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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

2014

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.

Open to Public Inspection

	For	cale	ndar	year 2014, or ta	x year beginnin	g	, 2014	, and ending	_					
•	THE SANGREAL FOUNDATION								A	Employer ider 45-377	9543			
	35	02	SAC	CRED MOON C TX 78746					В	Telephone nui (512)	nber (see ins 551-92			
						,			С	C If exemption application is pending, check here				
~	G Check all that apply. ☐ Initial return ☐ Initial return of a former public charity ☐ Amended return								D	D 1 Foreign organizations, check here ►				
		<u> </u>	-1. L.		Address char		Name change	oundation	-	2 Foreign organizations meeting the 85% test, check here and attach computation				
		Section 4947(a)(1) nonexempt charitable tre			counting method. X Cash Accrual Other (specify)			If private foun under section		s was terminated				
)-month termination				
ı		> \$ π1	ΙΔ	2,978, nalysis of Re		(Part I,	column (d) must be or	1	1	under section		·		
			E: co sa	xpenses (The lumns (b), (c), a rily equal the amee instructions).)	total of amounts and (d) may not nounts in columi	neces-	(a) Revenue and expenses per books	(b) Net investme	ent	(c) Adjust		(d) Disbursements for charitable purposes (cash basis only)		
			1	Contributions, gifts, grants			4,265,323.	1 2 2	,			·		
			2	Ck ► if the four	ndn is not required to attac	ch Sch B	***		-	f % /	-	,		
			3 4	Interest on savings and ten Dividends and interest from						 				
2015		Ì		Gross rents.										
			_	Net rental income or (loss)			3,52 ° 005		1410 1410 1410 1410 1410	3 -	~ · '_ · ·	, ,		
သ ဧ	R	:		Net gain or (loss) from sale Gross sales price for			8.1. 1.1. 1.0.10 to the things	-crap-meagra-falt	`	1 - 2 - 2 - 2	e- u &l	· - · · - · · - · · · · · · · · · · · ·		
	V		7	assets on line 6a Capital gain net inco	ome (from Part IV, lin	ne 2).				77 7 4 4 1 1 1 1 1 1	- 1 	** X *		
MAY	N	i	8	Net short-term capita	-					3		N		
	E		9 10 a	Income modifications Gross sales less	s 		* ***		. ZA20	1 7		(3 1 4 4) = 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ONE SO				aliowances										
			_	Less Cost of goods sold				REC	EI\	VED		A Constant		
< P			11	Gross profit or (loss) (attach Other income (attach				-		+		NO		
(1)			••	Office meanine (attack)	, 32.1323.5)			AV WYA	2 2	2015 9				
00			12	Total. Add lines 1 t	through 11		4,265,323.	8 111	0.	8	0.	` ";		
			13	Compensation of offi		ees, etc	20,000.	001	\ <u></u>	v. UT	!	20,000.		
			14 15	Other employee salar Pension plans, emplo	•			OGL		y , O ,	<u>., </u>			
				Legal fees (attach sc	-	ST 1	630.			-		630.		
		A D M		Accounting fees (atta	ach sch) SEE	ST 2	1,495.					1,495.		
		Ï	c	Other prof fees (atta	ach sch)									
	P	S T	17	Interest	e instrs) SEE S	T'M 3	1 570					1 572		
	O P E R A T	RAT	18 19	Taxes (attach schedule)(se Depreciation (attach		11, 0	1,572.			 	.	1,572.		
	Î	Î		sch) and depletion								,		
	N G	Ě	20 21	Occupancy Travel, conferences,	and meetings		18,898.			+		18,898.		
	A	- 1	22	Printing and publicati			10,000.					10,030.		
	A N D	E X P	23	Other expenses (atta			00 674					74 007		
		NS	24	Total operating and a	EE STATEME	NT 4	82,674.					74,807.		
		Ĕ	24	expenses. Add lines	13 through 23		125,269.		_			117,402.		
		1	25	Contributions, gifts, grants		L XV	1,306,351.				i	1,306,351.		
				Total expenses and of Add lines 24 and 25			1,431,620.		0.		0.	1,423,753.		
			27 a	Subtract line 26 from Excess of revenue or			<u> </u>	; 7.8	, íz		د	**** ***** ***** *********************		
			a	and disbursements	experience		2,833,703.		, 💰	1 1		, ,		
				Net investment incom	· -	-			0.	1		x ₁		
			C	Adjusted net income	(if negative, enter -())	学 縁 はい コープ はば	, ;2		4	0.	£ 25		

