in       |  |  |
|           | section 170   | <b>b)(1)(A)(vi).</b> (Comple          | ete Part II.)                      |               |                  |               |              |                            |            |                           |  |  |
| 8 🖳       | A community   | trust described in s                  | section 170(b)(1)(A)(vi).          | (Complete     | Part II)         |               |              |                            |            |                           |  |  |
| 9 []      | -   | -                                     | eives (1) more than 33 1           |               | • •              |               |              | •                          |            | •                         |  |  |
|           |   |                                       | nctions - subject to certa         | =             |                  | -             |              |                            | • •        | -                         |  |  |
|           |   |                                       | axable income (less secti          | ion 511 tax   | x) from bus      | inesses a     | equired by   | the organ                  | ization a  | after June 30, 1975       |  |  |
| 🖂         |   | 509(a)(2). (Complet                   | •                                  |               |                  |               |              |                            |            |                           |  |  |
| 10        | -   | -                                     | perated exclusively to tes         | -             | -                |               |              | •                          |            | _                         |  |  |
| 11 X      | =   | =                                     | perated exclusively for th         |               | •                |               |              | •                          |            | •                         |  |  |
|           |   |                                       | ations described in section        |               | -                |               | . See sec    | tion 509(a                 | a)(3). Ch  | eck the box that          |  |  |
|           |   | · · · · · · · · · · · · · · · · · · · | organization and comple            |               | •                |               |              | . — -                      |            |                           |  |  |
| еХ        | a X Type  |                                       | •• — •                             | • •           | nctionally i     | •             |              |                            |            | n-functionally integrated |  |  |
| e 🔼       |   |                                       | at the organization is not         |               | •                | •             | •            |                            | ,          |                           |  |  |
| f         |   | -                                     | than one or more publicly          |               | _                |               |              | ,                          | a)(1) or s | section 509(a)(2)         |  |  |
| '         | -   | rganization, check th                 | tten determination from t          | ile ino ula   | ıtıtısa iy       | oe i, i ype i | ii, or Type  | 111                        |            | <u> </u>                  |  |  |
| •         |   | •                                     | organization accepted an           | v aft or co   | ntribution       | from any      | of the follo | wana nore                  | one?       | L                         |  |  |
| g         | _   |                                       | firectly controls, either ale      |               |                  | •             |              | ٠,                         |            | Yes No                    |  |  |
|           |   | •                                     | upported organization?             | one or log.   | outer with       | pc130113 d    | osciibca ii  | i (ii) airia (ii           | , below,   | 11g(i) X                  |  |  |
|           | _   |                                       | n described in (i) above?          |               |                  |               |              |                            |            | 11g(ii) X                 |  |  |
|           |   |                                       | person described in (i) o          | r (ii) above  | 7                |               |              |                            |            | 11g(iii) X                |  |  |
| h         | 1 1   | ·                                     | about the supported org            |               |                  |               |              |                            |            | 119(11)                   |  |  |
| ••        |   |                                       | about the supported of             | ,u            | -,               |               |              |                            |            |                           |  |  |
| (i) Name  | of supported  | (ii) EIN                              | (iii) Type of organization-        | (iv) Is the o | organization     | (v) Did voi   | u notify the | (vi) Is                    | the        | (vii) Amount of monetary  |  |  |
|           | anization   | (") = !!!                             | (described on lines 1-9            | , ,           | sted in your     | , , ,         | ion in col.  | organizátio<br>(i) organiz | on in col. | support                   |  |  |
| 5         |   |                                       | above or IRC section               | governing     | document?        | (i) of you    | support?     | U.Š                        | .?         | обррон                    |  |  |
|           |   | :                                     | (see instructions))                | Yes           | No               | Yes           | No           | Yes                        | No         |                           |  |  |
|           |   |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
| SVCF      |   | 20-5205488                            | 7                                  | Х             |                  |               |              | <u></u>                    |            | 0.                        |  |  |
|           |   |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
|           |   |                                       |                                    |               |                  |               |              |                            | <u> </u>   |                           |  |  |
|           |   |                                       |                                    |               |                  |               |              |                            |            |                           |  |  |
|           | . <u> </u>  |                                       | -                                  |               |                  |               |              | <u> </u>                   |            |                           |  |  |
|           |   | 1                                     | 1                                  |               |                  |               |              |                            |            | I .                       |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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| Schedule A (Form 990 or 990-EZ) 2012    Part II   Support Schedule for   | Organizationa        | Donavibad in        | Sections 1700          | EVAVAVIII and                           | 1470/5747/17           | Page 2     |
