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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

		<u>lendar year 2016 or tax y</u>	year beginning			//13, 201 6	, and end	ing	r 	12/31, 2016
		of foundation						- [A Employer identifi	
		RSON COLLECTIVE F							81-324250	
Nu	mbe	er and street (or PO box numbe	r if mail is not delivered	to street	address)		Room/suite	е	B Telephone numb	er (see instructions)
_		O GENG ROAD					100		(650) 21	.0-5000
Cıt	у ог	town, state or province, country,	and ZIP or foreign pos	tal code					i _	_
									C If exemption application pending, check here	
P.	ΑL	O ALTO, CA 94303								_
G	Che	ck all that apply X II	nitial return		Initial return	of a former p	ublic cha	rity	D 1. Foreign organizat	tions, check here
		F	inal return	[Amended re	turn			2 Foreign organiza	tions meeting the
		A	Address change		Name chang	е			85% test, check h computation .	
H	Che	ck type of organization.	X Section 501(c)(3) e	xempt private	oundation		-	•	
	٦s	ection 4947(a)(1) nonexemp	ot charitable trust	\bigcap o	ther taxable pr	ivate founda	tion		E If private foundation under section 507(b)(1)(A), check here .
I F		market value of all as		unting	method X C	ash Acc	rual			in a 60-month termination
		of year (from Part II, col		ther (sp)(1)(B), check here
		▶ \$ 1,220,718,1°		column (d	d) must be on ca	sh basis)				<u>. </u>
Pa	rt l	Analysis of Revenue ar	nd Expenses (The	(2)	Revenue and					(d) Disbursements
		total of amounts in columns	(b), (c), and (d)		penses per	(b) Net inve		(c) Adjusted net	for charitable purposes
		may not necessarily equal t column (a) (see instructions,		books incom		10		income	(cash basis only)	
\top	1	Contributions, gifts, grants, etc., recei		1,22	0,888,803	The state of the	The French	ر دن	16 A 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18	Este Anni
	2	Check I If the foundation	on is not required to	1. E.	1, 4, 7 = E + 1, 2, 2, 2	0.00035	12.	1 11	A PRINCE OF THE	CANADA TO SERVE
- 1	3	Interest on savings and tempora	ary cash investments.				× × ×			alex of any of the state of
1	3 4	Dividends and interest from	-		-683,458	34	3,972.			ATCH 1
ı	•	Gross rents								
1		Net rental income or (loss)		27.3	The state of the s	Jan 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	117,3631	207	and a straight of the	SAME OF STREET
Ð		Net gain or (loss) from sale of a	ssets not on line 10		1,944,665	ار از			A SUSPICIO	EMPANET .
2		Gross sales price for all	778,465,868.	1- 1	F 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 1 - 1	777	3		50-00000
Revenue	7	Capital gain net income (fro	m Part IV line 2)	1 1 1		490,74	3,419.	300	8 - 100	7 2017 8
& 	7 8	Net short-term capital gain.		· 1	1 4 4 5 5	278 W. 518	A STRANS		TO NOV	1 2017
- 1	_	Income modifications		,		10	4.75407223		<u> </u>	SKISAL VALUE OF
	0a	Gross sales less returns			1 5 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	10 47 30	· 公本 18	¥4.	ा है सिंध	
ļ		and allowances		7			93.7cc	Sec.	in a second second second	Single State of the
		Less Cost of goods sold Gross profit or (loss) (attach	schedule)	2 2 5	3 7 34 E 21 31	N. C. P. H. P. C. S.		- 4 0-1		22 1 6 3 3 4 4 7 F
1		Other income (attach sched			41,927.		1,927.			Carrie War Edi
1		Total. Add lines 1 through 1		1,22	2,191,937.	491,12	9,318.			
1		Compensation of officers, direct			0.					The same of the sa
8	J A	Other employee salaries and			· · · · · · · · · · · · · · · · · · ·					
Expens	5	Pension plans, employee be							·	
8		Legal fees (attach schedule)								
_		Accounting fees (attach sch			7,029.		3,515.			3,51
e		Other professional fees (atta								
Administrative		Interest . ATCH .4			3,052.		3,052.			
該		Taxes (attach schedule) (see			4,000,000.					
		Depreciation (attach schedu								12 July 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
티		Occupancy								
Ă 2		Travel, conferences, and me								
Operating and 7	2	Printing and publications .	_	_	***************************************					
B 2	2	Other expenses (attach sche			9,178.		8,878.			30
.⊒l.′	J A	Total operating and admini			<u> </u>					
<u>د اج</u>	•	Add lines 13 through 23			4,019,259.	1	5,445.			3,81
Ă,	5	Contributions, gifts, grants p					1, 155° = "			
2		Total expenses and disbursements.		 	4,019,259.		5,445.	<u></u>	0.	3,81
2		Subtract line 26 from line 12		, -		· · · · · · ·			1	
2		Excess of revenue over expenses ar		1,21	8,172,678.			.1		
		Net investment income (if r		,		491,11	3,873			
		Adjusted net income (if neg	_			7	· 'Ž., '	• •		
\bot	<u> </u>	Aujusteu net moone (il neg	301.70, CIRCI -0-7. 1	L		L	7 52 3			C 5 000 DE (004

