Form **990-PF**

C&F. 968

EXTENDED TO NOVEMBER 15, 2018
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.

OMB No 1545-0052
2017

Department of the Treasury Internal Revenue Service ▶ Go to www irs.gov/Form990PF for instructions and the latest information. , and ending For calendar year 2017 or tax year beginning A Employer identification number Name of foundation AMBER FOUNDATION 77-0351840 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number PO BOX 63 (650)323-5000 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 94023-1797 LOS ALTOS, CA G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated O' J Section 4947(a)(1) nonexempt charitable trust
 □ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method. X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1332612. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 250000. Contributions, gifts, grants, etc., received Check _____ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 42. 42 STATEMENT 20500. 20500. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 197283 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 459488. 197283 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 467825 217825 0 Ō 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 3 4675 4675 0. 0. **b** Accounting fees STMT 6496 6496 STMT 0. Omer professionalitées 0. 0. STMT 5 232 232 19 Occupancy 210 (a) en rei ences, and meetings 22 Printing and publications STMT 6 85 85. 0. 0. 23 Other expenses 24 Total operating and administrative 11488 11488 0. Ο. expenses. Add lines 13 through 23 250000 250000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0. 261488 11488 250000. Add lines 24 and 25 27 Subtract line 26 from line 12: 206337. a Excess of revenue over expenses and disbursements

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

0.

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

206337.

Б	art	Balance Sheets Attached schedules and amounts in the description	beginning of year	EIIU	UI yeai
드	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	4	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	8955.	39897	. 39897.
	3	Accounts receivable ▶	<u></u>		
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		 	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			<u> </u>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	<u> </u>	···	<u> </u>
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	1120864.	1292715	. 1292715.
	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 ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	1129819.	1332612	1332612.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue		_	
Ě	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0	<u>.</u>
		Foundations that follow SFAS 117, check here			
/ 0		and complete lines 24 through 26, and lines 30 and 31.			
ces	24	Unrestricted ·	1129819.	1332612	<u>.</u>
or Fund Balan	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
<u>8</u>	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances	1129819.	1332612	<u>•</u>]
		·			
	31	Total liabilities and net assets/fund balances	1129819.	1332612	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances	•	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		<u> </u>
		t agree with end-of-year figure reported on prior year's return)		1	1129819.
	-	amount from Part I, line 27a		2	206337.
		increases not included in line 2 (itemize)		3	+
		ines 1, 2, and 3		4	1336156.
		eases not included in line 2 (itemize)	SEE STA		3544.
-		net assets or fund halances at end of year (line 4 minus line 5) - Part II co	-		1332612

Part IV Capital Gains a	nd Losses for Tax on In	vestmen	Income						
(a) List and describe th 2-story brick ware	`P-	ow acquired Purchase Donation	(c) Date acquire (mo , day, yr.)						
1a CHARLES SCHWAB	#2966			†	P	VARIOUS	12/31/17		
b CAPITAL GAINS D	IVIDENDS								
C									
<u>d</u>				<u> </u>		·			
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (((e) plus (f) mil	nus (g))		
a 454342.			26220	5.			192137		
ь 5146.	<u>.</u>					· · ·	5146		
C				_					
d e									
	gain in column (h) and owned by t	he foundation	on 12/31/69.	+		(I) Gains (Col. (h)	nain minus		
	(j) Adjusted basis		cess of col (ı)	\neg	co	il. (k), but not less	than -0-) or		
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any			Losses (from o	col. (n))		
a							192137		
b							5146		
C									
d									
е							·		
2 Capital gain net income or (net capi	If gain, also enter $\left\{\begin{array}{l} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{array}\right.$	ın Part I, line ın Part I, line	7 7	}	2		197283		
3 Net short-term capital gain or (loss		d (6):							
If gain, also enter in Part I, line 8, co	olumn (c)			\mid			0 .		
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inve	stment In	come	U.		
(For optional use by domestic private f									
` , , , , , , , , , , , , , , , , , , ,	•	340(a) tax on	not myosanont m	icomic.	,				
If section 4940(d)(2) applies, leave this	s part blank.								
Was the foundation liable for the section if "Yes," the foundation doesn't qualify			•	nod?			Yes X No		
Enter the appropriate amount in ea				ntries.			••		
(a)	(b)			(c)			(d)		
Base periód years Calendar year (or tax year beginning	ın) Adjusted qualifying dist	ributions	Net value of no	let value of noncharitable-use assets			stribútión ratio) divided by col. (c))		
2016		50075.			1084346	5.	1		
2015		99237.			1087583		.09124		
2014		66938.			102747				
2013		26283.			934409		.13514		
2012		59635.			861096	<u> </u>	.069255		
• • • • • • • • • • • • • • • • • • •							.406975		
2 Total of line 1, column (d)	waar baaa pariad - duuda tha tatal a	n line O hij E () or by the numb	or of w	nara	2	• 40037.		
3 Average distribution ratio for the 5- the foundation has been in existence		111 11116 Z Dy 5.0	o, or by the number	ci Oi ye	7d1 5	3	.081395		
the foundation has been in existent	e ii iess tiiaii 5 years								
4 Enter the net value of noncharitable	-use assets for 2017 from Part X. I	ine 5				4	1212748		
	,								
5 Multiply line 4 by line 3						5	98712		
•							-		
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6	2063		
							-		
7 Add lines 5 and 6						7	100775		
							050000		
8 Enter qualifying distributions from I	·					8	250000		
If line 8 is equal to or greater than li	ne 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.				