Page 2

Par	t II 🖟	Balance Sheets column should be for end-of-year amounts only	beginning of year		d of year
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	105 070	0.005.54	2 2 2 5 5 4 2
	2	Savings and temporary cash investments	125,079.	2,966,64	9. 2,966,649.
	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 sch)			
A		Less, allowance for doubtful accounts	\	<u> </u>	
S	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges		··-·	
S	10:	a Investments - U.S. and state government			
_		obligations (attach schedule)			
	ı	b Investments — corporate stock (attach schedule)			
	(c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis	* *		1 ·,
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments — other (attach schedule)		,	
	14	Land, buildings, and equipment basis ►	<u> </u>	, »·	,
		Less accumulated depreciation (attach schedule)			
		Other assets (describe SEE STATEMENT 5	19,667.	11,800	0. 11,800.
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item i)	144,746.	2,978,449	9. 2,978,449.
L	17	Accounts payable and accrued expenses			. (3)
i A	18	Grants payable			
B	19	Deferred revenue			
1	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			* - 1
Ţ	22	Other liabilities (describe ►)			
E S	23	Total liabilities (add lines 17 through 22)	0.		0.
	23	Foundations that follow SFAS 117, check here	0.1	·····	→
		and complete lines 24 through 26 and lines 30 and 31.			一
N F E U T N	24	Unrestricted		 -	
ŤŇ	25	Temporarily restricted			
A D	26	Permanently restricted Foundations that do not follow SEAS 117 check here			
A B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	,		
EL	27	Capital stock, trust principal, or current funds			** * * * * * * * * * * * * * * * * * * *
SŅ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	144,746.	2,978,449	9.
RS	30	Total net assets or fund balances (see instructions)	144,746.	2,978,449	<u>).</u> ;
	31	Total liabilities and net assets/fund balances (see instructions).	144,746.	2,978,449	, i
Par	 -	Analysis of Changes in Net Assets or Fund Balanc		2,310,443	·
				an week	
1	end-	net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return)	ייו (a), וווופ טט (must agre	ee with	144,746.
2		r amount from Part I, line 27a			2,833,703.
3		increases not included in line 2 (itemize)			3
4	Add I	lines 1, 2, and 3			2,978,449.
5		ses not included in line 2 (itemize)			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	30	2,978,449.

(a) List and descr 2-story brick wareho	ribe the kind(s) of property sold (e g , re buse, or common stock, 200 shares ML(eal estate, C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A					
Ь					
c					
d			<u> </u>		
<u>e</u>		(-) O		4) 0	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) m	
a		·····	<u> </u>		
<u>b</u>		<u> </u>			
d					
e				 ,	
·	owing gain in column (h) and owned by	the foundation on 12/31/6	9	(I) Gains (Coli	ımp (h)
(i) Fair Market Value as of 12/31/69	(f) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	1 (1)	gain minus column (k nan -0-) <mark>or</mark> Losses (fr	(), but not less
a					
b					
С					
d					
e	_ <u>_</u>		·	1	· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (i	If (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain of	or (loss) as defined in sections 1222(5) a	and (6).			
If gain, also enter in Part I, I in Part I, line 8	line 8, column (c) (see instructions). If ((loss), enter -0-	3		
Part V Qualification Und	der Section 4940(e) for Reduce	d Tax on Net Invest	nent Incom	e	
(For optional use by domestic priv	rate foundations subject to the section 4	1940(a) tax on net investm	ent income.)	N/A	
If section 4940(d)(2) applies, leave	e this part blank				
	and an 4042 how on the distributable are			Пv	□ .
	section 4942 tax on the distributable am jualify under section 4940(e). Do not cor	• •	se periou:	∐Yes	∐ No
	nt in each column for each year, see the		ng any entries		
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as:	sets (col	Distribution umn (b) divided l	
2013					
2012					
2011		<u> </u>			
2010					
2009	_				
2 Total of line 1, column (d)			2		
• • •	the Every hore period divide the te	tal an line 2 by E. or by the			
	the 5-year base period — divide the to tion has been in existence if less than 5		3		
		X, line 5	4		
4 Enter the net value of nonch	aritable-use assets for 2014 from Part)	•		ľ	
4 Enter the net value of nonch5 Multiply line 4 by line 3	aritable-use assets for 2014 from Part :		5		
5 Multiply line 4 by line 3	aritable-use assets for 2014 from Part)		5		
5 Multiply line 4 by line 3					
5 Multiply line 4 by line 36 Enter 1% of net investment in	income (1% of Part I, line 27b)		6		

