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.

		0, ZUI/	, and ending	1	
me o	TOUNGATION			A Employer identification	number
'HE	ARK FOUNDATION			38-4055324	
		address)	Room/suite		
55	O EL CAMINO REAL		200		1110
		postal code		C If exemption application is pe	_ TVF
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Check	··· · · · · · · · · · · · · · · · · ·	==	former public charity	D 1. Foreign organizations	, check here
		Amended return		2. Foreign organizations me	eting the 85% test.
\h1			· · · · · · · · · · · · · · · · · · ·	check here and attach co	mputation
_		1	Intion	E If private foundation state	
	· 1	-	Accidar		
-\$			IS.)	under 35511511 557 (5)(1)	(B), Griddik Horo
irt l	Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	necessarily equal the amounts in column (a)	 	income	Income	for chantable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	10,020,971.		ļ- · · · · · · · · · · · · · · · · · · ·	
2					
3					
4 50					
				 	
Ь	Gross sales price for all			<u> </u>	
7			0.		
8	Net short-term capital gain				
9	Income modifications				
10a	and allowances				
					!
	, ,				· · · · · · · · · · · · · · · · · · ·
		10 020 971			
			· · · · · · · · · · · · · · · · · · ·		0
15	Pension plans, employee benefits				
				,	
b	Accounting fees		FOENCED		
C	Other professional fees		10		
17		9			
18			17		
19	•	110		η	· · · · · · · · · · · · · · · · · · ·
20	, -				
	Printing and publications	, , , ,			
	Other expenses	, , , , , , , , , , , , , , , , , , , ,	·		
23	•				
23 24	Total operating and administrative	1 ^	0.	0.	0
	Total operating and administrative expenses. Add lines 13 through 23	0.			
24		0.			<u> </u>
24 25	expenses. Add lines 13 through 23	0.			0
24 25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid		0.	0.	0
24 25 26	expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements.	0.	0.	0.	
24 25 26 27 8	expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	0.	0.	0.	
	## 1 1 2 3 4 5a b 6a b 7 8 9 10a b c 17 18 19 20 21	The of foundation HE ARK FOUNDATION The and street (or PO box number if mail is not delivered to street to the street to the policy of town, state or province, country, and ZIP or foreign to town, state or province, country, and ZIP or foreign to the state of province, country, and ZIP or foreign to the state of t	HE ARK FOUNDATION there and street (or PO box number if mail is not delivered to street address) 550 EL CAMINO REAL For town, state or province, country, and ZIP or foreign postal code ENLO PARK, CA 94025 theck all that apply: Initial return Amended return Address change Name change heck type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation in market value of all assets at end of year of part II, col. (c), line 16) \$ 9,898,597. (Part I, column (d) must be on cash base. The total of amounts in columns (b), (c), and (d) may not expenses per books. 1 Contributions, grifts, grants, etc., received 2 Check	HE ARK FOUNDATION the and street for PO box number if mail is not delivered to street address) Standard Street for PO box number if mail is not delivered to street address) PROOM/surfe 200 Recom/surfe Recom/surfe Part II and apply: Initial return	A Employer identification 38 - 4 0 5 5 3 2 4 B Telephone number (6 5 0) 28 9 - or town, state or province, country, and ziP or foreign postal code ENLO PARK, CA 94 0 2 5 heck all that apply. Initial return Amended return Amen

