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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	r calen	dar year 2014 or tax year beginning			, and	enaing		
Na	me of fou	ndation				A Employer	identification number	
		ng Foundation	- - -					
Nui	mber and	street (or PO box number if mail is not delivered to street address)		Room	/suite		27-3419857	
119	933 W	Burleigh St				B Telephone	number (see instruction	is)
City	or town	State	ZIP co			 		
Wa	Nauwatosa WI		5322	22			414-774-0300)
For	eign cou	ntry name Foreign province/state/county	Foreig	n posta	l code	C If exempti	on application is pendin	g, check here 🕨 🗌
								_
G	Check	t all that apply 🔲 Initial return 🔲 Initial return o	•	iblic cl	harity	D 1. Foreigr	organizations, check h	ere ► L
		☐ Final return ☐ Amended ret ☑ Address change ☐ Name chang				2. Foreigr	organizations meeting	the 85% test,
		e			4	nere and attach comput	_	
Н		type of organization X Section 501(c)(3) exempt pri					oundation status was te 7(b)(1)(A), check here	rminated under
	Sectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxa	able private fo	undat	tion		, (=)(-)(-), ==	-
- 1	Fair m	arket value of all assets at J Accounting method	X Cash	□ A	ccrual	F If the foun	dation is in a 60-month	termination
	end of	f year (from Part II, col (c),					tion 507(b)(1)(B), check	
	line 16	5) ▶ \$ 236,094 (Part I, column (d) must be	e on cash bası	s)		<u> </u>		
P	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue	and	4.5.51.		(-) Admind	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses p	er		t investment ncome	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books				_	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,846	3,903				
	2	Check ▶☐ if the foundation is not required to attach Sch B		_				
	3	Interest on savings and temporary cash investments		80		80		
	4	Dividends and interest from securities						
Ω	5a	Gross rents						
<u> </u>	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	b	Gross sales price for all assets on line 6a						
. e	7	Capital gain net income (from Part IV, line 2)	ļ					
Reg (8	Net short-term capital gain						
	9	Income modifications						
į	10a	Gross sales less returns and allowances						
5	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	<u> </u>					
	11	Other income (attach schedule)						
·	12	Total. Add lines 1 through 11		3,983		80	0	100.050
Ś	13	Compensation of officers, directors, trustees, etc		9,956				109,956
Se	14	Other employee salaries and wages	2.	7,700			<u> </u>	27,700
ě	15	Pension plans, employee benefits	<u> </u>	2.005				20.605
×	16a	Legal fees (attacle cometute)		0,605				20,605 60,971
e	b	Accounting fees (attach schedule) Other ordressional fees (attach schedule)		0,971 2,174		-		612,174
₽	C	Interess AUG 1 8 2015	- 014	2, 174				012,174
tra	17	Taxes (attach schedule) (see instructions)						
is	18 19	Donocution (attach schedule) and depletion						-
壹	20	Depreciation attaches chedule and depletion Occupancy	2.	3,500	_			23,500
형	21	Travel, conferences, and meetings		3,900 3,913	-			28,913
9	22	Printing and publications		3,0 10				20,010
an	23	Other expenses (attach schedule)	41:	3,098				413,098
<u> </u>	24	Total operating and administrative expenses.		5,000		 -		410,000
Operating and Administrative Expenses		Add lines 13 through 23	1.296	6,917		0	o	1,296,917
ā	25	Contributions, gifts, grants paid		0,355				450,355
ğ	26	Total expenses and disbursements. Add lines 24 and 25		7,272		0	0	
<u> </u>	27	Subtract line 26 from line 12	1,74	,212	 			1,141,212
		Excess of revenue over expenses and disbursements		9,711		Mind.		.
	a b	Net investment income (if negative, enter -0-)	6 111 211	3,7 1 <u>1</u>	-	80	For white forms the se	1. 1. 10 7 4 2
		Adjusted net income (if negative, enter -0-)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				A JOSEPH SON WILLY	

For Paperwork Reduction Act Notice, see instructions.