|--|----------------------|---------------------|------------------------|---|------------------------|------------|
| (Complete only if you checke   |                      |                     |                        |   |                        |            |
| fails to qualify under the tests   |                      |                     |                        | , |                        | ,          |
| Section A. Public Support  |                      |                     | · · · · · ·            |   |                        | <u> </u>   |
| Calendar year (or fiscal year beginning in)                              | (a) 2008             | <b>(b)</b> 2009     | (c) 2010               | (d) 2011                                | (e) 2012               | (f) Total  |
| 1 Gifts, grants, contributions, and                                      |                      |                     |                        |   |                        |            |
| membership fees received (Do not   |                      |                     |                        |   | ł                      |            |
| include any "unusual grants ")   |                      | ļ                   |                        |   |                        |            |
| 2 Tax revenues levied for the organ-                                     |                      |                     |                        |   |                        |            |
| ization's benefit and either paid to                                     |                      |                     |                        |   |                        |            |
| or expended on its behalf  |                      |                     |                        |   |                        |            |
| 3 The value of services or facilities                                    |                      |                     |                        |   |                        |            |
| furnished by a governmental unit to                                      |                      |                     |                        |   |                        |            |
| the organization without charge  |                      |                     |                        |   |                        |            |
| 4 Total. Add lines 1 through 3   |                      |                     |                        |   |                        |            |
| 5 The portion of total contributions                                     |                      |                     |                        |   | T                      |            |
| by each person (other than a   |                      |                     |                        |   |                        |            |
| governmental unit or publicly  |                      |                     |                        |   |                        |            |
| supported organization) included   |                      |                     |                        |   |                        |            |
| on line 1 that exceeds 2% of the   |                      |                     |                        |   |                        |            |
| amount shown on line 11,   |                      |                     |                        |   |                        |            |
| column (f)   |                      |                     |                        |   |                        |            |
| 6 Public support. Subtract line 5 from line 4 Section B. Total Support   |                      |                     |                        |   |                        |            |
| Calendar year (or fiscal year beginning in)                              | (a) 2008             | (b) 2009            | (c) 2010               | (d) 2011                                | (e) 2012               | (f) Total  |
| 7 Amounts from line 4  |                      |                     |                        |   |                        | •          |
| 8 Gross income from interest,  |                      |                     |                        |   |                        |            |
| dividends, payments received on  |                      | İ                   |                        |   |                        |            |
| securities loans, rents, royalties                                       |                      |                     |                        |   |                        |            |
| and income from similar sources  |                      |                     |                        |   |                        |            |
| 9 Net income from unrelated business                                     | -                    | -                   |                        |   |                        |            |
| activities, whether or not the   |                      |                     |                        |   |                        |            |
| business is regularly carried on   |                      |                     |                        |   |                        |            |
| 10 Other income Do not include gain                                      |                      |                     |                        |   |                        |            |
| or loss from the sale of capital   |                      |                     |                        |   |                        |            |
| assets (Explain in Part IV)  |                      |                     |                        |   |                        |            |
| 11 Total support. Add lines 7 through 10                                 |                      |                     |                        |   |                        |            |
| 12 Gross receipts from related activities,                               | etc (see instruction | ons)                | -                      |   | 12                     |            |
| 13 First five years. If the Form 990 is for                              | the organization's   | first, second, thir | d, fourth, or fifth ta | x year as a sectio                      | n 501(c)(3)            |            |
| organization, check this box and stor<br>Section C. Computation of Publi |                      | centage             |                        | <u> </u>                                |                        | ▶□         |
| 14 Public support percentage for 2012 (I                                 |                      |                     | olumn (f))             |   | 14                     | %          |
| 15 Public support percentage from 2011                                   | * * *                | •                   |                        |   | 15                     |            |
| 16a 33 1/3% support test - 2012. If the d                                | •                    | •                   | n line 13, and line 1  | 14 is 33 1/3% or m                      |                        |            |
| stop here. The organization qualifies                                    |                      |                     |                        |   | .c. 5, 6,755K tina 00) | <b>▶</b> □ |
| b 33 1/3% support test - 2011. If the                                    |                      | -                   |                        | line 15 is 33 1/3%                      | or more check the      | s boy      |