Cash - non-fiverest-bearing Corporation clay (See resolutions) Corporation cla	-	art II	Ralance Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		f year
2 Savings and temporary cash investments 3 Accounts receivable Less. allowance for doubtful accounts Less. allowance for doubtful accounts 5 Grants receivable. 6 Receivables due from officers, directors, instees, and other disqualified persons (attach schedule) (see instructions). 7 Other notes and loans receivable (attach schedule) Less. allowance for doubtful accounts 5 Investments - corporate boxed (attach schedule) 10 Investments - corporate boxed (attach schedule) 11 Investments - corporate boxed (attach schedule) 12 Investments - corporate boxed (attach schedule) 13 Investments - corporate boxed (attach schedule) 14 Investments - corporate boxed (attach schedule) 15 Investments - corporate boxed (attach schedule) 16 Total assets (in boxed to the completed by all filers see the instructions Alos, see page 1, florn i) 17 Accounts payable and accound expenses 18 Grants payable 19 Deferred revenue. 19 Total assets (in box completed by all filers see the instructions Alos, see page 1, florn i) 19 Total assets (in box completed by all filers see the instructions Alos, see page 1, florn i) 19 Total assets (in box completed by all filers see the instructions Alos, see page 1, florn i) 10 University 11 Investments - corporate box completed by all filers see the instructions Alos, see page 1, florn i) 11 Investments - corporate box completed by all filers see the instructions Alos, see page 1, florn i) 12 Total liabilities (describe through 26 and lines 30 and 31.			Dalatice Streets	amounts only (See instructions)	(a) Book Value		
a Accounts receivable ► Less allowance for doubtful accounts ► Pelegies receivable ► Less allowance for doubtful accounts ►		1	Cash - non-interest-bear	ing		230,003,863.	230,003,863.
a Accounts receivable ► Less allowance for doubtful accounts ► Pelegies receivable ► Less allowance for doubtful accounts ►		2	Savings and temporary	cash investments			
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1 Investments - Land, buildings and equipment basis and equipment dated schedule 1 Investments - mortgage loans							884,824,454.
Less accumulated deprecation (attach schedule) 12 Investments - other (attach schedule) 13 Investments - other (attach schedule) 14 Land, buildings, and Less accumulated deprecation (attach schedule) 15 Other assets (to be completed by all filers - see the instructions Also, see page 1, item 1) 0		11	Investments - land, buildings				
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Foundations that follow SFAS 117, check here.			·		-		
and complete lines 24 through 26 and lines 30 and 31. Unrestricted		23	Total liabilities (add line	s 17 through 22)	0.	0.	
Unrestricted			Foundations that foll	low SFAS 117, check here . ▶			
Unrestricted	es	i	and complete lines 2	24 through 26 and lines 30 and 31.			
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). 2 Enter amount from Part I, line 27a. 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3. 5 Decreases 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 6 1,218,172,678.		24	Unrestricted				
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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1,218,172,678.					• • • • • • • • • • • • • • • •	 - 	1,218,172,678.
	5	Decr	eases not included in	Ine 2 (itemize) ▶		11	1 010 170 670
***	6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	1,218,172,678.

