Form **990-PF**

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

OMB No ,1545-0052,

Department of the Treasury Internal Revenue Service

ro

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information B

2017

Form 990-PF (2017)

Open to Public Inspection 2018 For calendar year 2017 or tax year beginning 11/01 , 2017, and ending 10/31 Employer identification number 77-0325599 THE DAVIDSON FAMILY FOUNDATION 255 W. JULIAN STREET #200 В Telephone number (see instructions) (408) 491-7733 SAN JOSE, CA 95110-2406 C If exemption application is pending, check here 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 Address change Name change here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► Ś (Part I, column (d) must be on cash basis) 39,575,262 Part Analysis of Revenue and (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see instructions)) TOWN IN SOME THE PROPERTY OF T Contributions, gifts, grants, etc., received (attach schedule) 2 if the foundation is not required to attach Sch. 8 3 31,648 31,648 Interest on savinos and temporary cash investments Dividends and interest from securities 491,460 491,460 5 a Gross rents **b** Net rental income or (loss) $440,5\overline{69}$. 6 a Net gain or (loss) from sale of assets not on line 10 REVEN b Gross sales price for all assets on line 6a 3,043,300 440,569. Capital gain net income (from Part IV, line 2) Net short-term capital gain U Income modifications 10 a Gross sales less S returns and MAR 1 9 2019 allowances **b** Less Cost of c Gross profit or (loss) (attach schedule). Other income (attach schedule) 4,013 4,013 SEE STATEMENT 1 Total. Add lines 1 through 11 15,231,207. 967,690 Compensation of officers, directors, trustees, etc 0. Other employee salaries and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) SEE ST 2 49,500 49,500 h Accounting fees (attach sch) MINISTRATIVE c Other professional fees (attach sch) SEE ST 3 105,722. 105,722 17 SEE STM 4 18 Taxes (attach schedule)(see instrs) 52,600 19 Depreciation (attach schedule) and depletion 20 Оссиралсу 21 Travel, conferences, and meetings Printing and publications. 22 EXP 23 Other expenses (attach schedule) 4,274 4,274 SEE STATEMENT 5 N S E Total operating and administrative 24 212,096 159,496 expenses. Add lines 13 through 23 PART XV 25 Contributions, gifts, grants paid 764,500 \$ 15 W. Bally 10 W. 764,500 Total expenses and disbursements. 764,500 Add lines 24 and 25 .976.596 159,496 Subtract line 26 from line 12 a Excess of revenue over expenses 13,254,611 and disbursements 808,194. b Net investment income (if negative, enter 0-) C Adjusted net income (if negative, enter -0-)

Dáid	ing s	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Begini	ning of year			End o	f year	
r.ai.ĭ	Milion P	Jaiance Sheets	(See instructions)	(a) B	ook Value	(b) 8	ook Va	lue	(c) Fair Mar	ket Value
	1	Cash - non-interest	-bearing							
	2	Savings and tempora	ary cash investments	4	828,703.	1	, 686,	609.	1,68	36,609°.
	3	Accounts receivable	>		4.4	3 3243			10.4	
		Less allowance for o	doubtful accounts >							
	4	Pledges receivable	-					n Vilosi	- 1	
		Less allowance for o	doubtful accounts >							
	5	Grants receivable								
	6	Receivables due from offic disqualified persons (attac	ers, directors, trustees, and other th schedule) (see instructions)							
	7	Other notes and loans reco	eivable (attach sch)		. 19 35 453					
A S		Less allowance for o	doubtful accounts •	_	36,982.					
<u>s</u>	8	Inventories for sale of	or use							
ASSETS	9	Prepaid expenses ar	nd deferred charges	ļ						
S	10a	Investments – U.S obligations (attach s	and state government chedule)						_	
	b	Investments — corporate	stock (attach schedule)	22	066,625.	37	,888,	653.	37,88	<u>88,653.</u>
	С	Investments — corporate	bonds (attach schedule)							
	11	Investments - land, equipment basis	buildings, and							
		Less accumulated deprecal (attach schedule)	ation]						
	12	Investments - morto	gage loans.							
	13	Investments - other	(attach schedule)							
	14	Land, buildings, and	equipment basis •	1 ji ji	3. 4.	111111			A. H. W.	
		Less accumulated deprec (attach schedule)	nation •							
		Other assets (descri Total assets (to be of see the instructions	be completed by all filers — Also, see page 1, item I).	26	,932,310.	39	,575,	262	39.5	75,262.
┰┤	17	Accounts payable ar			, , , , , , , , , , , , , , , , , , , ,	35	, 5 , 5 ,	202.		
Ī		Grants payable	.a assided 9/1psi/355							
A B		Deferred revenue								
	20		tors, trustees, & other disqualified persons			· · · · · ·				
ī	21		s payable (attach schedule)						100	
T	22	Other liabilities (des	cribe ►							
Ė	22	T-4-1 1:-1:1:4: /1-1	17 Human 22)		0		-	^		
S	23	Total liabilities (add	llow SFAS 117, check here	1	0.	<u> </u>		0.		
		and complete lines	24 through 26, and lines 30 and 31.	1						
N F E N	24	Unrestricted							1	
ΤŇ	25	Temporarily restricte				ļ. <u></u>				
A D	26	Permanently restrict		₁├──		ļ				
A B A L A		and complete lines	o not follow SFAS 117, check here ► X 27 through 31.]						
E L T A	27	Capital stock, trust p	orincipal, or current funds							\$8.E
SN	28	Paid-in or capital surplus,	or land, bldg , and equipment fund					_		
O E	29	Retained earnings, accumi	ulated income, endowment, or other funds		,932,310.		<u>,575,</u>			
ŔS	30		und balances (see instructions)	26	,932,310.	[,] 39	<u>,575,</u>	262.	(32.46)	
	31	(see instructions)	net assets/fund balances	26	,932,310.	39	, 575,	262.		
Párt	311	Analysis of Chan	ges in Net Assets or Fund Balan	ces						
1	Total end-c	net assets or fund ba	alances at beginning of year – Part II, co	lumn (a), l	ine 30 (must a	agree with	1	1	26.93	32,310.
		r amount from Part I,	· · · · · · · · · · · · · · · · · · ·					2		4,611.
		increases not included in li						3		<u>-,</u>
		lines 1, 2, and 3	` '			- -		4	40.18	36,921.
		ises not included in line 2 (itemize) ► SEE STATEMENT	6				5		1,659.
J	Deciea		MOUNTED STATEMENT	U						,