0 ** Form 990-PF (2014) I Am Giving Foundation

		Attached schedules and amounts in the description column	Beginning of year	End of	year
Pa	rt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		53,512	53,512
	2	Savings and temporary cash investments	1,631	127,582	127,582
	3	Accounts receivable			
		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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts			--
ß	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
158	9	Investments—U.S. and state government obligations (attach schedule)			
•	10a				··· - · · · · · · ·
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis	i I		
		Less. accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe See Attached Statement)	93,500	55,000	55,000
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	95,131	236,094	236,094
	17	Accounts payable and accrued expenses			
s	18	Grants payable			
Liabilities	19	Deferred revenue		5,000	
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	5,000	
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted	1		
_	25	Temporarily restricted		-	
m	26	Permanently restricted			
p	20	Foundations that do not follow SFAS 117, check here		,-	
Net Assets or Fund Ba		and complete lines 27 through 31.	1		
ō	27	Capital stock, trust principal, or current funds			
ß	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds	95,131	231,094	
As	30	Total net assets or fund balances (see instructions)	95,131	231,094	
et	31	Total liabilities and net assets/fund balances (see		20.,,00 /	
Ž	31	instructions)	95,131	236,094	
D.	art III		00,101	200,004	
		I net assets or fund balances at beginning of year—Part II, column (a)	line 30 (must sores y	with	<u> </u>
7			i, iiile oo (iiiust agree v		95,131
_		of-year figure reported on prior year's return)		1 2	
2		er amount from Part I, line 27a	mont	2	99,711
3		er increases not included in line 2 (itemize) See Attached State		3	36,252
4		lines 1, 2, and 3		4	231,094
5	Decr	reases not included in line 2 (itemize)	t II. column (h) luna 00	5	204.004
6	iota	I net assets or fund balances at end of year (line 4 minus line 5)—Par	ch, column (b), line 30	6	231,094

2

Part	V Capital Gains and	i Losses for Tax on Investm	<u>nent Incom</u>	ie			
•		e kind(s) of property sold (e.g., real estate, use, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, y		(d) Date sold (mo , day, yr)
1a							
b							
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale		(h) Gain (e) plus (f)	or (loss) minus (g)
a							
b							
<u> </u>				-			
<u>d</u>							 _
е	Complete and for excels of	awar gain in calumn (b) and award	by the found	otion on 12/21/60			
	Complete only for assets sh	owing gain in column (h) and owned					(h) gain minus ess than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		excess of col (i) er col (j), if any			m col (h))
а							
b							
С							
d							
<u>e</u>		f 16 man	-1	Darid Iraa 7 3			
2	Capital gain net income or	Inat canital loss) 1 -		Part I, line 7 }	2		. 0
3	Net short-term capital gain	or (loss) as defined in sections 1	222(5) and (6)			
	If gain, also enter in Part I,	line 8, column (c) (see instruction	ns) If (loss),	enter -0- in)	!		
	Part I, line 8			<u> </u>	3		0
Part	V Qualification Und	ler Section 4940(e) for Redu	iced Tax o	n Net Investment	Income		
Was t		e this part blank section 4942 tax on the distributal qualify under section 4940(e) Do			e period?		☐ Yes 💢 No
1		unt in each column for each year	•	•	ng any entries		
	(a)	dit in each column for each year	, 300 110 11131		lg any entires	<u>'</u>	(d)
C-1	Base period years	Adjusted qualifying distributions	Net v	(c) alue of noncharitable-use a	ssets ,		bution ratio vided by col (c))
Cai	endar year (or tax year beginning in) 2013		9,516	30	8,270	201 (0) 01	5 253563
	2012		0,048		6,672		2 107060
	2011	 	4,288		0,795		0 431193
	2010		0		3,067		0 000000
	2009						0 000000
			•				
2	Total of line 1, column (d)				2		7 791816
3	Average distribution ratio f	or the 5-year base period—divide	the total on	line 2 by 5, or by the			
	number of years the found	ation has been in existence if les	s than 5 yea	rs	3		1 947954
4	Enter the net value of none	charitable-use assets for 2014 fro	m Part X, lin	e 5 .	4		82,822
5	Multiply line 4 by line 3				. 5		161,333
6	Enter 1% of net investmen	at income (1% of Part I, line 27b)			6		1
7	Add lines 5 and 6				7		161,334
0	Enter qualifying distribution	no from Dort VII. line 4					4 747 070
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 ter than line 7, check the box in P	art VI, line 1	b, and complete that	part using a	l% tax	1,747,272 rate See the