Page 3

a SEE PART IV SCHE b c d	EDULE	Shs MLC Co)	P - Purchase D - Donation		(d) Date so (mo , day, y
b c			2271000		
<u>d</u>					
e			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los (e) plus (f) minu	
a			<u> </u>		
b					
С				_ 	
d					
е	<u> </u>		.		
Complete only for assets s	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) ga	aın mınus
(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		(k), but not less the Losses (from col	han -0-) or
a					
b					
С					
d					
е					
Capital gain net income	e or (net capital loss)	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2	490,	743,419
	gain or (loss) as defined in sections	s 1222(5) and (6). structions). If (loss), enter -0- in)			
• ,		, , ,			
		educed Tax on Net Investment I	3		0
			IEAR I	RETURNS	
'Yes," the foundation does	not qualify under section 4940(e)	butable amount of any year in the b Do not complete this part.	ase perio	d?	Yes
'Yes," the foundation does	not qualify under section 4940(e)	butable amount of any year in the b	ase perio	d?	Yes
'Yes," the foundation does Enter the appropriate at (a) Base penod years calendar year (or tax year beginning in)	mount in each column for each ye	butable amount of any year in the b Do not complete this part.	ase perio	d?	tio
'Yes," the foundation does Enter the appropriate at (a) Base period years alendar year (or tax year beginning in) 2015	mount in each column for each ye	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
'Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014	mount in each column for each ye	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013	mount in each column for each ye	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
'Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013 2012	mount in each column for each ye	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013	mount in each column for each ye	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
'Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013 2012	mount in each column for each ye	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
'Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013 2012 2011	not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c)	ase perio	d?	tio
'Yes," the foundation does Enter the appropriate at (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions (d)	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c) Net value of nonchantable-use assets	ase period	d?	tio
Enter the appropriate at (a) Base penod years calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution rational in the appropriate at appropriate	not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions (d)	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c) Net value of nonchantable-use assets	ase perior	d?	tio
Enter the appropriate and (a) Base period years alendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution ration number of years the foundation of the support of	not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions (d)	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c) Net value of nonchantable-use assets	ase perior	d?	tio
'Yes," the foundation does Enter the appropriate and (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution ration number of years the foundation of the column of the colum	not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions (d)	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c) Net value of nonchantable-use assets inde the total on line 2 by 5, or by the less than 5 years.	ase perioding any en	d?	tio
Enter the appropriate at (a) Base period years (alendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution ration number of years the four Multiply line 4 by line 3, and the appropriate at the appropriate at (ale	not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions (d)	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c) Net value of nonchantable-use assets ride the total on line 2 by 5, or by the less than 5 years.	ase perior ing any er 2 3 4	d?	tio
Enter the appropriate and (a) Base penod years calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution ration number of years the four the net value of net Multiply line 4 by line 3. Enter 1% of net investment.	not qualify under section 4940(e) mount in each column for each ye (b) Adjusted qualifying distributions (d)	butable amount of any year in the b Do not complete this part. ear, see the instructions before mak (c) Net value of nonchantable-use assets inde the total on line 2 by 5, or by the ess than 5 years. from Part X, line 5	ase perior ing any er 2 3 4 5	d?	tio

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-see i	nstruc	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here				لو ژون
		4		د سنگند	أخشا
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<u></u>	9,8	322,2	277.
	here and enter 1% of Part I, line 27b	1. 1. 1. 1. 1.	·		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col. (b).	3 S. J. J. S.	િર્દેશ		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2				_
3	Add lines 1 and 2	Ĺ	9,8	322,2	277.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		9,8	322,2	277.
6	Credits/Payments.		4.	3.5 C	\int -1
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 4,000,000.	\$ F4	1		155
b	Exempt foreign organizations - tax withheld at source		والمتوارث والمروارية	4.5	
С	Tax paid with application for extension of time to file (Form 8868) 6c 12,000,000.	1 : 11 }		4	· 25, 5 }
d	Backup withholding erroneously withheld	نشكست		يُندُن لُن لِمُ	لننيأ
7	Total credits and payments Add lines 6a through 6d	 	16,0	000,0	.00.
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	 		177,7	722
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	 		L / / , /	23.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ► 6,177,723. Refunded ► 11 t VII-A Statements Regarding Activities	——			
			25 5 2 25 6 6 6		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	aia it	1a	Yes	No X
	participate or intervene in any political campaign?		1a		
D	Instructions for the definition)?	s (see	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any n	natenals	200	100 mg	3 ^F : 3
	published or distributed by the foundation in connection with the activities.	raterialo	1.00		1 A A
c	Did the foundation file Form 1120-POL for this year?		1c	Militari Sun	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1238	34.54	3
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		110	2	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed		· 有多数	
	on foundation managers \$		1		1111111
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities		13.2	能數	湖
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art	icles of	ME		a Py
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		<u> X</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	**** ±3.44	<u> X</u>
	If "Yes," attach the statement required by General Instruction T.			1.575.07.01	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or		1		
	By state legislation that effectively amends the governing instrument so that no mandatory direction			X	L. SAE
_	conflict with the state law remain in the governing instrument?		7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and I	an xv	2 1954	<u> </u>	उड्डन
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) CA,			98.50 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1	
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General	1.7		. i i i i
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	انتستان X	لبحدائد
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(77%	17.00	7-1
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? It	,, ,			
	complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listin				
. •	names and addresses	_	10	Х	

