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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation SUNLIGHT GIVING		<b>A Employer identification number</b> 47-1820379	
Number and street (or P O box number if mail is not delivered to street address) 855 EL CAMINO REAL BLDG 4 SUITE 250		Room/suite	<b>B</b> Telephone number (see instructions)  (415) 561-6540
City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94301		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 373,812,898		<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	387,346,977			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	823,523	823,523		
	<b>4</b> Dividends and interest from securities . . . . .	1,820,320	1,820,320		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____	-746,158			
	<b>b</b> Gross sales price for all assets on line 6a 390,106,450				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . .		386,600,372		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	389,244,662	389,244,215		
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .	 56,453	0		63,090
	<b>b</b> Accounting fees (attach schedule). . . . .	 20,000	12,000		6,000
	<b>c</b> Other professional fees (attach schedule) . . . . .	 820,845	398,025		375,840
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	 3,890,204	0		0
	<b>19</b> Depreciation (attach schedule) and depletion . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	 9,458	330		2,568
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,796,960	410,355		447,498
	<b>25</b> Contributions, gifts, grants paid . . . . .	6,416,600			6,416,600
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	11,213,560	410,355		6,864,098
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	378,031,102			
	<b>b Net investment income</b> (if negative, enter -0-)		388,833,860		
	<b>c Adjusted net income</b> (if negative, enter -0-)				

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			
	<b>2</b>	Savings and temporary cash investments . . . . .	167,606	131,459,245	131,459,245
	<b>3</b>	Accounts receivable ▶ <u>967,999</u> Less allowance for doubtful accounts ▶ _____		967,999	967,999
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	39,150	332	332
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	0	241,385,322	241,385,322
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b>	Other assets (describe ▶ _____)				
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	206,756	373,812,898	373,812,898	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .			
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)	25,937	232,064	
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	25,937	232,064	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b>	Unrestricted . . . . .	180,819	373,580,834	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.</b>				
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	180,819	373,580,834	
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	206,756	373,812,898		

<b>Part III</b> <b>Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b> 180,819
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b> 378,031,102
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b> 0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b> 378,211,921
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b> 4,631,087
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b> 373,580,834

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired <b>(c)</b> (mo , day, yr )	Date sold <b>(d)</b> (mo , day, yr )
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) <b>(l)</b>
<b>(i)</b> F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (i) <b>(k)</b> over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	386,600,372
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		<b>3</b>	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2014	0	62,833	0 000000
2013			
2012			
2011			
2010			

<b>2</b> Total of line 1, column (d). . . . .	<b>2</b>	0 000000
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 000000
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	<b>4</b>	212,509,161
<b>5</b> Multiply line 4 by line 3. . . . .	<b>5</b>	0
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b). . . . .	<b>6</b>	3,888,339
<b>7</b> Add lines 5 and 6. . . . .	<b>7</b>	3,888,339
<b>8</b> Enter qualifying distributions from Part XII, line 4. . . . .	<b>8</b>	6,864,098

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5

Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0-

6

Credits/Payments

7

Total credits and payments Add lines 6a through 6d.

8

Enter any penalty for underpayment of estimated tax Check here ☒ if Form 2220 is attached

9

Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed

10

Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 16,661 Refunded

1

3,888,339

2

0

3

3,888,339

4

0

5

3,888,339

6a

3,885,000

6b

6c

20,000

6d

7

3,905,000

8

9

10

16,661

11

0

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>			No
1b				No
1c	Did the foundation file Form 1120-POL for this year?			No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
4b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) CA			
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes	

Form 990-PF (2015)

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HTTP //WWW.SUNLIGHTGIVING.ORG/</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>PACIFIC FOUNDATION SERVICES</u> Telephone no ► <u>(415) 561-6540</u> Located at ► <u>855 EL CAMINO REAL BLDG 4 SUITE 250 PALO ALTO CA</u> ZIP+4 ► <u>94301</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <b>1b</b>			
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	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 2015? . . . . . <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2015 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2015?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

<b>5a</b> During the year did the foundation pay or incur any amount to			
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. <span style="float: right;">▶</span>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>No</b>
If "Yes" to 6b, file Form 8870			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
TEGAN ACTON 855 EL CAMINO REAL BLDG 4 SUITE 250 PALO ALTO, CA 94301	PRESIDENT 10 00	0	0	0
BRIAN ACTON 855 EL CAMINO REAL BLDG 4 SUITE 250 PALO ALTO, CA 94301	SECRETARY 1 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