₂ Pa	rt VII-A Statements Regarding Activities (continued)			-		,
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified advisory privileges? If 'Yes,' attach statement (see instructions)	l person	had	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption ag	oplication	n ^o	13	Х	
	Website address N/A		75107			-
14	The books are in care of ANDY GELLER Located at 3502 SACRED MOON COVE AUSTIN TX ZIP + 4 >	787 <u>4</u>	<u>(512)</u> 46		-92 <u>5</u>	<u> </u>
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	► 1	5	N/A	•	U N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authobank, securities, or other financial account in a foreign country?	ority ove	era	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). enter the name of the foreign country	If 'Yes,		"	,	4
Pai	it VII-B Statements Regarding Activities for Which Form 4720 May Be Required			LI		<u> </u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			4	Yes	No
1 a	During the year did the foundation (either directly or indirectly).		;		7 1	2
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	, ,		, . .
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person?	Yes	— X No	, ; , ,	* .	·
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	3 179	38.3°	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	∏No	, : **	, 84,	
	(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)?	Yes	XNo		÷ %	****
	(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 termination of government service, if terminating within 90 days.)	Yes	ΧNο			
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)?			1 Ь	1.00(000.)	X
	Organizations relying on a current notice regarding disaster assistance check here	•			· .	137
c	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?			1 c		
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)):			*****		1,400
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	XNo	~	``	
	If 'Yes,' list the years ► 20, 20, 20			, v	4	2 2 3
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)((relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2))	2) 2) to			**	
_	all years listed, answer 'No' and attach statement — see instructions)		-	2Ь	N	<u>'A</u>
C	: 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	·•		- ^ }	(m)	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	Ĭ, Ì		
b	of 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)			3 b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		X
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?			4 b	.*, *	X
RAA				rm 991		201.43

Form 990-PF (2014) THE SANGREAL FOUN				79543 Page 6			
Part:VII-B Statements Regarding Activit		n 4720 May Be Red	quired (continued))			
5 a During the year did the foundation pay or incu			<u></u>	, .			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry						
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registra	No .						
(3) Provide a grant to an individual for travel,	No						
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions))		Yes	No			
(5) Provide for any purpose other than religion educational purposes, or for the prevention	n of cruetty to children o	or animals?		No			
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to quality a current notice regardi	ualify under the exception ing disaster assistance	ons	5b N/A			
Organizations relying on a current notice regain	rding disaster assistance	e check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsing 'Yes,' attach the statement required by Regulations.	sibility for the grant?		N/A Yes	No			
6a Did the foundation, during the year, receive an							
on a personal benefit contract? b Did the foundation, during the year, pay premi				No 6b X			
If 'Yes' to 6b, file Form 8870	ums, directly or indirect	y, on a personal belief	t contract:	6b X			
7 a At any time during the tax year, was the found	· ·			No			
b If 'Yes,' did the foundation receive any proceed				N/A 7b			
Part VIII Information About Officers, Directors	ectors, Trustees, ro	undation managers	, nigniy Paid Empi	loyees,			
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
BRIAN SHETH	VICE PRESIDE	0.	0.	0.			
3502 SACRED MOON COVE AUSTIN, TX 78746	1.00						
ADRIA SHETH	PRESIDENT	0.	0.	0.			
3502 SACRED MOON COVE	1.00						
AUSTIN, TX 78746							
ANDREW GELLER	SECRETARY	20,000.	0.	0.			
3502 SACRED MOON COVE AUSTIN, TX 78746	5.00	,					
2 Compensation of five highest-paid employees	(other than those inclu		tructions). If none, ent	er 'NONE.'			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
NONE							
			·	 			
Total number of other employees paid over \$50,000	<u> </u>		•	<u> </u>			
RAA	TEFANSON OF			Form 990-PF (2014)			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empland Contractors (continued)	oyees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
2	
3	
4	
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	
N/A	
2	
	İ
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.
BAA	Form 990-PF (2014)

BAA

Form 990-PF (2014) THE SANGREAL FOUNDATION 45-3779543 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: A Average monthly fair market value of securities	1 a	
	b Average of monthly cash balances	1ь	276,434.
	c Fair market value of all other assets (see instructions)	1 c	270, 131.
	d Total (add lines 1a, b, and c)	1 d	276,434.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	276,434.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,147.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	272,287.
6	Minimum investment return. Enter 5% of line 5	6	13,614.
Pa	rt XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ☐ and do not complete this part.)	ating ·	foundations
1	Minimum investment return from Part X, line 6	1	13,614.
2:	a Tax on investment income for 2014 from Part VI, line 5		
ı	h Income tax for 2014. (This does not include the tax from Part VI)	À	
•	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,614.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	13,614.
6	Deduction from distributable amount (see instructions).	6	
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	13,614.
Pai	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	1 422 752
	Program-related investments — total from Part IX-B	1 b	1,423,753.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
		3	
3	Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
4		4	1,423,753.
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	, , , , , , , , , , , , , , , , , , , ,
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,423,753.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether to qualifies for the section 4940(e) reduction of tax in those years	he four	