	Part II Balance Sheets Attached schedules and amounts in the description column should be for and of wear amounts only		Beginning of year	End	of year
느		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		· · · · · · · · · · · · · · · · · · ·	
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts			
	5	Grants receivable		 	
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts		······································	
क्ष	8	Inventories for sale or use		<u> </u>	
Assets	9	Prepaid expenses and deferred charges			
4	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 1	0.	10,020,971.	9,898,597.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other	······································		
	14	Land, buildings, and equipment; basis			
	4.	Less accumulated depreciation			
		Other assets (describe		 	
	16	Total assets (to be completed by all filers - see the	0.	10 020 071	0 000 507
	4-	instructions. Also, see page 1, item !)		10,020,971.	9,898,597.
		Accounts payable and accrued expenses			1
	18	Grants payable	,		
8	19	Deferred revenue			+
ij	20	Loans from officers, directors, trustees, and other disqualified persons			1
Liabilities	21	Mortgages and other notes payable Other liabilities (describe		 	1
	22	Other Habilities (describe		to the Magnetic Paris	1
į	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			1
•		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted			
ä	25	Temporarily restricted]
Bal	26	Permanently restricted]
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here]
7		and complete lines 27 through 31.			1
9	27	Capital stock, trust principal, or current funds	0.	0.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	10,020,971.	
let	30	Total net assets or fund balances	0.	10,020,971.]
_					
	31	Total liabilities and net assets/fund balances	0.1	10,020,971.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
					1
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30	1.	1
		t agree with end-of-year figure reported on prior year's return)		<u> 1</u>	10 020 971
		amount from Part I, line 27a		2	10,020,971.
		increases not included in line 2 (itemize)		3	10,020,971.
		ines 1, 2, and 3		. 4	10,020,9/1.
		pases not included in line 2 (itemize)	lumn (h) lung 20	6	10,020,971.
<u>g</u>	ıotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	rumm (D), jiril i 30		Form 990-PF (2017)

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b)	How acquired - Purchase - Donation) (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>					<u> </u>				
<u>b</u>]	NONE	 			↓				
<u> </u>					┿	.			
<u>d</u>			· · · · · · · · · · · · · · · · · · ·		┼			·	
	1 0	Degrapation allowed	T (=) 0.	ant or other basis	┸			(h) Oam as diasa	\
(e) Gross sales price	- (")	Depreciation allowed (or allowable)		ost or other basis expense of sale			(((h) Gain or (loss (e) plus (f) minus	
<u>a</u>	_		 	 					
<u>b</u>			 						
d			 						
		 -	+						· · · · · · · · · · · · · · · · · · ·
Complete only for assets sho	wing gain in	column (b) and owned by	the foundation	n on 12/31/69			//\ C	ouns (Col. /h) goin	minus
Complete only for association		· · · · · · · · · · · · · · · · · · ·		Excess of col. (I)				ains (Col. (h) gain i), but not less thai	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	OVE	or col. (j), if any			, L	.osses (from col. (h))
•			 	W	-				· · · · · · · · · · · · · · · · · · ·
b		······							
			 						
d	 		<u> </u>					· · · · · · · · · · · · · · · · · · ·	
6	-		 						
· *	<u> </u>	C 16 alan anti-	u en Dont I les	. 7	7				
2 Capital gain net income or (ne	t capital loss	If gain, also ente			 	2			
				•					
Net short-term capital gain or If gain, also enter in Part I, lin			nu (o):		٦l				
If (loss), enter -0- in Part I, lir		o _j .				3			
Part V Qualification	Under S	ection 4940(e) for	Reduced	Tax on Net	Inve	stment l	ncom	e	
If section 4940(d)(2) applies, leav			nount of any y	rear in the base per	iod?				Yes No
f "Yes," the foundation doesn't qu									
 Enter the appropriate amount 	ın each colur	nn for each year; see the i	nstructions be	fore making any ei	ntries.				
(a) Base period years Calendar year (or tax year begi	nning in)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchai		sets	Distrib (col. (b) div	(d) oution ratio ided by col. (c))
2016									
2015									
2014									
2013				ļ					
2012		· · · · · · · · · · · · · · · · · · ·							
								ŀ	
2 Total of line 1, column (d)								2	
3 Average distribution ratio for t	the 5-year bas	se period - divide the total	on line 2 by 5	.0, or by the numb	er of y	/ears	Ì		
the foundation has been in ex	stence if less	than 5 years					ļ	3	
4 Enter the net value of nonchar	itable-use ass	sets for 2017 from Part X,	line 5					4	
5 Multiply line 4 by line 3								5	
		Death has 670							· · · · · · · · · · · · · · · · · · ·
8 Enter 1% of net investment in	come (1% of	Part I, line 27b)						6	
7 Add lines 5 and 6								7	
B Enter qualifying distributions							Į	8	
If line 8 is equal to or greater See the Part VI instructions.	than line 7, cf	neck the box in Part VI, lin	e 1b, and com	plete that part usin	ig a 1º	% tax rate.			