<b>Total</b> number of other employees paid over \$50,000.	▶		0
--	---	--	---

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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
PACIFIC FOUNDATION SERVICES 1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109	PROGRAM & ADMIN SERVICES	469,800
GOLDMAN SACHS & CO 555 CALIFORNIA STREET 45TH FLOOR SAN FRANCISCO, CA 94104	INVESTMENT MANAGEMENT SERVICES	351,045
COOLEY LLP 101 CALIFORNIA STREET 5TH FLOOR SAN FRANCISCO, CA 94111	LEGAL SERVICES	56,453

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	
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	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 0



**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	85,897,527
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	128,767,904
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,079,910
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	215,745,341
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	215,745,341
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	3,236,180
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	212,509,161
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	10,625,458

**Part XI Distributable Amount**(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	10,625,458
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	3,888,339
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	3,888,339
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	6,737,119
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	6,737,119
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	6,737,119

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	6,864,098
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	6,864,098
<b>5</b>	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). . . . .	<b>5</b>	3,888,339
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,975,759

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				6,737,119
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			980	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				
d From 2013. . . . .				
e From 2014. . . . .				
f Total of lines 3a through e. . . . .	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 6,864,098				
a Applied to 2014, but not more than line 2a			980	
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 2015 distributable amount. . . . .				6,737,119
e Remaining amount distributed out of corpus	125,999			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	125,999			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 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 may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	125,999			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				
c Excess from 2013. . . .				
d Excess from 2014. . . .				
e Excess from 2015. . . .	125,999			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a . . . . .				
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets . . . . .

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i)

b

"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 (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

BRIAN ACTON

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or email address of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	6,416,600
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Signature of officer or trustee</div>	<div style="text-align: center;">2016-10-31</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Date</div>	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Title</div>

May the IRS discuss this return with the preparer shown below?  
 (see instr.)? ☐ Yes ☒ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name NANCY L MORIARTY	Preparer's Signature	Date 2016-10-31	Check if self-employed <input type="checkbox"/>	PTIN P00077306
	Firm's name <input type="checkbox"/> FRANK RIMERMAN & CO LLP			Firm's EIN <input type="checkbox"/>	94-1341042
	Firm's address <input type="checkbox"/> 1801 PAGE MILL ROAD PALO ALTO, CA 94304			Phone no <input type="checkbox"/>	(650) 845-8100

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
4,773,743 SHARES FACEBOOK, INC		2009-11-20	
90,339 SHARES ISHARES MSCI TAIWAN ETF			2015-12-08
429 SHARES REMY INTERNATIONAL, INC CMN		2015-07-07	2015-07-13
380 SHARES DOLBY LABORATORIES, INC CMN CLASS A		2015-07-07	2015-07-14
221 SHARES REMY INTERNATIONAL, INC CMN		2015-07-07	2015-07-14
394 SHARES GIGAMON INC CMN		2015-07-07	2015-07-23
400 SHARES CYTEC INDUSTRIES INC COMMON STOCK		2015-07-07	2015-07-29
1 SHARE LUMENTUM HOLDINGS INC CMN		2015-07-07	2015-08-04
304 SHARES CYTEC INDUSTRIES INC COMMON STOCK		2015-07-07	2015-08-12
3,569 SHARES FIRST NIAGARA FINANCIAL GROUP, CMN		2015-07-07	2015-09-25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
386,685,585		313	386,685,272
1,193,582		1,305,596	-112,014
12,485		8,969	3,516
14,199		14,200	-1
6,470		4,620	1,850
12,616		12,497	119
29,543		23,959	5,584
16			16
22,481		18,209	4,272
37,300		33,102	4,198

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			386,685,272
			-112,014
			3,516
			-1
			1,850
			119
			5,584
			16
			4,272
			4,198

