•		-									
+	•	(C&E)	١				i	29	3933	21 (	01922
-		(960/								_	
				EXTENDED TO NOVI				. –		. •	
F	orm (	990-T		xempt Organization Bus				ax Re	eturn	OME	B No 1545-0687
	•	* *		(and proxy tax und	er se	ction	6033(e))			•	2047
For calendar year 2017 or other tax year beginning and ending										4	2017
	Department of the Treasury  Go to www.irs gov/Form990T for instructions and the latest informati								04/-1/01	Open to	Public Inspection for
Int	Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is										Organizations Only     Intification number
A		Check box if address changed		Name of organization ( Check box if name of	hanged	and see	instructions.)		(Em		trust, see
-	-			FLODY EVALLA EVIDIDATION	NT.					-	500183
В		empt under section	Print or	FLORA FAMILY FOUNDATION							Siness activity codes
l 1		501(C)(3()) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. bot 2121 SAND HILL ROAD, N			ns.			instruction	
ſ	$\overline{}$	408A 530(a)		City or town, state or province, country, and ZIP o			code		·		
ĺ	=	529(a)		MENLO PARK, CA 94025	i ioicig	ii postai	code		land	099	
	Book	value of all assets	L	F Group exemption number (See instructions.)	<b>&gt;</b>			<del></del>			<u></u>
Ŭ	at en	114,223,5	96.	G Check organization type ► X 501(c) corp	poration	1	501(c) trust		401(a) trust	ſ	Other trust
H	Des						TEMENT 1	. 4			
/				oration a subsidiary in an affiliated group or a parei	nt-subs	idiary co	ntrolled group?		▶ □ Y	'es	X No
	If "Y	es," enter the name a	nd iden	ufying number of the parent corporation.		-					
J	The			ANNETTE RADO			Teleph	one numbe	r ▶ 650-	-233	-1335
3	Par	t 🔯 Unrelated	d Trac	te or Business Income		(/	A) Income	(B)	Expenses		(C) Net
-	la (	Gross receipts or sale	es						4	1 Sec. 1	
	b L	ess returns and allow	wances	c Balance	1c			1 P. 18		8 8 ye j	
:	2 (	Cost of goods sold (S	Schedule	A, line 7)	2		-				
;	3 (	Gross profit Subtract	l line 2 fi	rom line 1c	3		<del>•</del>	0.20			
		Capital gain net incon	•		4a					-	
		• , , ,		art II, line 17) (attach Form 4797)	4b						
		Capital loss deduction			4c		00 404	7 47 10.5	rmr 16 <		00 424
				ips and S corporations (attach statement)	5		80,424.	. t · √ . S .	I.M.I. TO 3	+	80,424.
		Rent income (Schedu		ma (Cabadula E)	7			1		+	<del> </del>
		Jarelated debt-financ		ine (Schedule E) and rents from controlled organizations (Sch. F)	8					1	
				on 501(c)(7), (9), or (17) organization (Schedule G)				<b>†</b>		$\vdash$	
$\infty$		Exploited exempt acti			10		•			1.	
O "		Advertising income (S	-	•	11					†	
<b>≥</b> 1:		Other income (See in:		•	12						
7 7		Fotal. Combine lines		•	13		80,424.		C	1	80,424.
				ot Taken Elsewhere (See instructions for		ations o					
		(Except for	contribi	itions, deductions must be directly connected	with t	he unre	lated business	income)			
ī 1	4	Compensation of off	icers, di	rectors, and trustees (Schedule K)	$\top$	RE	CENTER		14		
1!	5	Salaries and wages			1 5		CEIVE		15		
10	5	Repairs and mainter	nance		B033	MOV	1 9 2040	100	16		· · · · · · · · · · · · · · · · · · ·
1	7	Bad debts	•		8	MOA	1 3 2018	RS-OS(	17		
,18	3	Interest (attach sche	dule)		1 4			&	18	ļ	
19		Taxes and licenses			L	OG	DEN, UT	Γ	19	┞—	
2			•	e instructions for limitation rules)					20	_	
2		Depreciation (attach					21		· · · · · · · · · · · · · · · · · · ·		
2:		•	aimed oi	n Schedule A and elsewhere on return			22a		22b	$\vdash$	
2		Depletion	orrad ac	magazian plane					23	<b>†</b>	
2:		Contributions to defe Employee benefit pro		mpensation plans					24 25	$\vdash$	
2:		Excess exempt expe	-	shedule I)					· 25	1	<del></del>
2		Excess readership of	•	•					27	<del>                                     </del>	
2		Other deductions (at	•	•					28	<del>                                     </del>	_
2		Total deductions. A		•					29	<u> </u>	0.
3				ncome before net operating loss deduction. Subtrac	t line 29	9 from lir	ne 13		30	1	80,424.
3				(limited to the amount on line 30)			SEE STAT	EMENT			80,424.

line 32
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

64

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

1,000.