Page 4

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ns)			
1a ʻ	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		1		
	here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0		
3	Add lines 1 and 2		1		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-				
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments		1		
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6				
b	Exempt foreign organizations—tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d 7		0		
8	Enter any penalty for underpayment of estimated tax. Check here	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0		
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ► Refunded ► 11		0		
	VII-A Statements Regarding Activities		V	Nia	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	10	Yes	No X	
h	participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a			
b	Instructions for the definition)?	1ь		Х	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			}	
С					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \$ (2) On foundation managers \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers \$			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b	N/A	-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	1477	X	
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or			ļ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CA, DE				
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 <i>General Instruction G? If "No," attach explanation</i>	Qb.	v		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	8b	X		
,	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If				
	"Yes," complete Part XIV	9		Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	х		
	numbo una addi odoco		_^_	L	

P <u>art</u>	VII-A Statements Regarding Activities (continued)			
11 '	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Χ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► www.iamangelfoundation.org			
14	The books are in care of ► Anick & Associates Telephone no ► 414-774	-0300		
	Located at ► 11933 W Burleigh St Wauwatosa WI ZIP+4 ► 53222			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year		ı	▶
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			
	"Yes," enter the name of the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . X Yes No			İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after		}	ł
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2014?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			
b	If "Yes," list the years 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
-	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	L	X

Part	VII-B Sta	atements Regarding Activities	for W	nich Form 4	1720 M	lay Be Re	quirec	(contin	ued)_	·
5a'	During the year (1) Carry on p	ar did the foundation pay or incur any propaganda, or otherwise attempt to in	amoun nfluence	t to e legislation (section	4945(e))?		☐ Yes	X No	
	directly or	he outcome of any specific public ele indirectly, any voter registration drive	?			to carry on	,	Yes	⊠ No	
		grant to an individual for travel, study,						∐ Yes	X No	
		grant to an organization other than a 45(d)(4)(A)? (see instructions)	charitat	ole, etc , orga	nızatıor	described	ın	☐ Yes	X No	
	purposes,	r any purpose other than religious, ch or for the prevention of cruelty to chil-	dren or	anımals?				☐ Yes	X No	
b				insactions fail to qualify under the exception garding disaster assistance (see instruction					d ın	5b N/A
С	If the answer	relying on a current notice regarding is "Yes" to question 5a(4), does the fo antained expenditure responsibility fo	undatio	on claim exen				☐ Yes	► □	
6a	Did the found	h the statement required by Regulation ation, during the year, receive any fur benefit contract?				ay premiur	ns	☐ Yes	X No	
b	Did the found	ation, during the year, pay premiums, file Form 8870	directly	or indirectly,	on a pe	ersonal ben	efit con	tract?		6b X
7a b	At any time dur	ring the tax year, was the foundation a pa ne foundation receive any proceeds of	rty to a p	prohibited tax s	shelter tr ie attrib	ansaction? utable to th	e transa	Yes ection?	X No	7b N/A
Pari	VIII Info	rmation About Officers, Directo Contractors	ors, Tr	ustees, Fo	undati	on Manaç	gers, F	lighly P	aid En	nployees,
1	List all office	rs, directors, trustees, foundation r	nanage	ers and their	compe	nsation (s				
	(a) Name and address	hou	e, and average rs per week ed to position	`´(lf n	mpensation ot paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expense account, other allowances
See A	ttached Staten	nent		00		0				
- -				00		0				
				00		0				
				00		0			\	
2	Compensation "NONE."	on of five highest-paid employees (other t	han those in	cluded	on line 1—	-see ins			ne, enter
_	(a) Name and add	dress of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	veek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expense account, other allowances
Lilly k 8863		Los Angeles, CA 90035		Program Dır	ector 40 00		62,645		_	
					00		0			
					00		0			
					00		0			
					00		0			
Total	number of other	er employees paid over \$50,000		L		L			•	1