Par	t IV Capital Gains and L	osses for Tax on Investmer	nt Income			
	(a) List and describe t 2-story brick wareho	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
	PUBLICLY TRADED SEC	URITIES				
		<u> </u>			 	
c				<u> </u>	+	
e					1	_
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
а	3,043,300.		2,60	2,731.		440,569.
b					_	
	·				-	
c			 -		_	
		ing gain in column (h) and owned l	ov the foundation on 12/31	/69	(I) Gains (Col	(h)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), t han -0-) or Losses (f	out not less
а						440,569.
L						
	· - · · · · · · · · · · · · · · · · · ·					
e			enter in Part I line 7			
2	Capital gain net income or (ne	t capital loss) — If gair, also	enter in Part I, line 7 ter -0- in Part I, line 7	- 2		440,569.
3	Net short-term capital gain or ((loss) as defined in sections 1222(5	and (6)			
	If gain, also enter in Part I, line	e 8, column (c) See instructions If	(loss), enter -0-	_		
	ın Part I, line 8			3		0.
Par	<u></u>	Section 4940(e) for Reduce bundations subject to the section 4940			N/A	
•		•	(a) tax on het investment int	Joine)	N/A	
If se	ction 4940(d)(2) applies, leave t	his part blank				
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	amount of any year in the b	oase period?	Yes	☐ No
lf 'Y€		fy under section 4940(e) Do not co				
1		each column for each year, see the in		entries	(h	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
	2016					
	2015		···			
	2014		·	-		
	2012					
2	Total of line 1, column (d)			2		
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total on has been in existence if less than	on line 2 by 5 0, or by the 5 years	3		
4	Enter the net value of nonchar	itable-use assets for 2017 from Par	t X, line 5	4		
5	Multiply line 4 by line 3		,	5		
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7	_	
8	Enter qualifying distributions fr			8		
	If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line	1b, and complete that part	using a 1% tax	rate See the	

Form 990-PF (2017) THE DAVIDSON FAMILY FOUNDATION	77-0325599 Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see instructions)
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	
Date of ruling or determination letter (attach copy of letter if necessary – see instructions)	
b Domestic foundations that meet the section 4940(e) requirements in Part V,	16,164.
check here ► ☐ and enter 1% of Part I, line 27b	
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	
foundations only, others, enter -0-)	2 0.
3 Add lines 1 and 2	3 16,164.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5 16,164.
6 Credits/Payments	
	329.
b Exempt foreign organizations — tax withheld at source 6b	
c Tax paid with application for extension of time to file (Form 8868)	
d Backup withholding erroneously withheld	
7 Total credits and payments Add lines 6a through 6d	7 52,329.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9 0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 36,165.
11 Enter the amount of line 10 to be Credited to 2018 estimated tax 36, 165. Refunded	► 11 0.
Part VII: A Statements Regarding Activities	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or diparticipate or intervene in any political campaign?	Ind it San Yes No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 b 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	ed
c Did the foundation file Form 1120-POL for this year?	1 c X
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 ►\$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or	0.
foundation managers \$ 0.	
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	SECTION AND SECTION
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change.	ges 3 X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	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	
By language in the governing instrument, or	
By state legislation that effectively amends the governing instrument so that no mandatory directions that core	nflict

with the state law remain in the governing instrument?

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

8 a 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*² If 'No,' attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

Form 990-PF (2017)

8 b

9

10

Pai	微划I:A 引 Statements Regarding Activities (<i>continued</i>)				
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	Yes	No 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 applications.	ation? [13	Х	
1.4	Website address ► N/A The books are in care of ► GLORIA K. CHIANG Telephone no ►	-			
1-7		10-240	6	-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	ar	N/A	•	
	and enter the amount of tax-exempt interest received or accrued during the year	15		Yes	N/A No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		16	Bly, evings	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country				
Pai	Statements Regarding Activities for Which Form 4720 May Be Required		. (1.0.0000E		
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		7.00	Yes	No
1 8	a During the year, did the foundation (either directly or indirectly)	∇ Na			v 3
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes	XNo		33.1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	XNo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes	X 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 termination of government service, if terminating within 90 days) Yes	X No			
ı	b If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here		12.00	4	
•	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 before the first day of the tax year beginning in 2017?		1 c		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))				46.
•	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	χNο			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20				
I	b 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).		2 b	N	/A
,	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				\cdot\d
	► 20 _ , 20 _ , 20 _ , 20 _				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes	X No			
ı	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)		3 b	N	/ <u>A</u>
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		Х
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could				Year)
1	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4 b		X