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
814 SHARES REGAL BELOIT CORP CMN			2015-10-01
1,293 SHARES CHEMTURA CORPORATION CMN		2015-07-07	2015-10-09
4,497 SHARES DANA HOLDING CORPORATION CMN			2015-10-21
80 SHARES ORMAT TECHNOLOGIES, INC CMN		2015-07-07	
3,712 SHARES FIRST NIAGARA FINANCIAL GROUP, CMN			2015-10-30
2,385 SHARES CADENCE DESIGN SYSTEMS INC CMN			2015-12-29
739 SHARES MERCURY SYSTEMS INC CMN		2015-07-07	2015-12-29
1,242 SHARES NUANCE COMMUNICATIONS, INC CMN		2015-07-07	2015-12-29
1,185 SHARES MERCURY SYSTEMS INC CMN		2015-07-07	
110,000 SHARES TREEHOUSE FOODS, INC 4 875% 03/15/2022 USD SR LIEN		2015-07-15	2015-09-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
45,066		54,612	-9,546
39,762		34,711	5,051
76,037		81,711	-5,674
2,993		2,993	0
38,624		36,533	2,091
50,371		46,623	3,748
14,108		10,638	3,470
25,020		20,646	4,374
22,080		17,058	5,022
105,050		111,640	-6,590

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-9,546
			5,051
			-5,674
			0
			2,091
			3,748
			3,470
			4,374
			5,022
			-6,590



**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
30,000 SHARES VALEANT PHARMACEUTICALS INTERN 5 625% 12/01/2021 USD PVT REGS		2015-08-12	2015-11-02
20,000 SHARES BRIGHTSTAR CORP 9 5% 12/01/2016 PVT REGS SR LIEN		2015-09-04	2015-12-11
600,000 SHARES PENN VA RESOURCE FIN CORP II 8 375% 06/01/2020 SER B SR LIEN		2015-07-09	2015-08-13
1,000,000 SHARES ANHEUSER-BUSCH INBEV WORLDWIDE 2 5% 07/15/2022 USD SR LIEN		2015-08-14	2015-12-21

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
25,650		30,657	-5,007
20,000		20,234	-234
660,762		653,128	7,634
966,650		963,429	3,221

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-5,007
			-234
			7,634
			3,221