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Karger Law Offices	
15 Walnut St Suite 100, Wellesley, MA 02481 Production Costs Trans4M 2013 Cor	292,742
Enrique Legaspi	
2412 Bywood Dr , Glendale, CA 91206 Contract Services	56,525
······································	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
The Trans4M benefit concert series is part of Will I Am's larger mission to drive positive	
transformation in the Boyle Heights neighborhood of Los Angeles where he grew up. The organization	
brings STEAM (Science, Technology, Engineering, Arts and Math) Programs to underserved communities	1,144,724
2	
3	
A	
7	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0

Form 99	B0-PF (2014) I Am Giving Foundation	27-3419857	Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundations,	
•	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	54,083
С	Fair market value of all other assets (see instructions)	1c	30,000
d	Total (add lines 1a, b, and c)	1d	84,083
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets .	2	
3	Subtract line 2 from line 1d	3	84,083
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see	1	
	instructions)	4	1,261
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	82,822
6	Minimum investment return. Enter 5% of line 5	6	4,141
Part			
	foundations and certain foreign organizations check here)	
1	Minimum investment return from Part X, line 6	1	4,141
2a	Tax on investment income for 2014 from Part VI, line 5	1	
b	Income tax for 2014 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,140
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,140
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4,140
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	200	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,747,272
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,747,272
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,747,271
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	nether the foundation	on
	qualifies for the section 4940(e) reduction of tax in those years		

Part	VIII ' Undistributed income	see instructions	<u>'</u>			
1	Distributable amount for 2014 from	Part XI,	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014
	line 7	-				4,140
2	Undistributed income, if any, as of the	end of 2014				
а	Enter amount for 2013 only	}			0	
b		20, 20				
3	Excess distributions carryover, if ar	iy, to 2014				
а	From 2009 .			:		
b	From 2010	205 505				
С	From 2011	365,585				
đ	From 2012	2,050,218				
е	From 2013	1,604,102	4.040.005			
f	Total of lines 3a through e	5	4,019,905			
4	Qualifying distributions for 2014 fro	m Part XII,				
	line 4 ▶ \$ 1,747,272				· · · · · · · · · · · · · · · · · · ·	
	Applied to 2013, but not more than					
b	Applied to undistributed income of		ļ			
	(Election required—see instruction	· -				
С	Treated as distributions out of corp	us (Election				
	required—see instructions)					4 4 4 4 0
	Applied to 2014 distributable amou		4.740.400			4,140
	Remaining amount distributed out		1,743,132			
5	Excess distributions carryover app				- +	
	(If an amount appears in column (c	• •				
_	amount must be shown in column	· · · · · · · · · · · · · · · · · · ·				
6	Enter the net total of each colum indicated below:	n as				ŀ
_	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	5,763,037			
a b			3,703,037	-		
D	line 4b from line 2b	Jubliaci		0		
С	Enter the amount of prior years' un	distributed				
·	income for which a notice of deficie					1
	been issued, or on which the section	-				
	tax has been previously assessed	5.1 10 12(G)				
d	Subtract line 6c from line 6b Taxal	ole l				
ŭ	amount—see instructions	,,,				
е	Undistributed income for 2013 Sul	otract line				
•	4a from line 2a Taxable amount—	ľ				
	instructions				О	
f	Undistributed income for 2014 Su	otract lines				
	4d and 5 from line 1 This amount	must be				
	distributed in 2015					0
7	Amounts treated as distributions o	ut of corpus				
	to satisfy requirements imposed by	section				
	170(b)(1)(F) or 4942(g)(3) (Electio	n may be				
	required—see instructions)					
8	Excess distributions carryover from	n 2009 not				
	applied on line 5 or line 7 (see inst	ructions)				
9	Excess distributions carryover t	o 2015.				
	Subtract lines 7 and 8 from line 6a		5,763,037			
10	Analysis of line 9					
а	Excess from 2010					
b	Excess from 2011 .	365,585				
C	Excess from 2012	2,050,218				1
d	Excess from 2013	1,604,102				
е	Excess from 2014	1,743,132			5 5	