AMBERF01

Death VII Fusion Tox Board and Investment Income (Continue 10)	40(a) 4040(b) 4040(a) ar	17-033.		raye 4
Part VI Excise Tax Based on Investment Income (Section 49		1946 - See	Instructio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here and		1		
	ecessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1	2(63.	
of Part I, line 27b		! !		1
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter	4% of Part I, line 12, col. (b). 丿			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	2		<u>0.</u>
3 Add lines 1 and 2		3	20	63.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	20	163.
6 Credits/Payments:				1
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 400.	1 1		ł
b Exempt foreign organizations - tax withheld at source	6b 0.	1		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	1		1
d Backup withholding erroneously withheld	64 0.	1		
7 Total credits and payments. Add lines 6a through 6d		7		00.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	hached	8		12.
	Nacione Control of the Control of th	9	16	75.
		10		, , , , .
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Defunded	11		
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded			
Part VII-A Statements Regarding Activities			T Voc	No
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	distation or did it participate or intervene	: In	—	
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	iition	1b	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies				
distributed by the foundation in connection with the activities.				الــــــــــــــــــــــــــــــــــــ
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t				
(1) On the foundation. ▶ \$ 0 . (2) On foundation manage	ers. ► \$0.	_		1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	iditure tax imposed on foundation			1 1
managers. ► \$ 0 •			l	
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	g instrument, articles of incorporation, o	or		1 1
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.	ear?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	r?		5	X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either			1 1
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandat	one directions that conflict with the state	a law		
	ory directions that connect with the state	5 law	6 X	.
remain in the governing instrument?	nalete Dart II. eel. (a), and Dart VV		7 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	inplete Part II, col. (c), and Part XV		/ A	
A 5 1 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	>			
8a Enter the states to which the foundation reports or with which it is registered. See instruct	iions. ►			
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)			اـــــــــــــــــــــــــــــــــــــ
of each state as required by General Instruction G? If "No," attach explanation			8b X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of		endar		ر/ لــــا
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," co	omplete Part XIV		9	<u> </u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche	dule listing their names and addresses		10	X
		Ec	rm 990-PF	/2017\

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P	art VII-A Statements Regarding Activities (continued)			
			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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges	,7		
	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	X	
	Website address ► N/A			
14	The books are in care of ► KEITH A. TYACKE, CPA Telephone no. ► (20)		-72	<u> 17</u>
	Located at ▶ 1504 AURORA AVENUE NORTH, SUITE #205, SEATTLE, WA ZIP+4	▶ 98109		
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	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	
	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 >			
P	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.		Yes	No
1	a 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?	∣ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	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?	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)?	No		
	(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	1	1	i
	termination of government service, if terminating within 90 days.)	No		ļ
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/3		
		/A 1b		
	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	-		<u></u> _
	before the first day of the tax year beginning in 2017?	1c		Λ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			i
	defined in section 4942(j)(3) or 4942(j)(5)):			
•	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 before 2017? Yes X	No.		j
		, NO		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
				!
	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.)	/A 2b		
	statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	7 20		1
			l i	
9.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3	during the year? Wes X	No		
,	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	,,,,		
	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.)	/A 3b		
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	Х
70	a die die transchon involve dernig vio your uny amount in a mainlor diat modife jooparoize ité difantable perpodée.	1 44	ı I	

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?