Par	t 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		Yes	No
	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			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13		13	X	
	Website address ▶ N/A			
14	The books are in care of ▶ CTCMYCFO, LLC Telephone no. ▶ 650-210)-50C	0	
	Located at ▶ 2200 GENG ROAD, SUTIE 100 PALO ALTO, CA ZIP+4 ▶ 94303			
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			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 if "Yes," enter the name of			
	the foreign country >			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ł	
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
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)).		#	ľ
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		i	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		- {}	
b	If "Yes," did it have excess business holdings in 2016 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		1	
	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 2016)	3b	T	X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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 2016?	4b		Х
		aar	DE	

Form **990-PF** (2016)

X No because it maintained expenditure responsibility for the grant?.......... If "Yes," attach the statement required by Regulations section 53 4945-5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (c) Compensation (If not paid, enter -0-) (b) Title, and average (d) Contributions to (e) Expense account, other allowances hours per week devoted to position (a) Name and address LAURENE POWELL JOBS PRESIDENT 0. 0. ANNE MARIE BURGOYNE TREASURER / SECRETARY 0. 0. 0. Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (d) Contributions to employee benefit (b) Title, and average (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week plans and deferred compensation devoted to position NONE

Form 990-PF (2016)

Form 990-PF (2016) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc. N/A 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 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2016)

Page 8

Par	•X	see instructions.)	gn toun	dations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,	. %	
	purp	oses		
а	Aver	age monthly fair market value of securities	1a	458,028,174.
b	Aver	age of monthly cash balances	1b	102,903,095.
C	Fair	market value of all other assets (see instructions)	1c	
d	Tota	I (add lines 1a, b, and c)	1d	560,931,269.
e		iction claimed for blockage or other factors reported on lines 1a and	1.74	
		attach detailed explanation)	£	
2	Acqu	usition indebtedness applicable to line 1 assets	2	
3	Subt	ract line 2 from line 1d	3	560,931,269.
4		deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1	
		uctions)	4	8,413,969.
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	552,517,300.
6	Mini	mum investment return. Enter 5% of line 5	6	27,625,865.
Par	t XI	Distributable Amount (see instructions) (Section 4942(J)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ □ and do not complete this part)	dations	
1	Mınır	num investment return from Part X, line 6	1	27,625,865.
2a	Tax	on investment income for 2016 from Part VI, line 5	~ <i>\$</i>	
b	incor	me tax for 2016 (This does not include the tax from Part VI). 2b		
c		lines 2a and 2b	2c	9,822,277.
3		ibutable amount before adjustments. Subtract line 2c from line 1	3	17,803,588.
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	17,803,588.
6		uction from distributable amount (see instructions)	6	
7		ributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
		1 <u> </u>	7	17,803,588.
Par		Qualifying Distributions (see instructions)	·	
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes.	<u> </u>	
a		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,814.
b		ram-related investments - total from Part IX-B	1b	3,014.
2		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	10	
2		oses	2	
3		unts set aside for specific charitable projects that satisfy the	· 1 ·	
-		ibility test (prior IRS approval required)		
a b		n distribution test (attach the required schedule)	3a 3b	
4		fying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,814.
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		3,014.
3		r 1% of Part I, line 27b (see instructions)	•	0.
6		sted qualifying distributions. Subtract line 5 from line 4	5	3,814.
O		: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	MOTÉ	causifies for the section 4940(e) reduction of tax in those years		whether the foundation

Form 990-PF (2016)