723521 01-03-18

	1990-PF (2017) THE ARK FOUNDATION 38-405 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	5324	rtion	Page 4	
Щ.	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1150.00	CIOTI		
18					
_	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1			0.	
D				<u> </u>	
	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
ن م	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
3	Add lines 1 and 2			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		-	0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.	
6	Credits/Payments:				
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 8c 0.				
	Backup withholding erroneously withheld 6d 0.				
	Total credits and payments. Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.	
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 2018 estimated tax				
Pa	rt 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	L	Yes		
	any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X	
	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.				
	Did the foundation file Form 1120-POL for this year?	16		<u> </u>	
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 .				
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$0.			77	
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.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			v	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>x</u>	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes." has it filed a tax return on Form 990-T for this year?	48			
	•	4b		X	
o	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				
6	If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
U	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	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 Part XV	7	Х		
•					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	CA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation	8b	X		
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				ر ا
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X Z	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 2	10	X		
		orm 99 0)-PF	(2017)	

Pá	art VII-A Statements Regarding Activities (continued)			
		T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	DITTO I CET	39-1	110	
	Located at ► 1550 EL CAMINO REAL, SUITE 200, MENLO PARK, CA ZIP+4 ►9			
15				•
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
••	securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	· · ·		
	foreign country			İ
Pa	art 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.	\top	Yes	No
18	During the year, did the foundation (either directly or indirectly):	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ĺ	
	a disqualified person?		1	•
	(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?			
	(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.)			
Ь	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 N/A	16		
	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 were not corrected	1		
	before the first day of the tax year beginning in 2017?	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)):	İ		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
	before 2017?			
	if "Yes," list the years	1		
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	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 2017 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	'		
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		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 2017?	4b		X
	r.	nor	DE.	(0047)

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Ro	equired (contin	d)	4 4	i ago O
5a During the year, did the foundation pay or incur any amount to:	onn may born	oquii ou (contin	uea)	Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4045(a)\2		es X No	- · ·	5 110
(2) Influence the outcome of any specific public election (see section 4955); o	` '/'		00 [22] 140		
any voter registration drive?	i to durity ori, amount or mano	• • • • • • • • • • • • • • • • • • • •	es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes'	9		es X No		İ
(4) Provide a grant to an organization other than a charitable, etc., organization		· · ·	88 [12] 140		
4945(d)(4)(A)? See instructions	i ubscribba ili socioli		es X No	j	ŀ
	or adventional aurages or fe		88 (22) 140	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or it		es X No		
the prevention of cruelty to children or animals?			88 (A) NO		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / N	_	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	+
Organizations relying on a current notice regarding disaster assistance, check h				l	
e If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				ł	
expenditure responsibility for the grant?	IN	/A Y	88 No	1	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	bay premiums on	г 1	TT	- 1	
a personal benefit contract?		Ye	BS X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	<u>6b </u>	<u> </u>
If "Yes" to 6b, file Form 8870.			(TE)		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		+
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Man	iagers, Hignly			
List all officers, directors, trustees, and foundation managers and the	poir compensation				
List all Officers, directors, a disters, and foundation managers and the		(c) Compensation	(d) Contributions to	(a) E	VDODCO
(a) Name and address	(b) Title, and average hours per week devoted to position	(if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense nt, other vances
DAVID L. SZE	DIRECTOR, SEC		· ·		
.550 EL CAMINO REAL, SUITE 200		,			
MENLO PARK , CA 94025	0.80	0.	0.		0.
		CFO		<u> </u>	<u>.</u>
.550 EL CAMINO REAL, SUITE 200				l	
IENLO PARK, CA 94025	0.80	0.	٥.		0.
	AUDIT COMMITT				 -
550 EL CAMINO REAL, SUITE 200					
ENLO PARK, CA 94025	2.00	0.	0.	ł	0.
· · · · · · · · · · · · · · · · · · ·]	ŀ	
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	nter "NONE."	!	<u></u>	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou allov	nt, other vances
NONE					
M					
				L	
		<u> </u>		L	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
The state of the s					
otal number of other employees paid over \$50,000		<u> </u>	• 1	·	
			Form	990-P	F (2017)

Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
		(c) Compensation
(a) Name and address of each person paid more than \$50,000 (b) Type of servic NONE	 · · · · · · · · · · · · · · · ·	(C) Compensation
HOME		
		
		· · · · · · · · · · · · · · · · · · ·
		
	·	
Total number of others receiving over \$50,000 for professional services	>	0
Partix 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 N/A		
0		
2	\dashv	
	 	
3		
<u> </u>		
4		
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 NONE		
1,701,0		
		0.
2		
<u> </u>	\dashv	
All other program-related investments. See instructions.	<u> </u>	
3 NONE	1	
9 417414	_	
	_	
		0.
Total. Add lines 1 through 3		0.
Total: Add into 1 tillought o		n 990-PF (2017)

Part X Minin	num Investment Return (All domestic fou	indations must complete this part. Foreign four	ndations, see	nstructions.)
1 Fair market value of	of assets not used (or held for use) directly in carrying	out charitable, etc., purposes:		
	air market value of securities	, ,, ,	18	81,358.
b Average of monthl			1b	· · · · · · · · · · · · · · · · · · ·
c Fair market value o			10	0.
d Total (add lines 1a	, b, and c)		1d	81,358.
e Reduction claimed	for blockage or other factors reported on lines 1a and			
1c (attach detailed	explanation)	ie 0.	1	
2 Acquisition indebte	edness applicable to line 1 assets		2	0.
3 Subtract line 2 from	n line 1d		3	81,358.
4 Cash deemed held	for charitable activities. Enter 1 1/2% of line 3 (for great	ater amount, see instructions)	4	1,220.
5 Net value of noncl	naritable-use assets. Subtract line 4 from line 3. Enter	here and on Part V, line 4	5	80,138.
6 Minimum investm	ent return. Enter 5% of line 5 ADJUSTED F	OR SHORT TAX PERIOD	6	263.
	butable Amount (see instructions) (Section 4 organizations, check here		id certain	
1 Minimum investme	ent return from Part X, line 6		1	263.
2a Tax on investment	income for 2017 from Part VI, line 5	2a		
	7. (This does not include the tax from Part VI.)	2b]	
c Add lines 2a and 2	•	***************************************	20	0.
3 Distributable amou	nt before adjustments. Subtract line 2c from line 1		3	263.
4 Recoveries of amo	unts treated as qualifying distributions		4	0.
5 Add lines 3 and 4			5	263.
6 Deduction from dis	stributable amount (see instructions)		8	0.
7 Distributable amo	unt as adjusted. Subtract line 6 from line 5. Enter here	and on Part XIII, line 1	7	263.
Part XII Qualit	iying Distributions (see instructions)			
1 Amounts paid (inc	uding administrative expenses) to accomplish charitab	le, etc., purposes:		
	tions, gifts, etc total from Part I, column (d), line 26		18	0.
b Program-related in	vestments - total from Part IX-B		1b	0.
2 Amounts paid to a	equire assets used (or held for use) directly in carrying	out charitable, etc., purposes	2	
	for specific charitable projects that satisfy the:			
a Suitability test (pri	or IRS approval required)		3a	
- "	est (attach the required schedule)		3b	
	tions. Add lines 1a through 3b. Enter here and on Part	: V, line 8; and Part XIII, line 4	4	0.
• •	ualify under section 4940(e) for the reduced rate of tax			
ıncome. Enter 1%			5	0.
	g distributions. Subtract line 5 from line 4		в	0.
	on line 6 will be used in Part V, column (b), in subsequention of tax in those years	uent years when calculating whether the foundation q	ualifies for the	section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				263.
2 Undistributed income, if any, as of the end of 2017	· · · · · · · · · · · · · · · · · · ·			
a Enter amount for 2016 only			0.	
b Total for prior years:		<u> </u>		
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
				•
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: > \$ 0.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		<u> </u>
c Treated as distributions out of corpus		ł		
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2017 (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:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2016. Subtract line				
4a from line 2a, Taxable amount - see instr.			0.	
f Undistributed income for 2017, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				263.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			ļ	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9;	1			
a Excess from 2013	İ			
b Excess from 2014	į			
c Excess from 2015	1			
d Excess from 2016				
e Excess from 2017				- 000 DE