Schedule A (Form 990 or 990-EZ) 2012

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

and stop here. The organization qualifies as a publicly supported organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |                    |                                       |                                       |                      |  |                 |
|--|--------------------|---------------------------------------|---------------------------------------|----------------------|--|-----------------|
| Calendar year (or fiscal year beginning in)  | (a) 2008           | <b>(b)</b> 2009                       | (c) 2010                              | (d) 2011             | (e) 2012   | (f) Total       |
| 1 Gifts, grants, contributions, and  |                    |                                       |                                       |                      |  |                 |
| membership fees received. (Do not  |                    |                                       |                                       |                      |  |                 |
| ınclude any "unusual grants.")   |                    | <u> </u>                              | 1                                     |                      | 1  | 1               |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                                       |                                       |                      |  |                 |
| 3 Gross receipts from activities that  |                    | 1                                     |                                       |                      |  | 1               |
| are not an unrelated trade or bus-   |                    |                                       |                                       |                      |  |                 |
| iness under section 513  |                    | İ                                     |                                       |                      |  |                 |
| 4 Tax revenues levied for the organ-   |                    | · · · · · · · · · · · · · · · · · · · |                                       |                      |  | +               |
| ization's benefit and either paid to   |                    |                                       |                                       |                      |  |                 |
| or expended on its behalf  |                    |                                       |                                       |                      |  | İ               |
| 5 The value of services or facilities  |                    | <b>1</b>                              |                                       |                      |  | +               |
| furnished by a governmental unit to  |                    |                                       |                                       |                      |  |                 |
| the organization without charge  |                    |                                       |                                       | i                    |  |                 |
| 6 Total. Add lines 1 through 5   |                    | <del> </del>                          | <del> </del>                          | <del> </del>         | <del>                                     </del> | <del> </del>    |
| 7a Amounts included on lines 1, 2, and   |                    |                                       | <del> </del>                          | <del> </del>         | <del> </del>                                     | +               |
| 3 received from disqualified persons   |                    |                                       |                                       |                      | 1  |                 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                    |                                       |                                       |                      |  |                 |
| c Add lines 7a and 7b  |                    |                                       |                                       |                      |  |                 |
| 8 Public support (Subtract line 7c from line 6)  |                    |                                       |                                       |                      |  |                 |
| ection B. Total Support  |                    | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                      |  | _ <del></del>   |
| alendar year (or fiscal year beginning in)   | (a) 2008           | (b) 2009                              | (c) 2010                              | (d) 2011             | (e) 2012   | (f) Total       |
| 9 Amounts from line 6  |                    |                                       |                                       |                      |  |                 |
| Oa Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                 |                    |                                       |                                       |                      |  |                 |
| b Unrelated business taxable income  |                    |                                       |                                       |                      |  |                 |
| (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                                       |                                       |                      |  |                 |
| c Add lines 10a and 10b  | <u> </u>           |                                       |                                       |                      |  |                 |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                    |                                       |                                       |                      |  |                 |
| Other income Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part IV)  |                    |                                       |                                       |                      |  |                 |
| 3 Total support. (Add lines 9, 10c, 11, and 12)  |                    |                                       |                                       |                      |  |                 |
| 4 First five years. If the Form 990 is for t   | he organization's  | s first, second, thir                 | d, fourth, or fifth ta                | ax year as a sectio  | n 501(c)(3) organiz                              | zation,         |
| check this box and stop here   |                    |                                       |                                       |                      |  | ▶[              |
| ection C. Computation of Public  | Support Per        | rcentage                              |                                       |                      |  |                 |
| 5 Public support percentage for 2012 (lin  | e 8, column (f) d  | ivided by line 13, c                  | olumn (f))                            |                      | 15   |                 |
| 6 Public support percentage from 2011 S  |                    |                                       |                                       |                      | 16   |                 |
| ection D. Computation of Invest  | ment Income        | e Percentage                          |                                       |                      |  |                 |
| 7 Investment income percentage for 201   | 2 (line 10c, colui | mn (f) divided by lir                 | ne 13, column (f))                    |                      | 17   |                 |
| 8 Investment income percentage from 20   | )11 Schedule A,    | Part III, line 17                     |                                       |                      | 18   |                 |
| 9a 33 1/3% support tests - 2012. If the o  | rganization did r  | not check the box                     | on line 14, and line                  | 15 is more than 3    | 33 1/3%, and line                                | 17 is not       |
| more than 33 1/3%, check this box and  | stop here. The     | e organization qual                   | ifies as a publicly :                 | supported organiz    | ation  | ▶[              |
| <b>b 33 1/3% support tests - 2011.</b> If the o  | rganization did r  | not check a box on                    | line 14 or line 19a                   | a, and line 16 is me | ore than 33 1/3%,                                | and             |
| line 18 is not more than 33 1/3% check   | this box and s     | stop here. The orga                   | anization qualifies                   | as a publicly supp   | orted organization                               | ı <b>▶</b> [    |
| 20 Private foundation. If the organization   |                    | -                                     | •                                     |                      |  | ▶Ī              |
| 32023 12-04-12   |                    |                                       |                                       |                      | hadula A (Form 9                                 | 90 or 990 E7\ 3 |