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7			,	13,614.
2 Undistributed income, if any, as of the end of 2014	,	"-,"-		
a Enter amount for 2013 only	*		0.	
b Total for prior years: 20 , 20 , 20		0.		·· ·
3 Excess distributions carryover, if any, to 2014.				
a From 2009				•
b From 2010				
c From 2011 53, 285.				
d From 2012 553, 958.				
e From 2013 932, 269.		_		
f Total of lines 3a through e	1,539,512.	·		
4 Qualifying distributions for 2014 from Part	, , , , , , , , , , , , , , , , , , , ,			
XII, line 4. > \$ 1,423,753.	,	`		
a Applied to 2013, but not more than line 2a			0.	,
b Applied to undistributed income of prior years				
(Election required — see instructions)		0.		
c Treated as distributions out of corpus				
(Election required — see instructions)	0.			
d Applied to 2014 distributable amount		, ,	,	13,614.
e Remaining amount distributed out of corpus	1,410,139.			, , <u></u> , , , .
5 Excess distributions carryover applied to 2014	0.	-		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
same amount must be snown in column (a))	and from the state of the state	4 × 90,	ಶೀಘಾರ್ಡಗಳಲ್ಲಿಗಳು ಚಿತ್ರಗಳ ಬಿತ್ರಗಳ	# ####################################
6 Enter the net total of each column as	*****	ມ ″າເພີ່		* *
indicated below:	,			·
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,949,651.			
b Prior years' undistributed income. Subtract				11 to 12
line 4b from line 2b	,*``	0.	*	, ,
c Enter the amount of prior years' undistributed			ì	
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed	* .	0.		<u> </u>
d Subtract line 6c from line 6b. Taxable	,			* 1
amount — see instructions	*	0.		
e Undistributed income for 2013 Subtract line 4a from			_	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines		, , , , , , , , , , , , , , , , , , , ,	,	
4d and 5 from line 1. This amount must be	,			_
distributed in 2015	` '			0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_	Š	»	. •
may be required — see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	<u> </u>
8 Excess distributions carryover from 2009 not				'
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015.	0.040.651	î		
Subtract lines 7 and 8 from line 6a	2,949,651.	•		·
10 Analysis of line 9:				
a Excess from 2010	, ,		,	
b Excess from 2011 53, 285.	1			•
c Excess from 2012 553, 958.	',"		*	
d Excess from 2013 932, 269.	,			
e Excess from 2014 1, 410, 139.				

Form 990-PF (2014) THE SANGREAL FOUR				45-3779543	Page 10		
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling							
is effective for 2014, enter the date of the r	ruling	•					
b Check box to indicate whether the foundation		rating foundation de	· · · · · · · · · · · · · · · · · · ·	4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years				
investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total		
b 85% of line 2a							
 Qualifying distributions from Part XII, line 4 for each year listed 	, 						
d Amounts included in line 2c not used directly for active conduct of exempt activities.							
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 							
3 Complete 3a, b, or c for the alternative test relied upon:							
a 'Assets' alternative test — enter.							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c 'Support' alternative test — enter.							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
,,,,,,							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income							
Part XV Supplementary Information assets at any time during th	(Complete this e year — see ii	s part only if the nstructions.)	e toundation ha	d \$5,000 or more	IN		
1 Information Regarding Foundation Manage	ers:						
a List any managers of the foundation who had close of any tax year (but only if they have SEE STATEMENT 7	ave contributed mo contributed more	ore than 2% of the to than \$5,000). (See s	otal contributions red section 507(d)(2))	ceived by the foundati	on before the		
b List any managers of the foundation who or	wn 10% or more o	f the stock of a corp	oration (or an equal	y large portion of the	ownership of		
a partnership or other entity) of which the f NONE	oundation has a 10)% or greater intere	st.				
2 Information Regarding Contribution, Grant	Gift, Loan, Schol	arship, etc. Progran		· · · · · · · · · · · · · · · · · · ·			
Check here I If the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d.	akes contributions	to preselected char	itable organizations	•			
a The name, address, and telephone number	or e-mail address	of the person to wi	nom applications sho	ould be addressed			
SEE STATEMENT 8							
b The form in which applications should be si	ubmitted and infor	mation and material	s they should include	e:			
SEE STATEMENT FOR LINE 2A							
c Any submission deadlines:							
SEE STATEMENT FOR LINE 2A							
d Any restrictions or limitations on awards, su	uch as by geograph	hical areas, charitat	ole fields, kinds of in:	stitutions, or other fac	tors		
SEE STATEMENT FOR LINE 2A							
RAA	TC	E403101 06/13/14		For	m 990 DE (2014)		