Pa	rt XIII Undistributed Income (see instr	ructions)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	line 7	Land a graph of the special of the	3 1 5 1 3 2 3 4 2 2 4 4 2 5	Mich. J. S. 185 . Was	17,803,588.
2	Undistributed income, if any, as of the end of 2016	6 4			
_	Enter amount for 2015 only.		15 Wed 15 55 - 15 200 3	At a complete to a constitution of the constit	
	Total for prior years 20 14 ,20 13 ,20 12		2	4 of 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	A Property of the Control of the Con
3	Excess distributions carryover, if any, to 2016:		Table Section 1	14. To 1. 7. 15 12 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	[2]
_	From 2011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	والموافقة المحادث المراجعة المراجعة		
	From 2012				
_	From 2013				
_	From 2014		Company of the second		
-	From 2015		3.		
	Total of lines 3a through e	Manager alleman de communes de la companya de la co			
	Qualifying distributions for 2016 from Part XII,	到了一块人们的生物			
•	line 4. ▶ \$ 3,814.				
9	Applied to 2015, but not more than line 2a			proceediga film is in the enterprise in the combined in some consideration.	
	Applied to undistributed income of prior years		The same was been a sign of White !	智可以是"经验"。	र रहे हैं। इसे से
D	(Election required - see instructions)				
_	Treated as distributions out of corpus (Election		ate of the second of the second		1
C	required - see instructions)				
d	Applied to 2016 distributable amount	はない はいい はい は	A CONTRACTOR OF THE PARTY OF TH		3,814.
	Remaining amount distributed out of corpus		通知 是1650分别。	3, 3, 4	
5	Excess distributions carryover applied to 2016.		The state of the same state of the same of the		
	(If an amount appears in column (d), the same	Charles Laca	数数 第一显示。1	· 是一种 是 2000年	
6	amount must be shown in column (a)) Enter the net total of each column as				
0	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5		A State of the Control of the Contro		
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b	A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·	The state of the s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
C	Enter the amount of prior years' undistributed	大学的新疆		图 基础 医视性	是是在的的意味
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				The state of the s
	tax has been previously assessed		· · · · · · · · · · · · · · · · · · ·	(基础)(1000)	Like with the said of
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		APPERIOR STREET BASES OF STREET	でいる。	COMPANY TO A STATE OF THE STATE
е	Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see				
	instructions		THE PARTY OF THE P	A (3A7) 2. 2. 3. 3. 2. 2. 2. 2.	Substitute of a hour willy
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1 This amount must be				17,799,774.
	distributed in 2017	1 一年大学を中国の大学の大学の	Company of the second s	THE THE STATE OF T	· (4) (4) (4) (4)
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)		The State of the S		2
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)				
_			And the state of t		
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.	The state of the s		
10		7 7 7 7 XX3 XX	7.0	, , , , , , , , , , , , , , , , , , , ,	
	Analysis of line 9. Excess from 2012		The state of the s		
	Excess from 2013		建 源的第三人		
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				

orm	990-PF (2016)	EMERSON (COLLECTIVE FOUN	DATION	81	-3242506 Page 10
Pai	t XIV Private Op	erating Foundations	(see instructions ai	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	ating	
	foundation, and the ruling	=	-			
b	Check box to indicate v		is a private operating		section 4942	(J)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total
	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	+
	I or the minimum investment return from Part X for each					
	year listed			<u></u>		
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					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line				}	
_	2d from line 2c	<u></u>			 	
-	alternative test relied upon					
	"Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying under section					
h	4942(j)(3)(B)(t) "Endowment" alternative test-					
	enter 2/3 of minimum invest-				}	
	ment return shown in Part X,					
	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					}
	loans (section 512(a)(5)), or royalties)	ļ				
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(III)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income,					
Pai		ntary Information (C uring the year -see		only if the founda	tion had \$5,000 o	or more in assets at
1	Information Regarding	g Foundation Manager	s:			
а	List any managers of before the close of any	the foundation who he tax year (but only if the	eave contributed more ey have contributed m	e than 2% of the tota nore than \$5,000). (Se	al contributions recei ee section 507(d)(2))	ived by the foundation
	N/A	- <u></u>		· -		
	List any managers of					ly large portion of the
	ownership of a partner	snip or other entity) of	wnich the foundation	nas a 10% or greater	interest.	
	N/A	0 1 1 1 1 0 1	<u> </u>	 		
	Information Regarding	=		• •		
	Check here ► X if the	he foundation only r	nakes contributions	to preselected chari	table organizations	and does not accept
	unsolicited requests for			nts, etc (see instruct	ions) to individuals (or organizations under
	other conditions, comp The name, address, as			a nemon to whom an	alications should be as	Idraced:
b	The form in which appl	lications should be sub	mitted and informatio	n and materials they :	should include.	_
	Any submission deadli	nes.				
_	,					

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

JSA 6£1490 1 000 05 C AMD 517V

Page **11**

	990-PF (2016)				Page 1
Pai	t XV Supplementary Information	(continued)			
3	Grants and Contributions Paid Dur	ing the Year or Appl	oved for I	Future Payment	
	Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (nome or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
				1	
			}		
				1	
				}	}
			ļ		
				•	
			<u> </u>		
	Total				
	Approved for future payment	· · · · · · · · · · · · · · · · · · ·			
D	Approved for lattire payment				
		1			
	Total				
	Total	<u> </u>		▶ 3b	

Page **12**

Part XVI-A Analysis of Income-Prod	lucing Act	ivities			
Enter gross amounts'unless otherwise indicated	Unrel	ated business income (b)	Excluded by	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions)
a	<u></u>				· · · · · · · · · · · · · · · · · · ·
b					
c	<u> </u>				
d			<u> </u>		
e	ļ				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments -			14	-683,458.	
4 Dividends and interest from securities	3. 2 12 13	56 41 3 5 5 Land 18 18 18 18 18 18 18 18 18 18 18 18 18	PARTICIPATE	Was - Was	
5 Net rental income or (loss) from real estate				N. Carlanda VIII. And a Carlanda St. Laure Co. T.	
a Debt-financed propertyb Not debt-financed property					
6 Net rental income or (loss) from personal property.			1	*	
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	1,944,665.	···
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory.					
11 Other revenue a OTHER REVENUE				41,927.	
ь					
c					
d					
e			E THE TOTAL	1,303,134.	
Explain below how each activity accomplishment of the foundation	-		•	-	
	_ 				
					