BAA

Form **990-PF** (2017)

Form 990-PF (2017) THE DAVIDSON TAMIL	Y FOUNDATION		17-032	25599 Page (
Part VII-B Statements Regarding Activiti		4720 May Be Req	uired (continued)	N. 120000007					
5 a During the year, did the foundation pay or incur ar				Yes No					
(1) Carry on propaganda, or otherwise attemp			∐ Yes X	No					
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?									
(3) Provide a grant to an individual for travel, study, or other similar purposes?									
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc , organiz	zation described	Yes X	No					
(5) Provide for any purpose other than religion educational purposes, or for the prevention	n of cruelty to children i	or animals?		No					
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a c See instructions	the transactions fail to current notice regarding d	qualify under the excepsions assistance?	otions	5b N/A					
Organizations relying on a current notice rega	rding disaster assistanc	e, check here	▶ []						
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No No					
If 'Yes,' attach the statement required by Regu									
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes X	No Ch V					
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tiy, on a personal bene	iit contract?	6b X					
7a At any time during the tax year, was the found				No .					
b If 'Yes,' did the foundation receive any procee				1/A 7b					
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	imployees,					
1 List all officers, directors, trustees, and found	dation managers and th	eir compensation. See	instructions.						
,	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evange account					
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances					
GLORIA K CHIANG	PRESIDENT	0.	0.	0					
255 W. JULIAN STREET, STE 200 SAN JOSE, CA 95110-2406	1.00								
SANDRA DAVIDSON	VICE PRESIDE	0.	0.	0					
1429 DRY CREEK ROAD	0.25								
SAN JOSE, CA 95125				1,5					
KATHRYN A. JACKSON 255 W. JULIAN STREET, STE 200 SAN JOSE, CA 95110-2406	SECRETARY 1.00	0.	0.	0					
2 Compensation of five highest-paid employees (of	ther than those included o	on line 1 – see instructio	ns). If none, enter 'NONE						
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances					
NONE				_					
				-					
				ļ··					
				 					
Total number of other employees paid over \$50,000	J			Form 990 PF (2017)					

Form 990-PF (2017) THE DAVIDSON FAMILY FOUNDATION 77-0325599

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

3 Five highest-paid independent contractors for professional services. Ser	e instructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
		
	-	
	-	
	· -	
	1	
	1	
	4	
		_
	-	
	1	
Total number of others receiving over \$50,000 for professional services	<u> </u>	> 0
Part IX-A Summary of Direct Charitable Activities		
Part IX-A Summary of Direct Chantable Activities		···
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis organizations and other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1 N/A		
	-	
		
2		-
		-
3		
		_
4		_
		_
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation during		Amount
1 N/A		
		_
2		_
		_
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0.
BAA		Form 990-PF (2017)

Par	see instructions.)	reign	toundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities.	1 a	36,762,751.
	Average of monthly cash balances	1 b	106,993.
	Fair market value of all other assets (see instructions)	1 c	11,789.
	Total (add lines 1a, b, and c)	1 d	36,881,533.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	36,881,533.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	553,223.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	36,328,310.
6	Minimum investment return. Enter 5% of line 5	6	1,816,416.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ting fo	oundations
·	and certain foreign organizations, check here □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,816,416.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 16, 164.		
b	Income tax for 2017 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2 c	16,164.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,800,252.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,800,252.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,800,252.
Par	t XII Qualifying Distributions (see Instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	1,764,500.
	Program-related investments – total from Part IX-B	1 b	2770170001
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,764,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,764,500.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	

Form **990-PF** (2017) BAA

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,				1 000 050
line 7 2 Undistributed income, if any, as of the end of 2017				1,800,252.
a Enter amount for 2016 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2017		0.		
a From 2012				
b From 2013	`			
c From 2014				
d From 2015 79,850.				
e From 2016				
f Total of lines 3a through e	79,850.			
4 Qualifying distributions for 2017 from Part				
XII, line 4. ► \$ 1,764,500.	8 m. n.,r.i.mm.)			
a Applied to 2016, but not more than line 2a			0.	
 b Applied to undistributed income of prior years (Election required – see instructions) 		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,764,500.
e Remaining amount distributed out of corpus	0.			25 750
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the	35,752.			35,752.
same amount must be shown in column (a))			110 101	t t thus usuants transmissions
6 Enter the net total of each column as				
indicated below:	44.000			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	44,098.			
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	<u> </u>			
		0.		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount — see instructions			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 may be required — see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	44,098.			
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 44,098.				
d Excess from 2016				
e Excess from 2017	<. **\$\$93 \:	7		×

BAA

Form **990-PF** (2017)