Part XV Supplementary Information (continued) 3 ' Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of recipient Amount any foundation manager contribution Name and address (home or business) or substantial contributor Paid during the year PC Environmental protection/prevent 300 Global Green USA climate change 2218 Main St Santa Monica, CA 90405 PC Empower students to from 434,555 College Track underserved communities to 111 Broadway Suite 101 graduate college Oakland, CA 94607 PC Provide food and shelter to 5,500 Time is Now homeless and underpriviledged PO Box 70 children Pell Lake, WI 53157 PC Advancing art and education to 10,000 Urban Arts Parntership underserved students 21 Howard St 5th FI New York, NY 10013 3a Total 450,355 Approved for future payment Total

Par	t XVI-A Analysis of Income-Producing Ac	tivities				
	r gross amounts unless otherwise indicated		siness income	Excluded by secti	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt function income
_	D	Business code	Amount	Exclusion code	Amount	(See instructions)
1	Program service revenue			-		
	b					
	d					
				<u> </u>		
	e					
	g Fees and contracts from government agencies					
2	g Fees and contracts from government agencies Membership dues and assessments			<u> </u>		
3	Interest on savings and temporary cash investments			14	80	
4	Dividends and interest from securities			1-7		
5	Net rental income or (loss) from real estate					
•	a Debt-financed property			- 		
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
• •	b					
	С					
						<u> </u>
	u	1				
	de		·			
12	e				80	
	Subtotal Add columns (b), (d), and (e)			0		8
13	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	;)		0	80 13	
13 (See	Subtotal Add columns (b), (d), and (e)					
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8
13 (See Pal Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incom-	ccomplishme	ent of Exemp	ot Purposes	13	8

Form 99	0-PF (2	2014) I Am Gıvi	ng Foundation				27-341	9857	Pa	ge 13
Part	XVII	Information	Regarding Trans	sfers To and Trans	actions and R	Relationships \	With Nonchar	itable		-
		Exempt Org	anizations							
				ngage in any of the foll					Yes	No
		, ,	e Code (other than s	ection 501(c)(3) organ	zations) or in sec	ction 527, relating	j to political			
	_	nizations?								İ
		-	orting foundation to	a noncharitable exemp	t organization of	•				İ
	(1) (1a(1)		X
	` '							1a(2)		X
-		r transactions:								.,
				mpt organization				1b(1)		X
				ble exempt organizatio				1b(2)		X
				assets				1b(3)		X
			_					1b(4)		X
		-		p or fundraising soliciti				1b(5)	\vdash	X
				s, other assets, or paid				1b(6)		x
				nplete the following sche						
				given by the reporting for				et		
	value	in any transaction	or sharing arrangeme	ent, show in column (d) to	ne value of the go	ods, other assets,	or services receiv	ed.		
(a) Line		(b) Amount involved		hantable exempt organization		scription of transfers,			ngemen	ts
	一							<u>-</u>		
		·						· <u>-</u>		
					1					
									•	
	_									
	\perp									
	_									
		· 								
	-									
	-									
			·· 							
			4b	4-4						
2a	desc	ribed in section 50	ay or mairecuy aiilla	ted with, or related to, ther than section 501(c	one or more tax-	exempt organiza 5272	uons	Vac	ΓΣΊ N	^
			following schedule		,(0)) G. III GOGGOI			103		0
		(a) Name of organi		(b) Type of orga	enization	(c)	Description of relation	nehin		
		(-)		(0) 1) po 01 019		(0)	DOSON PROTECTION OF TOTAL CO.	iornp		
		····			· · · · · · · · · · · · · · · · · · ·					
*********							·····			