٠,

3 Grants and Contributions Paid During the Ye	ar or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 9	substantial contributor	recipient		
Total			► 3a	1,306,351
b Approved for future payment				
Total			▶ 3h	

Part XVI-A1 Analysis of Income-Producing Activities

Enter are	ss amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	
	gram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
а						
b						
_ c						
d				1		
e				<u> </u>		ļ
f				1		
_	es and contracts from government agencies					
	mbership dues and assessments rest on savings and temporary cash investments			ļ		
	dends and interest from securities			 		
	rental income or (loss) from real estate:	£ , 1	***			
	ot-financed property	, ,,		 	· · · · · · · · · · · · · · · · · · ·	4 / * >
	debt-financed property					
	rental income or (loss) from personal property					
7 Oth	er investment income					
8 Gain	or (loss) from sales of assets other than inventory					
9 Net	income or (loss) from special events					
10 Gro	ss profit or (loss) from sales of inventory					
11 Oth	er revenue:				Harry Market Control	
a				ļ		
				ļ		
c				<u> </u>		
e				<u> </u>		
· · · · · · · · · · · · · · · · · · ·	ototal. Add columns (b), (d), and (e)	2		- 4		
	al. Add line 12, columns (b), (d), and (e)	<u>'</u>	<u> </u>		13	0.
	sheet in line 13 instructions to verify calculations	s)				
Part Y	//I-B∄ Relationship of Activities to the	Accompl	ishment of Evenn	t Purn	DEAE	
10 20212-2010	Telationship of Activities to the	Accomp				
Line No. ▼	 Explain below how each activity for which inco accomplishment of the foundation's exempt p 	ome is report	ted in column (e) of Par	t XVI-A	contributed importantly t	o the
	accomplishment of the loundation's exempt p	(ott)		105 101 50	(See IIIS	
N/A						·
•						
			 :			
			•			
			· · - · · ·			
			•			
	-		<u></u>			
		.				
						
		· <u>-</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
			- · · · · · · · · · · · · · · · · · · ·			
						
			· 			
			·		·	
						
	<u> </u>					

Part XVII	Information	Regarding	Transfers	To and	Transactions	and Relation	ships With	Nonchari	table
	Exempt Ord	anizations	5				•		

	Exempt Organiz	zations								
describe	organization directly ed in section 501(c) o to political organizati	of the Code (ot	ngage in any of the following her than section 501(c)(3) or	with any oth ganizations)	er organization or in section 527,		Yes No			
_	· -		a noncharitable exempt orga	inization of.			!			
(1) Casi			- · · · · · · · · · · · · · · · · · · ·			1 a (1)	X			
(2) Other assets										
b Other transactions.										
_	es of assets to a none	charitable exer	mot organization			1 b (1)	X			
` ` _			ble exempt organization			1 b (2)	X			
• • •	tal of facilities, equip									
` ,	nbursement arranger		23203			1 b (3)	X			
\ \	•					1 b (4)	X			
• •	ns or loan guarantee:		p or fundraising solicitations			1 b (5)				
			s, other assets, or paid emp			1 b (6)	X			
c Sharing	or racinities, equipme	ent, maining iist	s, other assets, or paid emp	lioyees		1 c	<u> </u>			
the good	is, other assets, or s	ervices given i	complete the following sched by the reporting foundation. low in column (d) the value of	If the founda	tion received less than fa	aır market value ın	e of			
(a) Line no	(b) Amount involved	 	f noncharitable exempt organization		Description of transfers, trans		gements			
N/A	(-)	(0)					9			
14/21										
					-					
										
 +	·									
										
										
										