Form 000 PE (2017) MILE DAVIDON	TIV POHNDAMI	NAT.		77 0225500	Pose 16
Form 990-PF (2017) THE DAVIDSON FAM			VII-A, guestion	77-0325599 9)	Page 10 N/A
1 a If the foundation has received a ruling or dete	ermination letter that i				
is effective for 2017, enter the date of the b Check box to indicate whether the foundar	_	rating foundation d	escribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	ating touridation d	Prior 3 years	4542()(9) 61 [
income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) ⁄2014	(e) Total
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 		_			
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter	1	,		İ	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter	-				
(1) Total support other than gross investment income (interest,					
dividends, rents, payments					
on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or					
more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		. 1	<u> </u>	£5.000	<u> </u>
Supplementary Information assets at any time during the	e year — see ins	tructions.)	toundation nad	\$5,000 or more	ın
1 Information Regarding Foundation Management	-				
a List any managers of the foundation who have close of any tax year (but only if they have	e contributed more the e contributed more t	an 2% of the total co han \$5,000) (See	section 507(d)(2))	by the foundation befo	re the
NONE					
					
b List any managers of the foundation who own a partnership or other entity) of which the	i 10% or more of the s foundation has a 10	stock of a corporation 1% or greater intere	n (or an equally large est	portion of the owners	ship of
NONE		J			
O leteration Bernaline Contribution Contri	Ciff I am Cabalanah	t- Drammar			
2 Information Regarding Contribution, Grant, € Check here		• •	e organizations and de	nes not accent unsolu	cited
requests for funds If the foundation make					
a The name, address, and telephone number o	r omail address of the	norcon to whom an	plications should be a	uddroscod	
a me name, address, and telephone number o	citiali address of the	person to whom ap	plications should be a	dui coocu	
b The form in which applications should be	submitted and inforr	nation and materia	lls they should includ	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograph	iical areas, charital	ble fields, kinds of in	stitutions, or other	factors
_	, J J	·	•		

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year SEE STATEMENT 7 3 a Total 1,764,500. **b** Approved for future payment 3 b

Total

Form 990-F	PF (2017) THE DAVIDSON MILY A Analysis of Income-Producing		LON	—4	77-03255	99 Page 12
41 1 1 1 H	s amounts unless otherwise indicated		ed business income	Excluded	l by section 512, 513, or 514	
-	am service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
a						
b						
c				_		
d						
e						
T =====	and contracts from government agencies	<u> </u>	-		·	
	bership dues and assessments					
	et on savings and temporary cash investments			14	31,648.	
	ends and interest from securities			14	491,460.	
-	ental income or (loss) from real estate	3.3				
a Debt-	financed property					
b Not d	ebt-financed property					
6 Net rei	ntal income or (loss) from personal property					
	r investment income					
	r (loss) from sales of assets other than inventory			18	440,569.	
	ncome or (loss) from special events			 		
	s profit or (loss) from sales of inventory			údta i i		Section 1
			* 37. 37. 37. 37. 37. 37. 37. 37. 37. 37.	18	The state of the s	<u> </u>
	ITAL GAIN DISTRIBUTION ER INVESTMENT INCOME		·-·	14	2,214.	
c 0111	EK INVESTMENT INCOME			1.3	2,211.	
d		_				-
е						
12 Subto	otal Add columns (b), (d), and (e)	77.010		調が利	967,690.	
	. Add line 12, columns (b), (d), and (e)				13	967,690.
	sheet in line 13 instructions to verify calculat					
	Relationship of Activities to th					
Line No. ▼	Explain below how each activity for which accomplishment of the foundation's exemp	income is rep ot purposes (c	orted in column (e) of Foother than by providing f	Part XVI- unds for	A contributed important such purposes) (See	tly to the instructions)
N/A						·
		_	.	 .		
		-	<u> </u>			
			- -			
		_	-		<u> </u>	
	,					
		· · · · · · · · · · · · · · · · · · ·				.
				_		
	<u> </u>		-		·	
· -	-					
	_			_	-	***
					· · · ·	
				**		

77-0325599 Page 1**3**

PartXVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

														Yes	No
1 Di	d the d	organization direc	tly or indirectly e	engage in	any of	the following	ng wit	h any o	ther organizati	on E27				163	
		d in section 501(d to political organia		iner inan	section	1501(0)(3)	organ	izations	s) or in section	527,					
a Tr	ansfer	s from the reporti	ng foundation to	a nonch	arıtable	exempt or	ganıza	ation of							
(1)) Cash	ו											1 a (1)		X
(2)) Othe	er assets											1 a (2)		X
b Ot	ther tra	ansactions													
(1)) Sale	s of assets to a n	oncharitable exe	empt orga	anızatıor	1							1 b (1)		X
(2)) Purc	hases of assets f	rom a noncharita	able exen	npt orga	ınızatıon							1 b (2)		X
(3)) Rent	tal of facilities, eq	uipment, or othe	er assets									1 b (3)		X
(4)) Rein	nbursement arran	gements										1 b (4)		X
• •	•	ns or loan guarant											1 b (5)		X
•	•	ormance of service		•	_								1 b (6)		X
c Sh	narıng	of facilities, equip	ment, mailing li	sts, other	assets,	or paid en	nploye	ees.					1 c		X
d If	the an	swer to any of the	e above is 'Yes'	complete	e the fol	lowina sch	edule	Colum	n (b) should al	wavs s	show tl	he faır ı	market val	ue of	
the	e good:	swer to any of the s, other assets, or	services given by	the report	ting foun	dation If th	e foun	dation r	ecèived less tha	an fair i	narket	value ir)		
		saction or sharing							S, other assets Description of tra					naamani	
(a) Line	no	(b) Amount involved	(c) Name	or noncharii	table exem	npt organizatio)fi	(0,	Description of tra	msiers,	transacti	ions, and	Sharing arra	ngement	<u>\$</u>
N/A	_														
						-									
															