0. Form **990-T** (2017)

33

				_
Form 990-T		77-05	00183	Page 2
Pärt I		<u>.</u>	1,75,88	
35 1	Organizations Taxable as Corporations. See instructions for tax computation	J	18/21/6/55	
	Controlled group members (sections 1561 and 1563) check here See instructions and			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		38	
	(1) <u>\$</u> (2) <u>\$</u> (3) <u>\$</u>			
D	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1 1	
_	(2) Additional 3% tax (not more than \$100,000)			0.
	Income tax on the amount on line 34  Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from		35c	<u> </u>
36	Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See instructions		37	······································
38	Alternative minimum tax		38	
	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I			1.79.1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions)			
c	General business credit. Attach Form 3800		ئۆر ئىسى د	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)  41d			
· e	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	er (attach schedule)	43	
44	Total tax. Add lines 42 and 43		44	<u> </u>
45 a	Payments A 2016 overpayment credited to 2017		_	
b	2017 estimated tax payments 45b			
C	Tax deposited with Form 8868			)
d	Foreign organizations: Tax paid or withheld at source (see instructions)  45d		<b>-</b>	
	Backup withholding (see instructions) 45e	<del></del>	4 4	
	Credit for small employer health insurance premiums (Attach Form 8941)			
g	Other credits and payments: Form 2439		, ,44	
	Form 4136 Other Total ▶ 45g			
46	Total payments. Add lines 45a through 45g		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	• • • • • • • • • • • • • • • • • • •	49	
50 Pärt V	Enter the amount of line 49 you want: Credited to 2018 estimated tax  Statements Regarding Certain Activities and Other Information (see instruction)	Refunded >	- 50	<del></del>
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other author			Yes No
31	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to fi	-		Sec. 3
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here	'		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		Т
-	If YES, see instructions for other forms the organization may have to file.			6
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the	he best of my know	ledge and belief, it	is true,
Sign	correct, and complete Bararation if preparer (other than taxpayer) is based on all information of which preparer has any knowled	,ge <b>Г</b>	May the IRS discur	oc this coturn with
Here	PRESIDENT		the preparer show	
	Signature of officer Date 7 Title		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature // Data	Check	if PTIN	
Paid	/ May 150/ 11/1/18	self- employe		
Prepa	rer ANNE BIANCHINI (MINU)			75158
Use C	niv Firm's name ► MARCUM LLP /	Firm's EIN	<u>► 11-1</u>	986323
	1 MONTGOMERY STREET SUITE 1700	<b>1</b>		20 6022
	Firm's address ► SAN FRANCISCO, CA 94104	Phone no.		32-6200
•	\		For	n <b>990-T</b> (2017)

723711 01-22-18

Schedule A - Cost of Goods	s Sold. Enter method	of inventory v	valuation ► N/A			
1 Inventory at beginning of year	1		Inventory at end of year	ar		6
2 Purchases	2	7	Cost of goods sold Si	ubtract I	line 6	
3 Cost of labor	3		from line 5. Enter here	Part I,		
4a Additional section 263A costs			line 2			7
(attach schedule)	4a	8	Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			<del> </del>
Schedule C - Rent Income (	(From Real Prope	rty and Per	sonal Property L	.ease	d With Real Prope	erty)
(see instructions)			· · · <u> </u>		····	
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent received or accru					
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for personal	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0 Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions. Enter here and on page 1 Part I line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed Incom	1e (see instru	ictions)			
			2 Gross income from		Deductions directly conne to debt-finance	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						<b></b>
(2)						
(3)						<u> </u>
(4)	T			Ĺ		<del></del>
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjusted b of or allocable to debt-financed prope (attach schedule)	erty	5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			Ī ·
(2)			%		. **	
(3)			%			Ī
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
Totals			<b>&gt;</b>		0.	0.
Total dividends-received deductions in	icluded in column 8				<b>&gt;</b>	0.
						Form <b>990-T</b> (2017)