-									•	
				eturn, including accompanying sche	•		dge and belief, it is true,			
Sign	corre	ct, and complete Declaration	on of preparer (other than taxpa	yer) is based on all information of v	rhich preparer has any kni	owledge	May the IRS	S discuss	this retu	n
Here				P5.15	1 Executi	re Niector	with the pre			
	Sig	nature of officer or trus	tee	Date	Title		(see instruc	WOUR)/	7 168	^0
Paid		Print/Type preparer's	name	Preparers signature	$\overline{}$	Date 8/11/18	Check 1	PTIN		
Prepa	ror	Christine Daws		1 Mined	tus	-076/20 15		P0179	0536	
Use (Anick & Associates	_	_	Firm	n's EIN 39-197	77004		
U36 (-iiiy	Firm's address	11933 W Burleigh S	treet, Wauwatosa, WI	53222-3100	Pho	one no			

Schedule B

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

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2014

Employer identification number

Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

27-3419857 I Am Giving Foundation Organization type (check one) Filers of: Section:) (enter number) organization Form 990 or 990-EZ 501(c)(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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 **>** \$ ______ totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JP Morgan Chase 712 Main St 4E Houston TX 77002 Foreign State or Province Foreign Country	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Ronald W Burkle Foundation 9130 West Sunset Blvd Los Angeles CA 90069 Foreign State or Province Foreign Country	\$ 54,661	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The DEKA Foundation 340 Commercial Street Manchester NH 03101 Foreign State or Province Foreign Country	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Frank Torre 1450 Quarton Rd Bloomfield MI 48304 Foreign State or Province Foreign Country	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Yahoo, Inc 701 First Avenue Sunnyvale CA 94089 Foreign State or Province Foreign Country	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	William Adams 10960 Wilshire Blvd 5th Fl Los Angeles CA 90024 Foreign State or Province Foreign Country	\$1,161,721	Person X Payroll

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Kul _l eet Chahal 268 Bush Street San Francisco CA 94101 Foreign State or Province Foreign Country	\$ 15,950	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Creative Artists Agency 2000 Avenue of the Stars Los Angeles CA 90067 Foreign State or Province Foreign Country	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Demand Media Inc 1655 26th Street Santa Monica CA 90404 Foreign State or Province Foreign Country	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Emerson Collective LLC 101 Ygnacio Valley Road Suite 310 Walnut Creek CA 94596 Foreign State or Province Foreign Country	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Environmental Systems Research Institute 380 New York St Redlands CA 92373 Foreign State or Province Foreign Country	\$ 5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	General Electric Corporation PO Box 9544 Fort Myers FL 33906 Foreign State or Province Foreign Country	\$ 10,000	Person X Payroll

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Hertz and Lichtenstein LLP 450 North Roxbury Dr 8th Fl Beverly Hills CA 90210 Foreign State or Province Foreign Country	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 14	I am Bizzy LLC 10960 Wilshire Blvd Los Angeles CA 90024 Foreign State or Province Foreign Country	\$ 23,052	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	I am plus LLC 10960 Wilshire Blvd Los Angeles CA 90024 Foreign State or Province Foreign Country	\$ 15,625	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Lockheed Martin PO Box 33010 Lakeland FL 33807 Foreign State or Province Foreign Country	\$ 20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Maker Studios Inc 1976 S La Cienega Rm 224 Los Angeles CA 90034 Foreign State or Province Foreign Country	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Amir Mashkoori 130 Wooded View Dr Los Gatos CA 95032 Foreign State or Province Foreign Country	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization	Employer identification number
I Am Giving Foundation	27-3419857