						· 4-									
					•										
		=		-											
								-							
de	escribe	undation directly or d in section 501(c	c) of the Code (c										Yes	s X	No
וֹם בּ		complete the followard Name of organization	•	1	(h) Tunn	of organiz	ration		1 4	'a\ Daa	crintic	n of rol	ationship		
N / A	(a)	TVarile of organiz	ation	·	(b) Type	or organiz	ation		 	C) Des	criptio	ii oi ici	ationship		
N/A				 											
				 											
		·-·-·			_										
	Under p	enalties of perjury, I de	clare that I have exan	nined this re	turn, includ	ing accompan	lying sc	hedules a	nd statements, and	to the b	est of my	knowledg	ge and belief,	it is true	,
Sign	correct,	and complete Declara	tien of preparer (other	than taxpay	er) is base	ed on all inforn	nation o	it which pr	eparer nas any kno	wieage			May the	IRS disc	uss
Here			B			3-11-1	19	▶,	DECTREME				this retur	n with th	ne
	Signa	ture of officer or trustee	700	\longrightarrow		Date			PRESIDENT			•	_ See insti	uctions	- I
	Jigria	Print/Type preparer's		- O - TE	reparer's s			<u>'</u>	Date	Π,	had:	11.	PTIN	Yes	No
Б							AWAN	ETC.	2/27/10		check elf-emple	lf If		1001	
Paid		KENNETH M.	KAWAMOTO		ENNE'		YMYI,	MOTO	1-1-111		-		P0002:	TOOT	
Prepa		Firm's name	KAWAMOTO,	WEIL						Firm's	S EIN	11-0	237214		
Use O	nly	Firm's address		MPBELL		#201						/ // 0.0	חדב ו	7200	
DAA		<u> </u>	CAMPBELL,	CA 95	UUB					Phone	- 110	(408) 379-		
BAA													Form 99	U-PF (2017)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

THE DAVIDSON FAMILY FOUNDATION 77-0325599 Organization type (check one) Section: Filers of: 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 |X| 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** X 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 contributions **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), 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)

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

1 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANITA A. DAVIDSON_CLAT		Person X
	255 W. JULIAN STREET, STE 200	\$ <u>5,625,000</u> .	Payroll Noncash
	SAN JOSE, CA 95110		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AVEX 2009 CLAT		Person X
	255 W. JULIAN STREET, STE 200	\$5,625,000.	Payroll Noncash
	SAN JOSE, CA 95110	•	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANITA A. DAVIDSON		Person
	1543 PEREGRINO WAY	\$10,233.	Payroll Noncash X
	SAN JOSE, CA 95125	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANITA A. DAVIDSON		Person
	1543 PEREGRINO WAY	\$ <u>12,447.</u>	Payroll
	SAN JOSE, CA 95125	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANITA A. DAVIDSON		Person
	1543 PEREGRINO WAY	\$48,640.	Payroll Noncash X
	SAN JOSE, CA 95125	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ANITA A. DAVIDSON	_	Person
	1543 PEREGRINO WAY	\$ <u>14,805.</u>	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)

2 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>25,930.</u>	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>37,101.</u>	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$23,680.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$48,360.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>36,274.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions-)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>52,875.</u>	Person Payroll Noncash X (Complete Part-II for noncash contributions)

3 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$9 <u>,778.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>12,912.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$4 <u>8,</u> 130.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$14,780.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$25,280.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$35,850.	Person Payroll Noncash X (Complete Part II for noncash contributions)

4 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Rart Contributors (see instructions) U	Ise duplicate copies of Part I if additional space is needed
--	--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$23,57 <u>0</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$46,328.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$34,919.	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$48,325.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ANITA A. DAVIDSON 1543 PEREGRINO WAY. SAN JOSE, CA 95125	\$19,660.	Person Payroll Oncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) - Total contributions	(d) Type of contribution
24_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>26,695.</u>	Person Payroll Concash X (Complete Part II for an oncash contributions)

5 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Page

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>39,815.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>34,617.</u>	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>34,520</u> .	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$23,77 <u>4</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>14,045.</u>	Person Payroll Noncash X (Complete Part II for noncash-contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_	ANITA A. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$37,701.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
	<u> </u>		<u> </u>

6 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

	_	_	_	_	_	_		_
77	7 —	n	2	っ	ᄃ	ς	99	а.
- 1 1	_	u	_	_	.,	.,	フ :	7

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	ANITA A. DAVIDSON		Person
	1543 PEREGRINO WAY	\$ 37,400.	Payroll
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>32</u> _	ANITA A. DAVIDSON		Person
	1543 PEREGRINO WAY	\$22 <u>,</u> 244.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33_	ANITA A. DAVIDSON		Person
	1543 PEREGRINO WAY	\$ <u>52,350.</u>	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$10 <u>,</u> 233.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d)
	Name, address, and Zir + 4	Total contributions	Type of contribution
35_	CHARLES W. DAVIDSON	Total contributions	Type of contribution Person
35_		Total contributions	Type of contribution
<u>35</u> _	CHARLES W. DAVIDSON	\$12,447.	Person Payroll
35 _ - (a) Number	CHARLES W. DAVIDSON 1543 PEREGRINO WAY	\$12,447.	Person Payroll Noncash X (Complete Part II for
(a)	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b)	\$12,447.	Type of contribution Person
(a) Number	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b) Name, address, and ZIP + 4	\$12,447.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions) (d) Type of contribution
(a) Number	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 Name, address, and ZIP + 4 CHARLES W. DAVIDSON	\$12,447.	Type of contribution Person