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC 7900 EDGEWATER DRIVE OAKLAND,CA 94621		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	100,000
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD STREET 18TH FLOOR NEW YORK,NY 10004		501(C)(3) PUBLIC CHA	ACLU CENTENNIAL CAMPAIGN	750,000
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY 2400 MOORPARK AVE SUITE 300 SAN JOSE,CA 95128		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
BAYKEEPER (SAN FRANCISCO BAYKEEPER) 1736 FRANKLIN STREET SUITE 800 OAKLAND,CA 94612		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	20,000
COASTSIDE HOPE PO BOX 1089 99 ALHAMBRA AVE EL GRANADA,CA 94018		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	30,000
COMMUNITY FOOD BANK OF SAN BENITO COUNTY 1133 SAN FELIPE ROAD HOLLISTER,CA 95023		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	75,000
COMMUNITY SERVICES AGENCY 204 STIERLIN RD MOUNTAIN VIEW CA 94043 MOUNTAIN VIEW,CA 94043		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	50,000
COMMUNITY SOLUTIONS FOR CHILDREN FAMILIES AND INDIVIDUALS 9015 MURRAY AVENUE 100 GILROY,CA 95020		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
CORA COMMUNITY OVERCOMING RELATIONSHIP ABUSE 2211 PALM AVE SAN MATEO,CA 94402		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	10,000
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO,CA 94303		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	50,000
ENVIRONMENT CALIFORNIA 3435 WILSHIRE BLVD STE 385 LOS ANGELES,CA 90010		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	500
FAMILY SUPPORTIVE HOUSING INC 692 N KING RD SAN JOSE,CA 95133		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
FOOD BANK FOR MONTEREY COUNTY 815 W MARKET STREET SUITE S SALINAS,CA 93901		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	75,000
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1725 DESALES ST NW SUITE 404 WASHINGTON,DC 20036		501(C)(3) PUBLIC CHA	MEMBERSHIP	6,100
HOMEFIRST SERVICES OF SANTA CLARA COUNTY 507 VALLEY WAY MILPITAS,CA 95035		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
<b>Total . . . . . ▶ 3a</b>				6,416,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
LIFEMOVES 181 CONSTITUTION DRIVE SUITE 100 MENLO PARK,CA 94025		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	15,000
LOAVES&FISHES FAMILY KITCHEN 389 ESANTA CLARA STREET SAN JOSE,CA 95113		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	25,000
MAITRI PO BOX 697 SANTA CLARA,CA 95052		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
MARTHA'S KITCHEN 311 WILLOW STREET SAN JOSE,CA 95110		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	20,000
MONARCH SERVICES- SERVICIOS MONARCA 1685 COMMERCIAL WAY SANTA CRUZ,CA 95065		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 E GISH ROAD SUITE 200 SAN JOSE,CA 95112		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
PACIFICANS CARE PO BOX 875 PACIFICA,CA 94044		501(C)(3) PUBLIC CHA	GENERAL OPERATING SUPPORT FOR PACIFICA RESOURCE CENTER	10,000
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO,CA 94060		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	50,000
SOUTH COUNTY COMMUNITY HEALTH CENTER INC DBA RAVENSWOOD FAM HEALTH CENTER 1798A BAY ROAD EAST PALO ALTO,CA 94303		501(C)(3) PUBLIC CHA	PARTIALLY GENERAL SUPPORT AND PARTIALLY TO FULLY CONCLUDE THE RAVENSWOOD FAMILY HEALTH CENTER FACILITY EXPANSION CAMPAIGN ELIMINATING ALL FACILITY LOAN PAYMENTS, AND THEN APPLY THE REMAINING GIFT BALANCE FOR FLEXIBLE GENERAL OPERATING SUPPORT	2,000,000
REACHING OUT INC 2315 CANOAS GARDEN AVENUE SAN JOSE,CA 95125		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	10,000
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE,CA 95110		501(C)(3) PUBLIC CHA	2015 BACKPACK DRIVE	20,000
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST STREET SAN JOSE,CA 95110		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	50,000
SAMARITAN HOUSE PO BOX 53 BRISBANE,CA 94005		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	75,000
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO,CA 94102		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	10,000
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO,CA 94107		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	50,000
<b>Total . . . . . ▶ 3a</b>				6,416,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SAN FRANCISCO OCEAN FILM FESTIVAL 1007 GENERAL KENNEDY AVENUE SUITE 205 SAN FRANCISCO, CA 94129		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	5,000
SAN FRANCISCO ZOOLOGICAL SOCIETY 1 ZOO ROAD SAN FRANCISCO, CA 94132		501(C)(3) PUBLIC CHA	ZOOMOBILE PROGRAM	5,000
SECOND HARVEST FOOD BANK 750 CURTNER AVE SAN JOSE, CA 95125		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	250,000
SECOND HARVEST FOOD BANK OF SAN JOAQUIN & STANISLAUS COUNTIES INC 704 E INDUSTRIAL PARK DRIVE MANTECA, CA 95337		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	75,000
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	100,000
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 94040		501(C)(3) PUBLIC CHA	ACLU SPIRIT CHALLENGE	250,000
THE SOCIETY OF ST VINCENT DE PAUL PARTICULAR COUNCIL OF SAN MATEO COUNTY 50 NORTH B STREET SAN MATEO, CA 94401		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	40,000
ST ANTHONY'S PADUA DINING ROOM 3500 MIDDLEFIELD ROAD MENLO PARK, CA 94025		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	15,000
ST JOSEPH'S FAMILY CENTER 7950 CHURCH STREET SUITE A GILROY, CA 95020		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	40,000
ST THOMAS THE APOSTLE SCHOOL 3801 BALBOA STREET SAN FRANCISCO, CA 94121		501(C)(3) PUBLIC CHA	TO SUPPORT SCIENCE ENRICHMENT ACTIVITIES BENEFITTING ST THOMAS APOSTLE SCHOOL STUDENTS	10,000
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	50,000
TABLE OF PLENTY HMB A NONPROFIT CORPORATION PO BOX 3693 HALF MOON BAY, CA 94037		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	5,000
THERE WITH CARE OF THE BAY AREA 3475 EDISON WAY SUITE H MENLO PARK, CA 94025		501(C)(3) PUBLIC CHA	GENERAL SUPPORT	20,000
VMC FOUNDATION 2400 MOORPARK AVENUE SUITE 207 SAN JOSE, CA 95128		501(C)(3) PUBLIC CHA	FOR TURNING WHEELS FOR KIDS	10,000
VMC FOUNDATION 2400 MOORPARK AVENUE SUITE 207 SAN JOSE, CA 95128		501(C)(3) PUBLIC CHA	THE WOMEN'S AND CHILDREN'S CENTER AT SANTA CLARA VALLEY MEDICAL CENTER- CAPITAL CAMPAIGN	2,000,000
<b>Total . . . . . ▶ 3a</b>				6,416,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
YOUNG WOMENS CHRISTIAN ASSOCIATION OF SILICON VALLEY 300 S 10TH ST SAN JOSE,CA 95112		501(C)(3) PUBLIC CHA	YEAR-END HOLIDAY PROGRAMS	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				6,416,600