### INTERVALIEN FOUNDATION

| Schedule A (Form 990 or 990-EZ) 2012 FKA KITE FOUNDATION 90-0899545 Page 4  Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions)  SCHEDULE A, LINE 11H(I)  "SVCF" IS AN ABBREVIATION FOR THE SILICON VALLEY COMMUNITY FOUNDATION. |
|--|
| SCHEDULE A, LINE 11H(I)  |
|  |
|  |
| "SVCF" IS AN ABBREVIATION FOR THE SILICON VALLEY COMMUNITY FOUNDATION.   |
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

INTERVALIEN FOUNDATION

Employer identification number 90-0899545

| FRA KITE FOUNDATION                                     | 90-      | -0899545    |      |
|---|----------|-------------|------|
| FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:            |          |             |      |
| DESCRIPTION BEG. C                                      | F YEAR   | END OF Y    | YEAR |
| CONTRIBUTION RECEIVABLE                                 | 0.       |             | 1.   |
|   |          |             |      |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -         |          |             |      |
| THE PURPOSE OF THE INTERVALIEN FOUNDATION IS TO SUPPORT | THE CHA  | RITABLE     |      |
| PURPOSES OF THE SILICON VALLEY COMMUNITY FOUNDATION. TH | E INTERV | ALIEN       |      |
| FOUNDATION WILL ACCOMPLISH ITS PURPOSE BY MAKING CHARIT | ABLE GIF | TS,         |      |
| PARTICULARLY, TO THOSE THAT HAVE TRADITIONALLY BEEN UND | ERFUNDEL | OR          |      |
| UNFUNDED, INCLUDING BUT NOT LIMITED TO HIGH-RISK, LONG- | TERM PRO | JECTS,      |      |
| BUT WITHOUT ANY PREFERENCE: CROSS-DISCIPLINARY INITIATI | VES INVO | LVING       |      |
| TECHNOLOGY WITH THEATER, EDUCATION, VISUAL ARTS, LITERA | RY ARTS, |             |      |
| CULTURE, NEW MEDIA, MUSIC, FILM, COMPUTATIONAL HUMANITI | ES OR    |             |      |
| JOURNALISM; AND VISION, NEUROLOGICAL, BRAIN, CANCER OR  | CARDIOVA | SCULAR      |      |
| RESEARCH; PARTICULAR INITIATIVES AND RESEARCH IN THE AR | OVE AREA | S THAT      |      |
| SUBSCRIBE TO OPEN SOURCE, OPEN DATA, OR OPEN SCIENCE PR | INCIPLES | ·           |      |
|   |          | <del></del> |      |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BEN | EFIT CON | TRACTS:     |      |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY  | FUNDS, I | IRECTLY,    |      |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CO | NTRACT.  |             |      |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PRE | MIUMS, I | IRECTLY,    |      |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.          |          |             |      |
|   |          |             |      |
|   |          |             |      |
|   |          |             |      |
|   |          |             |      |

A0748966

FILED Secretary of State
State of California

3513068

2cc DEC 0 6 2013

## CERTIFICATE OF AMENDMENT AND RESTATEMENT OF THE ARTICLES OF INCORPORATION

The undersigned certify that:

- 1. They are the President and the Secretary, respectively, of Kite Foundation, a California nonprofit public benefit corporation.
- 2. The Articles of Incorporation of this corporation are hereby amended and restated as set forth in the attached Amended and Restated Articles of Incorporation, which are incorporated by this reference as if set forth in full in this Certificate.
- 3. The foregoing amendment and restatement has been duly approved by this corporation's Board of Directors.
  - 4. This corporation has no members.

[Remainder of page intentionally left blank.]

We further declare, under penalty of perjury under the laws of the State of California, that the matters set forth in this certificate are true and correct of our own knowledge.