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

CHARLES W. DAVIDSON 1543 PEREGRINO WAY \$ 14,805 Moncash X	rai th	Contributors (see instructions) use duplicate copies of Part 1 if additional space	is needed	
CHARLES W. DAVIDSON San JOSE, CA 95125 San JOSE, CA 95125 Complete Part II for noncash Contributions	(a) Number	(b) Name, address, and ZIP + 4	Total	(d) Type of contribution
1543 PEREGRINO WAY	37	CHARLES W. DAVIDSON		· · · · ·
SAN JOSE, CA 95125 Complete Part II for noncash contributions	1543 PEREGRINO WAY	\$14,805 <u>.</u>	l ' H	
CHARLES W. DAVIDSON Person Payroll		01W TOOF 01 05105		(Complete Part II for noncash contributions)
CHARLES W. DAVIDSON SAN JOSE, CA 95125 Complete Part II for noncash contributions Complete Part II for	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1543 PEREGRINO WAY \$ 51,860. Noncash X	<u>38</u> _	CHARLES W. DAVIDSON		· · · · ·
SAN JOSE		1543 PEREGRINO WAY	\$5 <u>1,860.</u>	·
CHARLES W. DAVIDSON		SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
CHARLES W. DAVIDSON	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SAN JOSE, CA 95125	<u> 39</u> _	CHARLES W. DAVIDSON		
Name Name Address And ZIP + 4 Charles Name Name Address Name Name		1543 PEREGRINO WAY	\$23 <u>,</u> 680.	' 🗀
Number		SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
A0 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 Number Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 CComplete Part II for noncash contributions Payroll Type of contribution Payroll Type of contribution Payroll Type of contribution Payroll Type of contribution Payroll Noncash X Complete Part II for noncash contributions (Complete Part II for noncash contributions) CComplete Part II for noncash contributions Payroll Noncash X Complete Part II for noncash contributions Payroll Noncash X Complete Part II for Noncash X	(a) Number		(c) Total contributions	(d) Type of contribution
SAN_JOSE, CA 95125 SAN_JOSE, CA 95125 Complete Part II for noncash contributions Complete Part II for noncash Complete Part II for noncash contributions Complete Part II for noncash Co	40_	CHARLES W. DAVIDSON		
SAN JOSE, CA 95125		1543 PEREGRINO WAY	\$37,110.	
Number Name, address, and ZIP + 4 Total contributions Type of contribution 41		SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
### CHARLES W. DAVIDSON 1543 PEREGRINO WAY	(a) Number	(b) Name, address, and ZIP + 4	Total	(d) Type of contribution
SAN JOSE, CA 95125 SAN JOSE, CA 95125 SAN JOSE, CA 95125 Complete Part II for noncash contributions	41_	CHARLES W. DAVIDSON		
SAN JOSE, CA 95125 (a) Number Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b) Name, address, and ZIP + 4 CHARLES W. DAVIDSON \$ 128,606. (Complete Part II for		1543 PEREGRINO WAY	\$ <u>52,160.</u>	ı ´ ⊑
CHARLES W. DAVIDSON 1543 PEREGRINO WAY \$ 128,606. Noncash X (Complete Part II for		CAN TOCK ON 05105		
42 CHARLES W. DAVIDSON 1543 PEREGRINO WAY \$ 128,606. CAN TOSE CA 05135		SAN JUSE, CA 95125		noncash contributions)
1543 PEREGRINO WAY \$ 128,606. Noncash X (Complete Part II for	(a) Number	(b)	(c) Total contributions	
	Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person
	Number	(b) Name, address, and ZIP + 4 CHARLES W. DAVIDSON	contributions	(d) Type of contribution Person Payroll

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

Employer identification number

-	,	\sim	^	$\overline{}$	_	_	\sim	\sim
//	1 –	U	.3	Z	5	כ	ч	4

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$4 <u>8,360.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>52,875.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u> _	CHARLES W. DAVÍDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$169,230.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number ————————————————————————————————————	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125		(d) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions)
Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY	contributions	Person Payroll Noncash X (Complete Part II for
46_ (a) Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b)	\$9,778.	Person Payroll Complete Part II for noncash contributions (d)
46_ (a) Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY.	\$ 9,778.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions) Type of contribution Person Payroll Noncash X (Complete Part II for
(a) Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b)	\$9,778. (c) Total contributions \$12,912. (c) Total contributions \$48,130.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions)

9 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>14,780.</u>	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>50</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$50,560.	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>51</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$23,570.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>52</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$35,850.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$ <u>51,060.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$123,804.	Person Payroll Noncash X (Complete Part II for noncash contributions)

10 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

Employer identification number

77-0325599

		,	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY	\$ <u>46,328</u> .	Person Payroll Noncash (Complete Part II for
	SAN JOSE, CA 95125		noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u> _	CHARLES W. DAVIDSON	\$ 48,325.	Person Payroll Noncash X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>57</u> _	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$161 <u>,</u> 220.	Person Payroll Noncash X (Complete Part II for noncash contributions)
/- \	//১\	, ,	4.5
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 <u>8</u> _	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	Total Total contributions \$ 19,660.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions)
Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY	contributions	Person Payroll Noncash X (Complete Part II for
58_ (a) Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b)	\$19,660.	Person Payroll Complete Part II for noncash contributions
58_ (a) Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY	\$ 19,660.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions) Type of contribution Person Payroll Noncash X (Complete Part II for
(a) Number 59 (a) Number	Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 Name, address, and ZIP + 4 CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125 (b)	\$19,660. (c) Total contributions \$26,695.	Type of contribution Person