•			Exe	mpt C	Controlled O	rganızatı	ons					
Name of controlled organiz	ation	2. Employer dentification number		3 Net unrelated income (loss) (see instructions)		<b>4.</b> Tot payr	Total of specified payments made		5. Part of column 4 that is included in the controlling organization s gross income		6. Deductions directly connected with income in column 5	
1)				_								
2)												
3)												-
4)												
onexempt Controlled Organ	nızatıons										•	
7. Taxable Income		related income (l ee instructions)	oss) 9	Total	of specified payr made	nents -	10 Part of colur in the controlli gross		ization's		Deductions directions in co	
1)						· · · · · ·						
2)												
3)												
			<del></del>		*							
4)			L									
5					i		Add colum Enter here and line 8, c		1, Part I, \)		Add columns 6 a r here and on pa line 8, columr	ge 1, Part I, n (B)
otals					101	<u> </u>	,		0.			. 0
chedule G - Investm		ne of a Se	ction 501	(c)(7	), (9), or ( <sup>-</sup>	17) Org	anızation					
(see ins	structions)											
1. De	scription of incor	ne			2. Amount of	income	<ol> <li>Deduction directly connected (attach sched)</li> </ol>	cted	4. Set-a (attach s		and	al deductions set-asides 3 plus col. 4)
1)												
2)												1
3)					, ,							
4)			····									
otals schedule I - Exploited (see inst	I Exempt ructions)	Activity In	come, Ot	▶	Pert I, line 9, co	0.	g Income				Parti, inte	9, column (B)
Description of exploited activity	2. G unrelated income trade or b	business from	3. Expenses directly connect with production of unrelated business incom	ed n	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	nat ed	<b>6.</b> Exp attribute colun	sble to	expens 6 minu but no	ess exempt ses (column s column 5, t more than lumn 4)
1)									,			<del></del>
2)								,			(	
3)						<del></del>			,		<u> </u>	
(4)	,							-				
	Enter here page 1, line 10, c	Part I, cof (A)	Enter here and on page 1, Part I, fine 10, col (8)	) (							an an	here and page 1, II, line 26
otals Advertis	ing Incom	0.		0.	SE SAN SE	7					స్టూర్	0
Schedule J - Advertis Part I', Income From			tructions) ted on a (	Cons	olidated	Basis		.=				
1. Name of periodical		2. Gross advertising income	3. Dire		4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circulat e income	ion	6 Reade		costs (colu column 5, t	readership imn 6 minus out not more slumn 4)
1)			1		AND STATE	A MARK	<u>.</u>		-		. 2002	. Q.S
(2)			1	-			ķ.				<b>1</b>	
(3)		<u></u>	1		<b>-</b>			-	·		1	
			<del> </del>		<b>-</b>	78.	<b>*</b>				┥┈	
(4)					2000 X	15,55 37.55	<del>``</del>	<del>'</del>			1. 6. 1200 1.	- (・) (2) (3)
otals (carry to Part II, line (5))	•	0.		0 .		1						0
											- OC	0-T (20

## Form 990-T (2017) FLORA FAMILY FOUNDATION 77-05001 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical .	٠	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					-		
(4)				,	•		)
Totals from Part I -	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and ' on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		 	%	
(2)			%	
(3)	\	 	%	
(4 <u>)</u>			%	
Total. Enter here	0.			

Form 990-T (2017)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 14

THE FOUNDATION IS A PASSIVE INVESTOR IN VARIOUS PARTNERSHIPS WHICH REPORT THE AMOUNT OF PASS-THROUGH INCOME THAT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX.

TO FORM 990-T, PAGE 1

		······································
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
-	AND S CORPORATIONS	

DESCRIPTION	AMOUNT
METROPOLITAN REAL ESTATE PARTNERS II, L.P. (90-0116116)	-163.
METROPOLITAN REAL ESTATE PARTNERS III-B, L.P. (43-2071837)	22,544.
METROPOLITAN REAL ESTATE PARTNERS IV-B, L.P. (65-1265798)	-179.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL II, L.P. (EIN	
26-2214434)	1,797.
METRO REAL ESTATE PARTNERS GLOBAL, LLC ( EIN 26-0664268)	4,730.
COMMONFUND CNRP VI (EIN 25-1910076)	36,700.
COMMONFUND CNRP VII (EIN 51-0605779)	7,339.
COMMONFUND CPEP VI (EIN 16-1720029)	-12,009.
COMMONFUND CPEP VII (EIN 20-8306306)	21,097.
COMMONFUND CVP VII (EIN 16-1720044)	8,392.
COMMONFUND CIP VI (EIN 20-8306365)	1,973.
COMMONFUND CNRP VIII (EIN 26-3180228)	9,296.
COMMONFUND CVP VIII (EIN 11-3814030)	98.
COMMONFUND GLOBAL DISTRESSED INVESTORS (EIN 56-2676315)	350.
METRO REAL ESTATE PARTNERS GLOBAL V (EIN 27-4779563)	-442.
COMMONFUND CVP IX (EIN 26-4138517)	-213.
METRO REAL ESTATE PARTNERS VII (EIN 26-4720806)	48.
LEGACY VENTURE III (EIN 20-1863080)	404.
LEGACY VENTURE IV (EIN 20-4468805)	12,540.
COMMONFUND CPEP VIII (EIN 27-4641880)	-2,054.
COMMONFUND CNRP IX (EIN 37-1656529)	-10,348.
CLEAN GROWTH FUND III, LP (EIN 37-1663518)	-1,262.
METROPOLITAN REAL ESTATE PARTNERSHIP IX, LP (EIN 45-4338556)	-1,175.
COMMONFUND CIP VII, L.P. (EIN 26-3669321)	-412.
ALLIANCE FUND II, LP (EIN 37-1783800)	99.
COMMONFUND CNRP X (EIN 47-2468038)	-19,557.
COMMONFUND CIP V	-15,557.
SJF VENTURES IV LP (EIN 81-3887168)	-1,002.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL III, LP (EIN	-1,002.
26-4722005)	760.
LYME FOREST FUND IV TE LP (EIN 47-5189160)	1,108.
TIME LOVEDI LOWD IN IN THE PRINT #1-21021001	1,100.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	80,424.