DATED: 12 5 ,201

Alan Rothenberg, President

DATED: /2 2013

James Bakin, Secretary

## AMENDED AND RESTATED ARTICLES OF INCORPORATION OF INTERVALIEN FOUNDATION

### ARTICLE I

The name of this corporation is Intervalien Foundation.

### ARTICLE II

- A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.
- B. The specific and primary purpose of this corporation is to engage in charitable and educational activities within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future United States internal revenue law (the "Code"), as a supporting organization within the meaning of Section 509(a)(3) of the Code, that benefit, perform the functions of, or carry out the purposes of that class of publicly supported organizations described in Sections 501(c)(3) and 509(a)(1) or (2) of the Code, including Silicon Valley Community Foundation, that (a) engage in charitable activities that are consistent with the charitable purposes of the Silicon Valley Community Foundation, and (b) are not controlled directly or indirectly by a donor to this corporation or any related party to such donor within the meaning of Code Section 509(f)(2).
- C. In furtherance of the specific and primary purpose set forth in Article IIB, this corporation shall exclusively conduct the charitable activity of providing grants to recipients to fund projects that are charitable or educational within the meaning of Code Section 501(c)(3) and that are within the following areas, particularly those that have traditionally been underfunded or unfunded, including but not limited to high-risk, long-term projects, but without any preference: Cross-disciplinary initiatives involving technology with theater, education, visual arts, literary arts, culture, new media, music, film, computational humanities or journalism; and vision, neurological, brain, cancer or cardiovascular research; particularly initiatives and research in the above areas that subscribe to open source, open data, or open science principles.

### ARTICLE III

- A. This corporation is organized and operated exclusively for exempt purposes within the meaning of Section 501(c)(3) of the Code. Notwithstanding any other provision of these Articles, this corporation shall not carry on any activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (2) by a corporation, contributions to which are deductible under Sections 170(c)(2), 2055(a)(2), 2106(a)(2)(A)(ii), 2522(a)(2), or 2522(b)(2) of the Code.
- B. Except as permitted by law, no substantial part of the activities of this corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, nor shall this corporation participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

### **ARTICLE IV**

This corporation shall not have the power to accept any gift or contribution from any person described in Section 509(f)(2)(B) of the Code.

### ARTICLE V

The property of this corporation is irrevocably dedicated to charitable purposes, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member, if any, of this corporation, or any other private person. Upon the winding up and dissolution of this corporation and after paying or adequately providing for the debts and obligations of this corporation, the remaining assets shall be distributed to a nonprofit fund, foundation, or corporation that is organized and operated exclusively for charitable purposes, has established its tax-exempt status under Section 501(c)(3) of the Code, and is a member of the charitable class described in Article IIB.



I hereby certify that the foregoing transcript of page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC: 1:0 2013

NB

Date:\_

DEBRA BOWEN, Secretary of State

# UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS OF KITE FOUNDATION

The undersigned, being all of the directors of Kite Foundation, a California nonprofit public benefit corporation, in accordance with the authority provided in Section 13 of Article VI of the Amended and Restated Bylaws of this corporation and Section 5211(b) of the California Nonprofit Public Benefit Corporation Law, hereby adopt the following resolutions:

WHEREAS the Board of Directors has determined that it is in the best interest of this corporation to amend and restate its Articles of Incorporation;

NOW, THEREFORE, IT IS RESOLVED that the amendment and restatement of the Articles of Incorporation of this corporation as set forth in the attached proposed Amended and Restated Articles of Incorporation with the form of officers' certificate attached (together, the "Certificate") is hereby approved;

RESOLVED FURTHER that the President and the Secretary of this corporation are hereby authorized and directed to execute, and to file or cause to be filed, the Certificate with the California Secretary of State, in order to make the amendment legally effective; and

RESOLVED FURTHER that the officers of this corporation are hereby authorized and directed to do all such further acts and things as they may deem necessary and appropriate in order to complete the actions contemplated in the above resolutions.

IN WITNESS WHEREOF, the undersigned directors have executed this Unanimous Written Consent on the dates set forth opposite their respective signatures below. Such execution may be in counterparts.

DATED: December 2, 2013

Emmett Carson, Director

DATED: December 2, 2013

Mari Ellen Loijens, Director

DATED: December 2, 2013

Leigh Sittwell, Director

DATED: December 2, 2013

Alan Rothenberg, Director

DATED: December 2, 2013

Leigh Sittwell, Director

DATED: December 2, 2013

Leigh Sittwell, Director