723581 01-03-18

Part XVI-A	A 4 4			A 11
I Part XVI.A I	Anaiveie	AT INCOME	-Producing	ACTIVITIAS
1 WI C / V T 1 "/ \	Allulysis	OI IIIOOIIIO	i i oaaoiiig	WOULD 1002

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(0)		
Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
	COUT		1000				
ā							
b		 	 	 			
C			 				
d							
e							
g Fees and contracts from government agencies							
	<u> </u>	<u> </u>	├		· · · · · · · · · · · · · · · · · · ·		
2 Membership dues and assessments	ļ						
3 Interest on savings and temporary cash							
Investments 4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:			_				
a Debt-financed property			<u> </u>				
b Not debt-financed property		ļ					
Net rental income or (loss) from personal			1				
property			<u> </u>				
7 Other investment income			 				
8 Gain or (loss) from sales of assets other		•	1				
than inventory							
9 Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	 		·		
10 Gross profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
11 Other revenue;							
8			ļ				
b			-				
c							
d							
·							
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	0.		
(See worksheet in line 13 instructions to verify calculations.)					····		
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	mpt	Purposes			
Line No. Explain below how each activity for which incom	e is reported i	in column (e) of Part XVI-A	contrib	outed importantly to the accord	nolishment of		
the foundation's exempt purposes (other than by				,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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		<u> </u>					
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Form **990-PF** (2017)

723621 01-03-18

<u>r ar</u>	L AVII	Exempt Organ		siers to a	nd Transactions at	na Relationsi	iips with Nonc	nantabie		
1 0	or the or			of the following	og with any other organizati	on described in sect	tion 501(c)		Yes	No
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a Transfers from the reporting foundation to a noncharitable exempt organization of:										
(1) Cash										Х
-	2) Other							1a(1) 1a(2)		X
•	•	sactions:						1.0(2)		
		of assets to a noncharita	ible exempt organizat	ion				16(1)		Х
•	•	nases of assets from a no						1b(2)		X
•	•	al of facilities, equipment,	•	r gurnzution				1b(3)		X
•	•	bursement arrangements						1b(4)		X
•	•	s or loan guarantees						1b(5)		X
•	•	rmance of services or me	mbership or fundrais	sing solicitatio	ons			1b(8)		X
c S	haring of	f facilities, equipment, ma	uling lists, other asse	ts, or paid em	ployees			10		X
d If	the ansv	ver to any of the above is	"Yes," complete the f	ollowing sche	edule. Column (b) should al	ways show the fair	market value of the g	oods, other ass	ets,	
0	r service	s given by the reporting fo	oundation. If the foun	idation receive	ed less than fair market valu	ie in any transaction	or sharing arrangen	nent, show in		
C	olumn (d) the value of the goods,	other assets, or servi	ices received.			· · · · · · · · · · · · · · · · · · ·			
(a)Line	no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	n of transfers, transaction	ns, and sharing arr	ngemen	ts
				N/A						
		·								
				·		1				
							· · · · · · · · · · · · · · · · · · ·			
			ļ 		<u>,</u>			-		
				 						
		<u>,</u>								
			<u> </u>							
	_	 					······································	"		
					······································					
	_			·						
					<u> </u>					
0- 1-	the few	- data	the officeral with one	alated to one	or more toy everent organi	rations described	· ··	·		
		•		•	or more tax-exempt organi	zations described		Yes	¥	No
		501(c) (other than section complete the following scheme:		JUI 521 *				163	4.] 140
<u> </u>	185, 66	(a) Name of org		 	(b) Type of organization	1	(c) Description of re	lationship		
		N/A	arrizottott		(b) type or or gammamorr		(6)			
						·	· · · · · · · · · · · · · · · · · · ·			
				····					•	
				······································						
					accompanying schedules and st			May the IRS o	iscusa tr	nis
Sigr	1 🕟	lief, it is true, correct, and com	plete Declaration of prep	parer (other than	taxpayer) is based on all informa		as any knowledge	return with the shown below	prepare	er 📗
Here	* •				15/14/2018	CEO		X Yes		No
	Sign	ature of officer or trustee			Date	Title		_L		
		Print/Type preparer's na	me	Preparer's si	ignature	Date		PTIN		
				11	4	ļ	self- employed			
Paid		HEATHER C.		Death	er Mahoney	05/10/2018		P01063		
	arer	Firm's name PRI	CEWATERHOU	USECOO!	PERS, LLP		Firm's EIN ► 13	3-40083	24	
Use	Only									
		Firm's address ► 10							F 4 4	
		ВО	STON, MA	02210		 	Phone no. (6	17) 530		
								Form 99 ()-PF ((2017)