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)			es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	_			
4945(d)(4)(A)? See instructions			es X No		1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or f				'
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up		n Regulations	37/3		_
section 53.4945 or in a current notice regarding disaster assistance? See ins			N/A	5b	+
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?	14	/A Ye	es 🔛 No 📗		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	a nav promiume on				,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to) pay premiums on		es X No		
a personal benefit contract?	norconal honofit contract?		יייי ואי בביייי	6b	- -
b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870.	personal benefit contract?		-	-	 ^
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		es X No		'
b If "Yes," did the foundation receive any proceeds or have any net income attrib		L ''	N/A	7b	<u> </u>
Part VIII Information About Officers, Directors, Trus		nagers Highly			Ц
Paid Employees, and Contractors	itees, i oundation ma	nagers, riigin	•		
List all officers, directors, trustees, and foundation managers and	their compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour	ances
LYSBETH W. ANDERSON	PRESIDENT	,			
PO BOX 63	1				
LOS ALTOS, CA 94023	1.00	0.	0.		0.
LYSANNA ANDERSON	VICE PRESIDEN	Т			
L70 GARBARDA WAY					
PORTOLA VALLEY, CA 94028	1.00	0.	0.		0.
DANE F. ANDERSON	SECRETARY/TRE	ASURER			
2236 38LTH PL E					
SEATTLE, WA 98112	1.00	0.	0.	<u> </u>	0.
BRENTON W. ANDERSON	CHIEF FINANCI	AL OFFICE	I R		
PO BOX 63		_	_		_
LOS ALTOS, CA 94023	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contabultons to	1 (-) [
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accour	pense it, other
	devoted to position	-	compensation	allow	ances
NONE	4				
	-		-	 	
	4				
	-			<u> </u>	
	4				
				-	
	4			1	
				1	
	4			j	
## ## ## ## ## ## ## ## ## ## ## ## ##	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000	-		<u> </u>	000 55	0
			Form	990-PF	- (2017)

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3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-		
	· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the	Expenses
N/A		

		·
	-	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
N/A		
-		··· · -
All other program-related investments. See instructions.		
· <u> </u>		
	** 15	
otal Add lines 1 through 3		0.

	mum Investment Heturn (All domestic foundation	<u>. </u>	art Foreign four	noations, see	e instructions)
	of assets not used (or held for use) directly in carrying out chari	itable, etc., purposes.		22.	1006800
	fair market value of securities			1a	1206790.
b Average of month	-			1b	24426.
c Fair market value	of all other assets			1c	1001016
d Total (add lines 1				1d	1231216.
e Reduction claime	d for blockage or other factors reported on lines 1a and				
1c (attach detaile	d explanation)	1e	0.		_
2 Acquisition indeb	tedness applicable to line 1 assets			2	0.
3 Subtract line 2 fro				3	1231216.
4 Cash deemed hel	d for charitable activities. Enter 1 1/2% of line 3 (for greater amo	ount, see instructions)	_	4	18468.
5 Net value of non-	charitable-use assets Subtract line 4 from line 3. Enter here and	d on Part V, line 4	•	5	1212748.
6 Minimum invest	ment return. Enter 5% of line 5			6	60637.
	ributable Amount (see instructions) (Section 4942(j)(3		ng foundations ar	nd certain	
foreign	organizations, check here and do not complete this p	part.)			60605
	nent return from Part X, line 6	1 1	0060	1	60637.
2a Tax on investmen	nt income for 2017 from Part VI, line 5	2a	2063.		
b Income tax for 20	17. (This does not include the tax from Part VI.)	2b			
c Add lines 2a and	2b			2c	2063.
3 Distributable amo	ount before adjustments. Subtract line 2c from line 1			3	58574.
4 Recoveries of am	ounts treated as qualifying distributions			4	0.
5 Add lines 3 and 4				5	58574.
6 Deduction from d	listributable amount (see instructions)			6	0.
7 Distributable am	ount as adjusted. Subtract line 6 from line 5. Enter here and on F	Part XIII, line 1		7	58574.
	ifying Distributions (see instructions)	,			
	cluding administrative expenses) to accomplish charitable, etc., butions, gifts, etc total from Part I, column (d), line 26	purposes.		1a	250000.
				1b	0.
•	investments - total from Part IX-B	ritable etc. purposes		2	
	acquire assets used (or held for use) directly in carrying out chai	iliable, etc., purposes		2	
	le for specific charitable projects that satisfy the			20	
• "	rior IRS approval required)			3a 3b	
	test (attach the required schedule)	Or and Doot VIII line 4		4	250000.
	putions. Add lines 1a through 3b Enter here and on Part V, line 8			-	230000.
	qualify under section 4940(e) for the reduced rate of tax on net i	investment			2063.
	of Part I, line 27b			5	247937.
	ing distributions Subtract line 5 from line 4	an ilihan nahaidaka a ilik 10	ا المعالم المع	6	
	nt on line 6 will be used in Part V, column (b), in subsequent year duction of tax in those years.	irs when calculating whethe	r the foundation (quannes for the	: Secuon