2a Is the for describe	undation directly or ii d in section 501(c) o	ndirectly affilia f the Code (oth	ted with, or related to, one oner than section 501(c)(3)) or	r more tax-e r in section 5	xempt organizations 27?	Yes	XNo			
b If 'Yes,'	complete the following	ng schedule.				· · · · · · · · · · · · · · · · · · ·				
<u></u>	Name of organization	on	(b) Type of organiza	tion	(c) Descrip	tion of relationship				
N/A										
·										
	····									
			·							
Under pe	enalties of perjury, I declare the	nat I have examined of preparer (other	this return, including accompanying sch than taxpayer) is based on all inform	edules and staten	nents, and to the best of my knowle eparer has any knowledge	edge and belief, it is true,				
Sign Here	Mura Marie of officer or trustee	uth	5/14 Date		PRESIDENT	this return preparer (see instr	RS discuss n with the shown below ructions)?			
Signal	Print/Type preparer's nam	ne	Preparer's signature		I Date	LOTIN	Yes No			
		iic	12/	2ML	-lala-	□"				
Paid	BRIAN R MAH		BRIAN R MAH)/7/// self-en	nployed P00522	2319			
Preparer	Firm's name M		CIATES, LLP		Firm's EIN	► 94-3342694				
Jse Only	·	01 CALIFO		E 411		/415\ 001	1111			
	1SI	AN FRANCI	SCO, CA 94111		Phone no	(415) 981-1				
BAA						Form 99	0-PF (2014)			

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

Schedule of Contributors

OMB No 1545 0047

2014

Department of the Treasury Internal Revenue Service

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is atwww.irs.gov/form990.

Name of the organization Employer identification number THE SANGREAL FOUNDATION 45-3779543 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization |X| 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 33-1/3% 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-PE, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1
Name of org	anization ANGREAL FOUNDATION	1	er identification number 779543
	Contributors (see instructions). Use duplicate copies of Part I if additional sp		119040
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRIAN & ADRIA SHETH		Person X Payroll
	3407 WOODCUTTERS WAY AUSTIN, TX 78746	\$4,265,324.	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupied Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person Payroll Noncash

(Complete Part II for noncash contributions)

Page

1 to

of Part II

Name of organization

THE SANGREAL FOUNDATION

Employer identification number

45-3779543

Partii	I Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(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
] Is	
		·	
(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
		\$	
		'	

of Part III

Name of organization
THE SANGREAL FOUNDATION

: 1	mpic	yer	igei	TUI	CE	won	numbe	"
٨	5 -	27	70	3 5	٨	2		

iPartilli j	Exclusively religious, charitable, etc. or (10) that total more than \$1,000 for the following line entry. For organizations co-contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.)	the year from any one contri mpleting Part III, enter the total o Enter this information once. See	i butor. Comp of <i>exclusivel</i>	olete columns (a) through (e) and y religious, charitable, etc.,
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- -	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2014

Department of the Treasury Internal Revenue Service Name(s) shown on return ldentifying number THE SANGREAL FOUNDATION 45-3779543 Business or activity to which this form relates FORM 990/990-PF Part 1 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2014 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) (b) Month and (f) Method (g) Depreciation (c) Basis for depreciation (d) (e) Classification of property year placed in service (business/investment use only — see instructions) Recovery period Convention deduction 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property

i Nonresidential real 39 yrs MM S/L MM S/L property Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L

27.5 yrs

27.5 yrs

۲	'ant (1)	/ ·	Summary	′ (See	instructions	•
						_

h Residential rental

property

21	Listed property. Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter		*

MM

MM

S/L

S/L

	n 4562 (2014)	THE SANGR						_						77 <u>954</u>		Page
Pai		Property (Incoment, recreation			tain other	vehicle	es, cert	ain ai	rcraft, d	ertair	comp	outers, a	and prop	erty use	ed for	
	Note: Fo	or any vehicle fo (a) through (c)	r which you a	re using i	the stand	ard mile	eage ra	te or	deduct	ng lea	ase ex	pense,	complet	e only 2	4a, 24b,	,
		A – Depreciat								or limi	ts for p	passeng	ger autoi	mobiles.)	
24 a	Do you have evident	e to support the bu	siness/investmer	it use claim	ed?		Yes		No 24	b If 'Y	es,' is th	ne evidenc	e written?		Yes	N
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment	Cos other	t or	(busin	(e) for deprecess/invest		(1 Reco	very	M	(g) ethod/ evention	Dep	(h) reciation duction		(i) Elected ction 179
25	Special deprec	ation allowance	percentage for qualified	listed pro	perty plac		use only) Service	during	the ta	x vea	r and					cost
	used more than	50% in a quali	fied business	use (see	instructio							25				
26	Property used i	more than 50%	in a qualified	business	use	-	-				1		τ			
											 					