Schedule B

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

T	HE ARK FOUNDATION	38-4055324	
Organization type (check	one).		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le See instructions	
General Rule			
	on filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's		
Special Rules			
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount, line 1. Complete Parts I and II	or 16b, and that received from	
year, total contrib	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.		
year, contribution is checked, enter purpose. Don't co	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		
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA 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) (2017)

Vame of organization

Employer identification number

THE ARK FOUNDATION

38-4055324

Partil	Contributors (see instructions) Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID SZE AND KATHLEEN DONOHUE 1550 EL CAMINO REAL, SUITE 200 MENLO PARK, CA 94025	\$ 10,020,971.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)

Name of organization

Employer identification number

THE ARK FOUNDATION

38-4055324

	ncash Property (see instructions) Use duplicate copies of Parl		-4055324
(a)	Topolis (continuous) Ose aupitoate sopies of ran	additional opage to Hooded	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of the property given	(See instructions.)	D 410 , 0001104
	200 SHS PALO ALTO NETWORKS, INC; 24,290 SHS WORKDAY	Υ,	
$\frac{1}{}$ INC	; 149,539 SHS CLOUDERA, INC		
		\$ <u>10,020,971.</u>	12/28/17
-		*	12/20/1/
(a)		(2)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(See instructions.)	
		s	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
			
_			
		\$	
(a)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Becompact of Harlader property given	(See instructions.)	Date 1000mod
			
—		 _{\$}	
		Ψ	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(Coo man double)	
	The state of the s		
			
		\$	
 			= = = = = = = = = = = = = = = = = = = =
(a) No.	/h\	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	(a) Date received
Part I	Describation of noncastr broberry divers	(See instructions.)	Para i acaivad
		— _{\$}	
			0, 990-EZ, or 990-PF) (2

Name of or	ganization	Employer identification number	_		
THE A	RK FOUNDATION			38-4055324	
PartIII	Exclusively religious, charitable, etc., con	tributions to organizations describ	ed in section 50	(c)(7), (8), or (10) that total more than \$1,000 for y. For organizations	
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	or less for the year	(Enter this info once) > \$	
(a) No.	Use duplicate copies of Part III if addition	nai space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
]			_		_
			_		-
				· · · · · · · · · · · · · · · · · · ·	-
		(e) Transfer of	gift		
ĺ	Tunnetaurale nome address a		Doloti	amphin of humafaura to turn of an	
	Transferee's name, address, a	nd ZIP + 4		Relationship of transferor to transferee	
					_
					-
(a) No. from	(h) Dumana of with	(a) Han of wift		(d) Description of how with in held	_
Part i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	_
i					-
					-
J					_
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee	
[_
					-
					_
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part i					
					_
}				· · · · · · · · · · · · · · · · · · ·	_
		(e) Transfer of	L gift		
}	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee	
				-	
1					_
(a) No. from					_
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
				 	_
[-
					_
(e) Transfer of gift					
				onship of transferor to transferee	
ł	Transferee's name, address, a	IN ZIF T T	Loigh	Short of a dissiplot to a dissiple	_
					_
į					-
				 	

FORM 990-PF CORPORATE STO	OCK	STATEMENT 1
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
34,200 SHS PALO ALTO NETWORKS, INC 24,290 SHS WORKDAY, INC 149,539 SHS CLOUDERA, INC	5,025,861. 2,490,332. 2,504,778.	4,956,948. 2,471,265. 2,470,384.
TOTAL TO FORM 990-PF, PART II, LINE 10B	10,020,971.	9,898,597.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 2
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

DAVID SZE AND KATHLEEN DONOHUE

1550 EL CAMINO REAL, SUITE 200

MENLO PARK, CA 94025

FORM 990-PF	PART XV - LINE 1A	STATEMENT 3
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

DAVID L. SZE KATHLEEN M. DONOHUE