11 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

_	_		_	_	_	_	_	_	_
7	-1	-	n	-4	"	ь.	١,	u	u

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$31,017.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>62</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$107 <u>,</u> 305.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$57,695.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64_	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$3 <u>4,</u> 520.	Payroll X
	SAN JOSE, CA 95125	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65_	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$27 <u>,</u> 066.	Payroll Noncash X
	SAN JOSE, CA 95125	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> _	CHARLES W. DAVIDSON	-	Person
	1543 PEREGRINO WAY	\$ 14,045.	Payroll X
	SAN JOSE, CA 95125	-	(Complete Part II for noncash contributions)

12 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599					
	77	_^3	255	aa	

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$50,268.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>68</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$ <u>37,400.</u>	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>69</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$ <u>55,610.</u>	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>70</u> _	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$52 <u>,</u> 350.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71_	CHARLES W. DAVIDSON		Person
	1543 PEREGRINO WAY	\$22,660.	Payroll X
	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72_	CHARLES W. DAVIDSON		Person Payroll
	1543 PEREGRINO WAY	\$28,120.	Payroll X
,	SAN JOSE, CA 95125		(Complete Part II for noncash contributions)
}	100E, Ch		Horicasii continuutions)

13 of

13 of Part I

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

Employer identification number

77-0325599

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73_	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$60,950.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74_	CHARLES W. DAVIDSON 1543 PEREGRINO WAY SAN JOSE, CA 95125	\$114,340.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions-)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions Part II for noncash contributions

⊃age

1 to

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number 77-0325599

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	250 SH BP		
		\$10,233.	11/01/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	250 SH CALATLANTIC		
		\$ <u>12,447.</u>	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	615 SH COMERICA		***
		\$ <u>48,640.</u>	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	500 SH CENTERPOINT		
		\$ <u>14,805.</u>	_11/01/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	500 SH CONOCOPHILLIPS		
<u>-</u>		\$25,930.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	3000 SH FORD MOTOR COMPANY		•••
8		\$37,101.	11/01/17
BAA	Sch	edule B (Form 990, 990-E	or 990-PF) (2017)

BAA

2 to

12 of Part II

Name of organization

BAA

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional	space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	500 SH CAMPBELL SOUP		
		\$23,680.	11/01/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	750 SH SCHLUMBERGER		
		\$48,360.	11/01/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	165 SH SVB FINANCIAL		
		\$ 36,274.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	2500 SM ENERGY	· -	
		\$52,875.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	250 SH BP		
		\$9,778.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	250 SH CALATLANTIC		
		\$12,912.	11/15/17_

TEEA0703L 08/09/17

3 to

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Partill Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	615 SH COMERICA		
		\$48,130.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	500 SH CENTERPOINT		
		\$ <u>14,780.</u>	11/15/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	500 SH CONOCOPHILLIPS		
		\$ <u>25,280.</u>	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	3000 SH FORD MOTOR COMPANY		
		\$35,850.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	500 SH CAMPBELL SOUP		
		\$ <u>23,570.</u>	11/15/17
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	750 SH SCHLUMBERGER		
==		\$46,328.	11/15/17
BAA	Sch	 	or 990-PE) (201

BAA

4 to

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	165 SH SVB FINANCIAL		
21	 		
		34,919.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2500 SH SM ENERGY		
22	<u> </u>		
		\$ 48,325.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SH BP		
<u>23</u>			
	<u> </u>	19,660.	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SH CALATLANTIC		•
24			
		26,695.	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SH COMERICA		
<u>25</u>			
		\$ 39,815.	_11/21/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instrüctions.)	(d) Date received
	300 SH CHEVRON		
<u>26</u>			
	<u> </u>	\$ 34,617.	11/21/17

BAA

5 to

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

1ge 5 to

Employer identification number 77-0325599

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	1000 SH AT&T INC		
		\$ 34,520.	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	431 SH WESTERN ALLIANCE BANCORP		
		\$23,774.	11/21/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	500 SH_CENTERPONT_ENERGY, INC		
		\$14,045.	12/27/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
30	300 SH_CHEVRON		
35		\$ 37,701.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
31	500 SH CITIGROUP INC NEW		
		\$37,400.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	400 SH CONOCOPHILLIPS		
<u> </u>		22,244.	12/27/17
RAA		hedule B (Form 990, 990-F	

BAA

6 to

77-0325599

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (d) Date received (a) No. (c) FMV (or estimate) (See instructions.) from Description of noncash property given Part I 1000 SH MORGAN STANLEY 33_ 52,350. 12/27/17 (c) FMV (or estimate) (See instructions.) (a) No. (b) (d) Description of noncash property given Date received from Part I 250 SH BP 34_ 10,233. 11/01/17 (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received Part I (See instructions.) 35 12,447. 11/01/17 (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Part I 615 SH COMERICA 36__ 48,640. 11/01/17 (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 37 14,805. 11/01/17 (a) No. from Part I (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received 1000 SH CONOCOPHILLIPS 38 51,860. 11/01/17