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			
19	Nigro Karlın Segal & Feldstein LLP 10960 Wilshire Blvd 5th FI Los Angeles CA 90024 Foreign State or Province Foreign Country	\$ 50,000	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	William Price 135 E Sir Francis Drake Blvd Larkspur CA 94939 Foreign State or Province Foreign Country	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	Google 1600 Amphitheatre Pkwy Mountain View CA 94043 Foreign State or Province Foreign Country	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
22	Sean Parker 314 Lytton Ave Suite 200 Palo Alto CA 94301 Foreign State or Province Foreign Country	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23	Dassault Systems 175 Wyman St Waltham MA 02451 Foreign State or Province Foreign Country	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

art II No	ncash Property (see instructions) Use duplicate	1	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
) No. rom rart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		- - - \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		- - - \$	

Name of or			, Em	ployer identification number 27-3419857
Part III	Foundation Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the ye the following line entry For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ar from any one contributor. Impleting Part III, enter the tota (Enter this information once	Complete columns of all of exclusively relig	n 501(c)(7), (8), or (a) through (e) and
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	(b) Full pose of gift	(0) 000 01 gilt	(4) 200	
	Transferee's name, address, and Z	(e) Transfer of gift	lationship of trans	feror to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and Z	IP + 4 Re	elationship of trans	feror to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
			ļ	
		(e) Transfer of gift		
	Transferee's name, address, and 2	IP + 4 Re	elationship of trans	feror to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and a	<u> </u>	elationship of trans	feror to transferee
	For Prov Country			

Part I, Line 16a (990-PF) - Legal Fees

	20,605	0	(20,605
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Legal Fees	20,605			20,605

Part I, Line 16b (990-PF) - Accounting Fees

	60,971	0	(60,971
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Accounting Services	60,971			60,971

Part I, Line 16c (990-PF) - Other Professional Fees

<u>-</u> _		612,174	0	0	612,174
					Disbursements
		Revenue and			for Charitable
		Expenses per	Net Investment	Adjusted Net	Purposes
	Description	Books	Income	Income	(Cash Basis Only)
1	Event Coordination	166,557			166,557
2	Videographer	43,875			43,875
3	Consulting/Developement	376,742			376,742
4	Fiscal Management Fee	25,000			25,000

Part I, Line 23 (990-PF) - Other Expenses

		4 <u>13,098</u>	0	0	413,098
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
l	Description	per Books	Income	Income	Purposes
	Insurance	20,916			20,916
2	Office Supplies	9,082			9,082
3	Payroll Taxes	2,033			2,033
4	Communications	34,785			34,785
5	Miscellaneous	47,520			47,520
6	Other Taxes and Fees	6,020			6,020
7	Trans4M conference production expenses	292,742			292,742

Part II, Line 15 (990-PF) - Other Assets

		009'86	55,000	55,000
		Book Value	Book Value	FMV End
	Asset Description	Beg of Year	End of Year	of Year
-	PRI - Mortgage Loan Receivable	25,000	25,000	25,000
2	Office Security Depositi	23,500	0	0
က	Works of Art	45,000	30,000	30,000

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 3 - Other increases not included in Part III, Line 2

1	Art	1	30,000
2	Other Adjustments to prior period	_ 2	6,252
3	Total	3	36,252

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I Am Giving Foundation

1										109,956	O		0
L	Name	Check "X" If Business	Street	Crty	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account	· ·
	Polo Molina		10960 Wilshire Blvd , 5th Fl	Los Angeles	CA (90024		Director	10 00	0	0	•	0
<u></u> '	Ror Conway		10960 Wilshire Blvd , 5th Fl	Los Angeles	S S	90024		Director	10 00	0	0		10
<u> </u>	William Adams		10960 Wilshire Blvd , 5th Fl	Los Angeles	8	90024		President	10 00	0	0		0
3 4	Justin Paschal		4515 Emerald Way	Culver City	55	90230		Former Executive Director	40 00	35,700	0		0
	Tatiana Lifvin		3143 Etinck St	Los Angeles	8	90027		Executive	40 00	74,256	0		0