## TY 2015 Accounting Fees Schedule

**Name:** SUNLIGHT GIVING

**EIN:** 47-1820379

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	15,000	9,000		4,500
AUDIT & TAX PREPARATION	5,000	3,000		1,500

**TY 2015 Investments - Other Schedule****Name:** SUNLIGHT GIVING**EIN:** 47-1820379

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
GS INVESTMENTS - OTHER (FIXED INCOME)	FMV	14,699,722	14,699,722
GSAM FI HIGH YIELD - OTHER	FMV	15,855,974	15,855,974
GOVT FI (TIPS) - OTHER	FMV	26,293,832	26,293,832
GOV/CORP FI - OTHER	FMV	77,093,336	77,093,336
GS INVESTMENTS - OTHER (SECURITIES)	FMV	98,899,008	98,899,008
NEUBERGER BERMAN SCV - OTHER	FMV	8,431,871	8,431,871
UNSETTLED TRADES	FMV	111,579	111,579

## TY 2015 Legal Fees Schedule

**Name:** SUNLIGHT GIVING

**EIN:** 47-1820379

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	56,453	0		63,090



**TY 2015 Other Decreases Schedule****Name:** SUNLIGHT GIVING**EIN:** 47-1820379

Description	Amount
UNREALIZED LOSS	4,631,087

**TY 2015 Other Expenses Schedule****Name:** SUNLIGHT GIVING**EIN:** 47-1820379

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMPUTER EXPENSE	5,578	0		0
DUES & SUBSCRIPTIONS	115	0		313
CREDIT CARD FEES	70	0		0
SUPPLIES	395	0		275
REGISTRATION FEES	3,300	330		1,980

**TY 2015 Other Liabilities Schedule****Name:** SUNLIGHT GIVING**EIN:** 47-1820379

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED EXPENSES	25,937	227,058
FEDERAL TAXES PAYABLE	0	5,006

**TY 2015 Other Professional Fees Schedule****Name:** SUNLIGHT GIVING**EIN:** 47-1820379

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROGRAM & ADMIN SERVICES CONSULTING FEE	469,800	46,980		375,840
INVESTMENT COUNSELING	351,045	351,045		0

## TY 2015 Substantial Contributors Schedule

**Name:** SUNLIGHT GIVING

**EIN:** 47-1820379

Name	Address
BRIAN ACTON	855 EL CAMINO REAL BLDG 4 SUITE 250 PALO ALTO, CA 94301

**TY 2015 Taxes Schedule****Name:** SUNLIGHT GIVING**EIN:** 47-1820379

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL TAXES	3,890,007	0		0
FOREIGN TAXES	112	0		0
STATE FILING FEES	85	0		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>SUNLIGHT GIVING</div>	<div>Employer identification number</div> <div>47-1820379</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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 other 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<sup>1</sup>/<sub>3</sub>% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SUNLIGHT GIVING	<b>Employer identification number</b> 47-1820379
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRIAN ACTON	\$ 340,079,974	Person <input type="checkbox"/>
	C/O FRANK RIMERMAN CO LLP 1801 PAGE		Payroll <input type="checkbox"/>
	PALO ALTO, CA 94133		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
2	BRIAN ACTON	\$ 47,267,003	Person <input type="checkbox"/>
	C/O FRANK RIMERMAN CO LLP 1801 PAGE		Payroll <input type="checkbox"/>
	PALO ALTO, CA 94133		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



Name of organization SUNLIGHT GIVING	Employer identification number 47-1820379
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**Part II** Noncash Property  
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	4,333,333 SHARES OF FACEBOOK, INC	\$ 340,079 974	2015-05-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	440,410 SHARES OF FACEBOOK, INC	\$ 47,267 003	2015-11-06
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization SUNLIGHT GIVING	Employer identification number 47-1820379
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 <div><div></div><div></div><div>--</div></div> Relationship of transferor to transferee <div><div></div><div></div><div></div></div>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 <div><div></div><div></div><div>--</div></div> Relationship of transferor to transferee <div><div></div><div></div><div></div></div>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 <div><div></div><div></div><div>--</div></div> Relationship of transferor to transferee <div><div></div><div></div><div></div></div>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 <div><div></div><div></div><div>--</div></div> Relationship of transferor to transferee <div><div></div><div></div><div></div></div>		