					·
					Form 990-PF (2016)

Form 990-PF (2016)

Par	t XVII	Exempt Orgai		ansters to and t	ransactio	ns and Re	elation	snips With Non	cnarı	table	:
1	Did the	organization direct		engage in any of th	e following v	with any otl	ner orga	nization described	7.	Yes	No
		ion 501(c) of the Co	•		_	-	•				4
	organiz	cations?							35		
а	Transfe	ers from the reportin	ig foundation to	a noncharitable exe	empt organiza	ation of.			232	3. Y	÷
		sh							1a(1)		X
		ner assets									_X
b	_	ransactions							-1:	. 1	
		es of assets to a no									$\frac{x}{x}$
		chases of assets fro									_ <u>X</u>
		ntal of facilities, equi									$\frac{x}{x}$
		mbursement arrange									$\frac{x}{x}$
		ans or loan guarantee formance of service									X
С		g of facilities, equipn									Х
		answer to any of th								fair m	arket
		of the goods, other									
	value i	n any transaction or	sharing arrang	gement, show in co	lumn (d) the	value of th	e goods	, other assets, or s	ervice	s гесе	eved
(a) L	ne no	(b) Amount involved	(c) Name of r	noncharitable exempt orga			n of trans	fers, transactions, and sha	nng arra	ngemer	nts
		N/A				N/A					
											
			ļ					·			
								 			
											
											
											
2a	Is the	foundation directly (or indirectly aff	filiated with, or rela	ted to, one o	or more tax	-exemp	t organizations			
	describ	ed in section 501(c)	of the Code (of	ther than section 50	1(c)(3)) or in	section 527	?		Ye	s X	No
b	If "Yes,	" complete the follow		_ 							
		(a) Name of organization	1	(b) Type of or	ganization		(c) Description of relations	hip		
						- 					
	<u>. </u>										
				···							
				·		 -				_	
		penalties of penjury, I decla						o the best of my knowledg	e and b	elief, it i	s true,
-		t, and complete Declaration of	preparer (other than to	axpayer) is based on all inform	ation of which prep	arer has any kno	wledge				
Sigr		Laure	me bodu	/Nu 7.27	7.17 D	Presi	den	7	discuss		
Her	e 'Sign	ature of officer or trustee	7	Date	Tıt		<u> </u>	(see instructions		Yes	No
			/								
Do!		Print/Type preparer's nai	me	Preparer's signature	1	/ Da		Check If F	אודי		_
Paic		CRISTINA ROS		Clistra	- Ku. a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	רו/צ	<u> </u>	20018		9
	parer		C MYCFO, L					Firm's EIN ► 77-05	2269	98	
Jse	Only		00 GENG RO								
) PA	LO ALTO,	CA		94303		Phone no 650 21	LO-5(000	

6E1493 1 000

2016 FORM 990-PF EMERSON COLLECTIVE FOUNDATION

81-3242506

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C	APHAL GA	INS AND LC	SSES FOR	RIAXONI	NVEST	Й	ENLINCON	!L
Kind of	Property		Desci	ription		or Or	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
710662291.		7,111,435 S	HS OF WALT	DISNEY		D	10/05/2011 490705606.	VAR
9,708,577.		GS 051-5684 9,698,517.	7-5 STMT A				VAR 10,060.	VAR
295,000.		295,000 SHS 295,000.	AUSTIN TEX	HTL OCCPAC	Y VAR	D	09/29/2016	11/15/2016
57800000.		GS 051-5684	7-5 STMT A				VAR 27,753.	VAR
TOTAL GAIN(I	oss)		•••••	••••••	• • • • • • •		490743419.	
								:
		,						

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Employer identification number

EMERSON COLLECTIVE FOUNDATION 81-3242506			
Organization type (check one).		61-3242300	
Filers of:	Section:		
Form 990 or 990-EZ	 7		
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation	
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion	
	501(c)(3) taxable private foundation		
Note: Only a section 501(c)(7), instructions General Rule	(8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See	
X For an organization file	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribut property) from any one contributor. Complete Parts I and II. See instructio		
contributor's total con		70 for dotomining d	
Special Rules			
regulations under sect 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/cions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 chat received from any one contributor, during the year, total contributions ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)	
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. Don't 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			
990-EZ, or 990-PF), but it must	n't covered by the General Rule and/or the Special Rules doesn't file Schei answer "No" on Part IV, line 2, of its Form 990; or check the box on line H ertify that it doesn't meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on its	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization EMERSON COLLECTIVE FOUNDATION