•	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				58574.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			3256.	
h Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
eFrom 2016			;	
f Total of lines 3a through e	0.		:	
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 250000 •				
a Applied to 2016, but not more than line 2a			3256.	-
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			58574.
d Applied to 2017 distributable amount	188170.			30374.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.1			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	188170.			
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		<u> </u>		
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ا م			
may be required - see instructions)	0.		***	·····
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 7	- 0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	188170.			
10 Analysis of line 9:	1001700			
a Excess from 2013		į		
b Excess from 2014		•		
c Excess from 2015				
d Excess from 2016	j			•
e Excess from 2017 188170.				

723581 01-03-18

e Excess from 2017

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

c Any submission deadlines:

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

3 Grants and Contributions Paid During the		Payment	»,	
Recipient	If recipient is an individual,	1	Durages of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year			-	
		T01/0\/2\	HOOLED HOUSE GENER	
STANFORD UNIVERSITY 326 GALVEZ ST		501(C)(3)	HOOVER HOUSE CIRCLE	
STANFORD, CA 94305				250000.
				
				
			,	
Total			▶ 3a	250000.
b Approved for future payment				
		İ		
NONE				
NONE				
				-
	<u> </u>			
Total			<u> 3b</u>	0.
			F	orm 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activities

1 Program service revenue: a b c d e f Fees and contracts from government agencies	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	(e) Related or exempt function income
a a b c d e f					
b c d e f					
c d e f					
d e f					
e					
f g Fees and contracts from government agencies					
g Fees and contracts from government agencies			1		
2 Membership dues and assessments					"
3 Interest on savings and temporary cash investments			14	42.	
4 Dividends and interest from securities			14	20500.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			1		
8 Gain or (loss) from sales of assets other			+		
than inventory			18	197283.	
9 Net income or (loss) from special events		· -			
10 Gross profit or (loss) from sales of inventory			1		· · - · ·
11 Other revenue;					
a			-		
b		-	1		
c					4
d				-	
e					
12 Subtotal. Add columns (b), (d), and (e)		0	•	217825.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	217825.
See worksheet in line 13 instructions to verify calculations.)				_	

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								
	· · · · · · · · · · · · · · · · · · ·								
									
+									
-									

Form 990			FOUNDATI							0351840		ge 13
Part 2	XVII	Information Re Exempt Organ		sfers to a	and	Transactions a	and Relation	ish	ips With Nor	ncharitable	•	
1 Did	the or	ganization directly or indi	rectly engage in any	of the following	ng wit	h any other organizati	on described in si	ectio	on 501(c)		Yes	No
(ot	her thai	n section 501(c)(3) organ	nizations) or in section	on 527, relatin	g to p	olitical organizations?	•					
a Tra	nsfers	from the reporting found	ation to a noncharita	ble exempt or	rganiz	ation of:						
	Cash	, ,			•					1a(1)		X
	Other	assets								1a(2)	_	X
		sactions:								<u> </u>		
		of assets to a noncharita	ble exempt organiza	tion						1b(1)		X
٠,		ases of assets from a no								1b(2)	1	Х
٠,		I of facilities, equipment,	•	3						1b(3)	_	Х
		oursement arrangements								1b(4)		Х
		or loan guarantees								1b(5)	_	Х
		rmance of services or me	embership or fundra	sing solicitatio	ons					1b(6)	+	Х
٠,		facilities, equipment, ma	,	-		es				1c		Х
	-	ver to any of the above is					lwavs show the fa	ır m	arket value of the o		sets.	
		s given by the reporting fo									,	
) the value of the goods,				-	,			•		
(a)Line n		(b) Amount involved				npt organization	(d) Descrip	tion	of transfers, transaction	ons, and sharing a	rrangeme	nts
. , .	+	(-,		N/A			 ``					
	+	·		-1,								
	+					· · · · · · · · · · · · · · · · · · ·				· · ·		
	+								******			
	+							-				
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0 - 1 - 1	<u> </u>								· 			
		idation directly or indirect	-		e or m	ore tax-exempt organ	izations described)			v	No
		501(c) (other than sectio		ection 5277						Yes	LA	טאו ב
D IT	res, co	mplete the following scho (a) Name of org			I (b)	Type of organization	η		c) Description of re	elationehin		
		N/A	janization		(6)	Type of organization			C) Description of the	Ciationship		
		N/A			+		1					
		·			+		+					
					╁		 					
					—				<u>-</u>			
	Lindor	penalties of perjury, I declare	that I have avamined th	o sotuso upoliudu	1	maanuaa aabadulaa aa	d statements, and to	tha l	hoot of my knowledge			
Sian		lief, it is trije, correct, and con								May the iRS return with the	discuss to	ihis er
Sign Here	S -	Latt N	The day	101	,	1/2///2010	PA PREG	TD	TINTED.	shown below	v? Se <u>e in:</u>	str
/		MHTHELH .	MUNIO	40 K		XXIIIIII	PRES	ΤD	ENT	_ X Yes	; <u> </u>	J No
	7 3197	ature of officer or trustee	1000	Dropararia -	unnat.	Date /	Title	T-	Check X I If	PTIN		
		Print/Type preparer's na		Preparer's s	oynall	11.0	Date	- 1	check X if self- employed	1 1 1111		
Do:4		KEITH A. T	IACKE,	KDTMI	2	mva ovo	11/10/1		son- employed	D00100		
Paid		CPA	M11 3			TYACKE,	11/12/18	이	l	P00180	104/	
Prepa		Firm's name ► KEI	TH A. TYA	CKE, C	PA				Firm's EIN			
Use (Jilly	C 4 4	04 310003	3		TOD MIL. 6111	mp #205		ļ			