														-		
27	Property used 5	0% or less in a	qualified bus	iness use	٠.											
											-				-	
											-		 			*
28	Add amounts in	ı column (h), lın	es 25 through	27. Ente	r here an	d on lir	ne 21, p	age 1				28				
29	Add amounts in	column (i), line	26 Enter he	re and or	line 7, p	age 1						·	·	29		
					B – Infor											
om	plete this section our employees, fi	n for vehicles us rst answer the o	ed by a sole questions in S	proprietoi lection C	r, partner to see if <u>j</u>	, or oth you me	er 'mor et an e	e thar xcepti	n 5% o ion to c	vner,' omple	or reli ting th	ated pei nis secti	rson If y on for th	you prov nose vel	vided ve nicles	hicles
_				T (a)		 o)	T	(c)		((d)	6	e)		(f)
30	Total business/ during the year commuting mile	(do not include			icle 1		cle 2	\ \ \	ehicle :	3		cle 4		cle 5		icle 6
31	Total commuting m	•	ne year													
32	Total other pers	sonal (noncomm	nuting)													
33	Total miles driv	en during the ye	ear Add													
	lines 30 through	n 3 2		Yes	No	Yes	No	Ye	s N	\perp	Yes	No	Yes	No	Yes	No
34	Was the vehicle	e available for p	ersonal use	res	NO	162	NO	1 6:	5 1		162	NO	ies	140	162	NO
-	during off-duty															ļ
35	Was the vehicle than 5% owner	used primarily or related perso	by a more													
36	Is another vehic	Ť														
	personal use?	C4: (- Our officer	for Fran	1 10/	ha Duai	rida Val	hialaa	dan Ha	_ <u> </u>	The size E		<u></u>	l	<u>L</u>	
	ver these question	ons to determine		•	-					_				no are n	ot more	than
	Do you maintair	a a written nolici	v statement th	at probit	ute all nei	reonalı	ise of v	ehicle	e incli	ıdına	comm	utina			Yes	No
3/	by your employ	ees?	y Statement ti	iat promi	nts an per	SUIIAI	226 OI V	CHICK	55, IIICII	Juling	COMMI	utilig,				
38	Do you maintair employees? Se												ır			
20	Do you treat all			_	•		13, 0116	C(O) 3,	01 170	01 1110	// C O W	IICIG				<u> </u>
39 40	Do you treat all			•			rmation	n from	vour e	mplo	vees a	bout the	e use of	the		
	vehicles, and re										•					
41	Do you meet the Note: If your an															<u> </u>
Pai	t VI Amorti	zation														
	Des	(a) cription of costs			(b) nortization		(c) Amortizal	ole	ŀ	(d) Cod		Amı	(e) ortization	,	(f) Amortizati	on
				b	egins		amount			secti	on		eriod or rcentage		for this yea	ar
42	Amortization of	costs that begin	ns during you	2014 tax	year (se	e instri	uctions)									
43		costs that bega	-		-		•						43			<u>, 867</u>
44_	i otal. Add amo	ounts in column	(ī). See the ii	nstruction		re to re							44	<u> </u>	7 orm 456	<u>, 867</u>

2014	FEDERAL STATEMENTS	PAGE 1
CLIENT SAN5114	THE SANGREAL FOUNDATION	45-3779543
5/04/15		01 08PM
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
1 BCAL BYDDYCHO	PER BOOKS INCOME NET INCOME 1	(D) HARITABLE PURPOSES
LEGAL EXPENSES	TOTAL $\frac{\$}{\$}$ $\frac{630.}{630.}$ $\frac{\$}{\$}$ $\frac{\$}{0.}$ $\frac{\$}{\$}$	630. 630.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
	PER BOOKS INCOME NET INCOME I	(D) HARITABLE PURPOSES
ACCOUNTING FEES	TOTAL $\frac{\$}{\$}$ 1,495. $\frac{\$}{\$}$ 0. $\frac{\$}{\$}$	1,495. 1,495.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
PAYROLL TAX		(D) HARITABLE PURPOSES 1,572. 1,572.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED C PER BOOKS INCOME NET INCOME	(D) HARITABLE PURPOSES
AMORTIZATION OUTSIDE CONSULTING PAYROLL PROCESSING	\$ 7,867. 74,000. 807. TOTAL \$ 82,674. \$ 0. \$ 0. \$	N/A 74,000. 807. 74,807.

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THE SANGREAL FOUNDATION

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STATEMENT 5 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

FAIR MARKET BOOK VALUE VALUE 11,800. <u>11,800.</u> \$ NET INTANGIBLE ASSETS TOTAL \$ 11,800. \$ 11,800.