Employer identification number

Part I	Contributors (See instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	LAURENE POWELL JOBS 2200 GENG ROAD, SUITE 100 PALO ALTO, CA 94303	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LAURENE POWELL JOBS 2200 GENG ROAD SUITE 100 PALO ALTO, CA 94303	\$ 813,888,803.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Part II	Noncash Property (See instructions). Use duplicate copie	s of Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	8,118,775 SHARES WALT DISNEY CO.		
		\$\$13,888,803.	VAR
(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
		\ \$	

ļ

Employer identification number

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or			ibed 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 y Use duplicate copies of Part III if addition		on once. Se	e instructions.) ► \$	
(a) No.	Use duplicate copies of Part III ii addition	iai space is needed.			
from	(b) Purpose of gift	(c) Use of gift	1	(d) Description of how gift is held	
Part I	 				
					
		(e) Transfer of gift			
		(,,			
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I_	(b) Purpose of gift	(c) use of gift		(a) Description of now gift is neid	
	₌				
		- <u>- </u>			
		(e) Transfer of gift			
		TID . 4	5 1 11		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Faili_					
					
	(e) Transfer of gift				
	Transferee's name, address, and a	CIP + 4	Relations	ship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I		· · · · · · · · · · · · · · · · · · ·			
	(a) Transfer of air				
	(e) Transfer of gift				
	Transferee's name, address, and a	'IP + 4	Relations	thip of transferor to transferee	
	Transferee 3 name, audiess, and a		Neiations	or dansieror to hansieree	
		——— I ——			
				· · · · · · · · · · · · · · · · · · ·	

81-3242506

ATTACHMENT

- DIVIDENDS AND INTEREST FROM SECURITIES PART FORM 990PF,

NET INVESTMENT INCOME	123,614. 28,804. 388,748. -190,414. -6,780.	343,972.
REVENUE AND EXPENSES PER BOOKS	123,614. 28,804. 388,748. -1,282,215. -6,780. 118,857. -54,486.	-683,458.
DESCRIPTION	GS 05155155-4 INTEREST GS 05156847-5 DIVIDENDS GS 05156847-5 INTEREST GS 05156847-5 ACC INT PAID ON PURCHASE GS 05156847-5 AMORTN OF BOND PREMIUM GS 05156847-5 TAX EXEMPT INTEREST GS 05156847-5 ACC INTEREST PAID ON PURCH	TOTAL

ATTACHMENT 2

0564ME 517K

TNOONE
OTHER
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	NET	INVESTMENT	INCOME	41,927.
REVENUE	AND	EXPENSES	PER BOOKS	41,927.

DESCRIPTION ORDINARY GAINS

41,927.
41,927.
TOTALS

81-3242506

ATTACHMENT

	CHARITABLE PURPOSES	3,514.	3,514.
	ADJUSTED NET INCOME		
	NET INVESTMENT INCOME	3,515.	3,515.
	REVENUE AND EXPENSES PER BOOKS	7,029.	7,029.
- ACCOUNTING FEES			TOTALS
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	ACCOUNTING FEES	

0564ME 517K

EXPENSE
INTEREST
- 1 ∦
⊢∥
PART
OPF,
99

	NET	INVESTMENT	INCOME	3,052.
REVENUE	AND	EXPENSES	PER BOOKS	3,052.
				ARGED
			DESCRIPTION	INTEREST CHARGED

3,052.

3,052.

TOTALS

ATTACHMENT 4

81-3242506

LAK002-28

2016 FORM 990-PF EMERSON COLLECTIVE FOUNDATION

81-3242506

ATTACHMENT 5

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

FEDERAL TAXES

DESCRIPTION

4,000,000.

TOTALS

4,000,000.

ATTACHMENT 6

FXPFNSFS
- OTHER
PART
990PF.
FORM

CHARITABLE PURPOSES 300.	300.
NET INVESTMENT INCOME 8,878.	8,878.
REVENUE AND EXPENSES PER BOOKS 8,878.	9,178.
	TOTALS
DESCRIPTION MANAGEMENT FEES FEES AND LICENSES	

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

WALT DISNEY CO. (1,007,340 SHS)

ENDING BOOK VALUE

ENDING FMV

FMV

105,889,857.

105,133,364.

TOTALS

105,133,364.

105,889,857.

0564ME 517K

ATTACHMENT 7

ATTACHMENT 8

מתואסמ	
CORPORATE	
ı	
L	1
F	•
PART	
90PF.	