Phone no. (206) 465-7217

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017

Employer identification number

77-0351840 AMBER FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

λΜΈΓΟ	FOUNDATION
AMDEK	LOUNDATION

77-0351840

	100101111011		0331010
Part I	Contributors (see instructions) Use duplicate copies of Part I i	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LYSBETH W. ANDERSON PO BOX 63 LOS ALTOS, CA 94023	s100000.	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
2	LYSBETH W. ANDERSON PO BOX 63 LOS ALTOS, CA 94023	\$150000.	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 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

AMBER FOUNDATION

77-0351840

art II	Noncach Property (see instructions) Lies duplicate copies of Par	•	-0351840	
(a)	Noncash Property (see instructions) Use duplicate copies of Par	t ii ii additioriai space is needed	<u>-</u>	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
			03/27/17	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
2			_12/08/17	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	-17		90, 990-EZ, or 990-PF) (2	

Name of organ	nization	"		Employer identification numb	er
AMBER I	FOUNDATION			77-0351840	
Part III	Exclusively religious, charitable, etc., continuous the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition	columns (a) through (e) and the s, charitable, etc , contributions of \$1,0	following line	n 501(c)(7), (8), or (10) that total more than \$1,00 entry. For organizations spear (Enter this info once) \$	OU for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer o	f gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer o	f gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer o	f gift		
 - -	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer o	f gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee	
_					

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE ————————————————————————————————————		REVE			(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
					42.		0.
TOTAL TO PART I, LI	INE 3		42.		42.		0.
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	RE	(A) VENUE BOOKS	(B) NET INVES' MENT INCO		
CHARLES SCHWAB #2966	25646	. 514	6.	20500.	2050	0.	0.
TO PART I, LINE 4	25646	514	6. —	20500.	2050	0.	0.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		4675.		4675.		0.	0.
TO FORM 990-PF, PG	1, LN 16B	4675.		4675.	• •	0.	0.
FORM 990-PF	O'.	THER PROFES	SIONAL	FEES		STATEMENT	4
	Oʻ	(A)	(B	VEST-	(C) ADJUSTED NET INCOM	(D) CHARITA	BLE
FORM 990-PF DESCRIPTION INVESTMENT FEES	O ^r .	(A) EXPENSES	(B	VEST-	ADJUSTED NET INCOM	(D) CHARITA	BLE

. .

FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS					
FOREIGN TAXES	232.	232	<u> </u>	0.	0.	
TO FORM 990-PF, PG 1, LN 18 =	232.	232		0.	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6	
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED			
FILING FEES CORPORATE REORGANIZATION FEE	75. 10.			0.	0.	
TO FORM 990-PF, PG 1, LN 23	85.	85.		0.	0.	
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT	7	
DESCRIPTION				· AMOUNT		
DECREASES IN UNREALIZED GAIN	IN MARKET V	ALUE OF SECUE	RITIES	35	544.	
TOTAL TO FORM 990-PF, PART II	I, LINE 5			35	544.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	8	
DESCRIPTION		ВС	OOK VALUE	FAIR MARKE VALUE	ET	
OTHER INVESTMENTS		`	1292715.	12927	715.	
TOTAL TO FORM 990-PF, PART II		1292715.		715.		