STATEMENT 6 FORM 990-PF, PART VII-A, LINE 8B **COPIES OF FORM 990-PF TO STATE OFFICIALS**

TEXAS HAS NO FILING REQUIREMENT.

STATEMENT 7 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

BRIAN SHETH ADRIA SHETH

STATEMENT 8 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

BRIAN SHETH

NAME: CARE OF:

STREET ADDRESS:

3502 SACRED MOON COVE

CITY, STATE, ZIP CODE:

AUSTIN, TX 78746

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: SUBMISSION DEADLINES:

2A. NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON TO WHOM APPLICATIONS SHOULD BE ADDRESSED: RESTRICTIONS ON AWARDS:

THE SANGREAL FOUNDATION 3502 SACRED MOON COVE

AUSTIN, TX 78746 (512)551-9258

2B. THE FORM IN WHICH APPLICATIONS SHOULD BE SUBMITTED AND

INFORMATION AND MATERIALS THEY SHOULD INCLUDE: NO SPECIFIC FORM OR INFORMATION REQUIRED

2C. ANY SUBMISSION DEADLINES: NO SUBMISSION DEADLINES.

2D. ANY RESTRICTIONS OR LIMITATIONS ON AWARDS, SUCH AS BY

GEOGRAPHICAL AREAS, CHARITABLE FIELDS, KIND OF INSTITUTIONS, OR OTHER FACTORS:

DISTRIBUTION OF FUNDS ARE MADE TO VARIOUS

ORGANIZATIONS AT THE DISCRETION OF THE BOARD OF

DIRECTORS.

NAME OF GRANT PROGRAM:

ADRIA SHETH

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THE SANGREAL FOUNDATION

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10:59AM

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME: CARE OF:

STREET ADDRESS:

3502 SACRED MOON COVE

CITY, STATE, ZIP CODE: TELEPHONE:

AUSTIN, TX 78746

E-MAIL ADDRESS: FORM AND CONTENT: SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

SAME RESTRICTIONS ON AWARDS AS ABOVE.

NAME OF GRANT PROGRAM:

ANDREW GELLER

NAME:

3502 SACRED MOON COVE

CARE OF: STREET ADDRESS: CITY, STATE, ZIP CODE:

AUSTIN, TX 78746

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

SAME RESTRICTIONS ON AWARDS AS ABOVE.

STATEMENT 9 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
THE ARMORY FOUNDATION 216 FORT WASHINGTON AVE NEW YORK, NY 10032	NONE	501 C3		\$ 20,000.
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE ST. #300 AUSTIN, TX 78751	NONE	501 C3		162,925.
GLOBAL WILDLIFE CONSERVATION P.O. BOX 129 AUSTIN, TX 78767	NONE	501 C3		304,500.
ACTON BOXBOROUGH REGIONAL SCHOOL DISTRIC 16 CHARTER ROAD ACTON, MA 01720	NONE	501 C3		18,000.
ST. STEPHEN'S EPISCOPAL SCHOOL 6500 ST. STEPHEN'S DRIVE AUSTIN, TX 78746	NONE	501 C3		250,000.

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STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
THE GRAMMY FOUNDATION 800 W. OLYMPIC BLVD. LOS ANGELES, CA 90015	NONE	501 C3		\$ 229,771.
SHEDD AQUARIUM 1200 S LAKE SHORE DR. CHICAGO, IL 60605	NONE	501 C3		25,000.
BREAKTHROUGH AUSTIN 1050 E. 11TH ST. SUITE 350 AUSTIN, TX 78702	NONE	501 C3		25,000.
CYSTIC FIBROSIS 455 MARKET ST. SAN FRANCISCO, CA 94105	NONE	501 C3		36,155.
HELPING HAND HOME 3804 AVENUE B AUSTIN, TX 78705	NONE	501 C3		100,000.
BUTLER SCHOOL OF MUSIC 2406 ROBERT DEDMAN DRIVE STOP E3100 AUSTIN, TX 78712	NONE	501 C3		50,000.
THE PENN FUND 601 FRANKLIN BUILDING 3451 WALNUT S PHILADELPHIA, PA 19104	NONE	501 C3		85,000.

TOTAL \$ 1,306,351.

THE SANGREAL FOUNDATION M. DOLE DATE ONST. 815 178 DEPT PROPR SALVAGE DEPT PROPR PROPR SALVAGE DEPT S		8	014 F	EDER	AL E	300	(DEP	RECIA	TION	SCHE	2014 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 1
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