ORM 990PF, PART II - CORPORATE BONDS	DESCRIPTION
FORM	DESCR

	ы
ENDING	VALU
EN	BOOK

ENDING FMV

FIXED INCOME

883,035,451.

883,035,451.

884,824,454. 884,824,454.

TOTALS

0564ME 517K

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

2016

OMB No 1545-0092

Name of estate or trust

EMERSON COLLECTIVE FOUNDATION

Employer identification number

81-3242506

Not	e: Form 5227 filers need to complete only Parts I and II					
Pa	rt I Short-Term Capital Gains and Losses - Ass	ets Held One Yea	or Less			· · · · · · · · · · · · · · · · · · ·
the This	instructions for how to figure the amounts to enter on lines below. form may be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	hole dollars			line 2, column	(g)	column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	295,000.	295,000.			
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	67,508,577.	67,470,764.			37,813.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S cor	porations, and other	estates or trusts		_5_	
6	Short-term capital loss carryover Enter the amount Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	<u> </u>	. <u> </u>		7	37,813.
Pa	rt II Long-Term Capital Gains and Losses - Ass	ets Held More Tha	n One Year			
the This	instructions for how to figure the amounts to enter on lines below form may be easier to complete if you round off cents whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss (Form(s) 8949, P line 2, column	from art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	710,662,291.	219,956,685.			490,705,606.
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	1 8824	• • • • • •	11	·
12	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				12	
13	13 Capital gain distributions				13	
14 Gain from Form 4797, Part I				14		
15	Long-term capital loss carryover Enter the amoun Carryover Worksheet	t, if any, from line	14 of the 2015	Capital Loss	15	()
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back				16	490,705,606.

	dule D (Form 1041) 2016		,		Page 2
Pa	t III Summary of Parts I and II	_	(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this p	art	(see instr)	or trust's	
17	Net short-term gain or (loss)	17			37,813.
18	Net long-term gain or (loss):	1			400 705 606
	Total for year	18a			490,705,606.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
С	28% rate gain	18c		 	400 742 410
19	Total net gain or (loss). Combine lines 17 and 18a				490,743,419.
gains	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 s, go to Part V, and don't complete Part IV. If line 19, column (3), is a ne ssary.	et loss,	rm 990-1, Part I, line 4 complete Part IV and	the Capital Loss C	19, column (2), are ne Carryover Worksheet, as
	rt IV Capital Loss Limitation				
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,				
. a	The loss on line 19, column (3) or b \$3,000			20 ()
Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	i, line 22 (or Form 990)-1, IINE 34), IS a los	s, complete the Capital
_	Tax Computation Using Maximum Capital Gains Rate	es	•	•	
	n 1041 filers. Complete this part only if both lines 18a and 19 in co		2) are gains, or an a	mount is entered	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo				
Cau	tion: Skip this part and complete the Schedule D Tax Worksheet in the	ınstru	ctions if		
• E	ther line 18b, col (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 18a and 19 are g				
	T, and Form 990-T, line 34, is more than zero. Skip this part and cor 18b, col. (2) or line 18c, col. (2) is more than zero.	npiete	the Schedule D Tax	Worksneet in the	e instructions it eithe
ime				I. E. T. a.	
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero		<u> </u>		
23	Enter the estate's or trust's qualified dividends			1999	
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) . 23			1.00	
24	Add lines 22 and 23		<u> </u>	330	
25	If the estate or trust is filing Form 4952, enter the		1 A-1		
	amount from line 4g, otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24. If zero or less, enter -0		. 26		
27	Subtract line 26 from line 21. If zero or less, enter -0		. 27		
28	Enter the smaller of the amount on line 21 or \$2,550		. 28		
29	Enter the smaller of the amount on line 27 or line 28		. 29		
30	Subtract line 29 from line 28. If zero or less, enter -0- This amount is	s taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		. 31		
32	Subtract line 30 from line 26		. 32		
33	Enter the smaller of line 21 or \$12,400		. 33		
34	Add lines 27 and 30		. 34		
35	Subtract line 34 from line 33. If zero or less, enter -0		. 35		
36	Enter the smaller of line 32 or line 35		. 36		
37	Multiply line 36 by 15% (0.15)			▶ 37	
38	Enter the amount from line 31		. 38		
39	Add lines 30 and 36		. 39		
40	Subtract line 39 from line 38 If zero or less, enter -0		. 40	463	
41	Multiply line 40 by 20% (0.20)			▶ 41	
42	Figure the tax on the amount on line 27 Use the 2016 Tax Rate Schedule for				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)			marie a	
43	Add lines 37, 41, and 42			1	
44	Figure the tax on the amount on line 21 Use the 2016 Tax Rate Schedule for				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1 1		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44			Schedule	