BAA

7 to

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-032559<u>9</u>

Partill Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
39	500 SH CAMPBELL SOUP		
		\$23,680.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
40	3000 SH FORD MOTOR COMPANY		
		\$37,110.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	500 SH PHILIP MORRIS INTL INC		
		\$_, <u>52,160.</u>	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
42	585 SH_SVB_FINANCIAL		
		\$128,606.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
43	750 SH_SCHLUMBERGER		
		\$48,360.	11/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
44	2500 SH SM ENERGY		
		\$52,875.	11/01/17

BAA

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Rartill Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45	3000 SH WESTERN ALLIANCE BANCORP		
		\$ \$169,230.	11/01/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
46	250 SH BP		
		 - \$ - - 9,778.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	250 SH_CALATLANTIC		
		\$ \$ <u>12,912.</u>	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
48	615 SH COMERICA		
1 0			
30		 \$48,130.	11/15/17_
(a) No. from Part I		(c) FMV (or estimate) (See instructions.)	
(a) No.	(b)		(d)
(a) No. from Part I	(b) Description of noncash property given		(d)
(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 500 SH CENTERPOINT	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	Description of noncash property given 500 SH CENTERPOINT (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

BAA

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number 77–0325599

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	500 SH CAMPBELL SOUP		
		\$23,570.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
52	3000 SH FORD MOTOR COMPANY		
		\$ <u>35,850.</u>	11/15/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
53	500 SH PHILIP MORRIS INTL INC		
		\$51,060.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	585 SH SVB FINANCIAL		
		\$ <u>123,804.</u>	11/15/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
55	750 SH SCHLUMBERGER		
		\$46,328.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
56	2500 SH SM ENERGY	-	
		\$48,325.	11/15/17
BAA	Sche	 	, or 990-PF) (2017

.

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
57	3000 SH WESTERN ALLIANCE BANCORP		
		\$161,220.	11/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SH BP		
		\$ <u>19,660.</u>	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
59	500 SH_CALATLANTIC		
		\$26,695.	11/21/17
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
60	500 SH COMERICA		
		\$ <u>39,815.</u>	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
61	300 SH PHILIP MORRIS INTL INC		
		\$31,017.	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
62	500 SH SVB FINANCIAL	-	-
22		\$107,305.	11/21/17
BAA	Sche	 	or 990-PF) (2017)

Page

11 to

12 of Part II

Name of organization

THE DAVIDSON FAMILY FOUNDATION

Employer identification number 77-0325599

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SH CHEVRON	-	
<u>63</u>	<u> </u>	-	
		\$57,695.	11/21/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
64	1000 SH AT&T INC		
		\$34,520.	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>65</u>	150 SH FACEBOOK INC	-	
		\$27,066.	11/21/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	500 SH_CENTERPOINT_ENERGY_INC		
<u>66</u>		-	
		\$14,045.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	400 SH CHEVRON CORP	-	
<u>67</u>			
		\$50,268.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
68	500 SH CITIGROUP INC NEW	-	
22		\$ 37,400.	12/27/17
BAA		 nedule B (Form 990, 990-E2	7 000 DE (001 T

12 to

12 of Part II

Name of organization

BAA

THE DAVIDSON FAMILY FOUNDATION

Employer identification number

77-0325599

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>69</u>	1000 SH CONOCOPHILLIPS		
		\$55,610.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
70	1000 SH MORGAN STANLEY		
		\$52,350.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
71	2000 SH SAFEGUARD SCIENTIFICS INC NEW		
		\$22,660.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
72	1000 SH SONIC CORP		
		\$ <u>28,120.</u>	_12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
73	1000 SH WELLS FARGO & CO NEW	_	
		\$60,950.	12/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
74	2000 SH WESTERN ALLIANCE BANCORP	-	
		\$114,340.	12/27/17

of Part III

Name of organization

Employer identification number

THE DAVIDSON FAMILY FOUNDATION 77-0325599 Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (a) No. from Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (a) No. from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) Description of how gift is held (a) No. from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

20	1	7
ZU		

FEDERAL STATEMENTS

PAGE 1

THE DAVIDSON FAMILY FOUNDATION

77-0325599

STATEMENT 1	
FORM 990-PF, PART I, LINE	11
OTHER INCOME	

		(A) REVENUE <u>PER BOOKS</u>		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
CAPITAL GAIN DISTRIBUTION OTHER INVESTMENT INCOME	TOTAL	\$	1,799. 2,214. 4,013.	\$	1,799. 2,214. 4,013.	<u>\$</u> 0.	

STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

				(A) PENSES R BOOKS		(B) NET VESTMENT INCOME	(C) ADJUSTED <u>NET INCOM</u>		(D) CHARITABLE PURPOSES
ACCOUNTING/CLERICAL CPA ACCOUNTING FEES	SERVICES	TOTAL	\$ <u>\$</u>	35,000. 14,500. 49,500.	\$ <u>\$</u>	35,000. 14,500. 49,500.	\$	<u>0.</u>	\$ 0.

STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

		(A)	(B) NET	(C)	(D)
		EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
		PER BOOKS	INCOME	NET INCOME	<u>PURPOSES</u>
INVESTMENT - BROKER FER	ES	\$ 95,942.			
OUTSIDE CONTRACTORS	TOTAL	9,780. \$ 105,722.	9,780. \$ 105,722.	<u>\$</u> 0.	\$ 0.

STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES

e en en enem judici de en	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLEPURPOSES
TAXES	TOTAL \$ 52,600. \$ 52,600.	\$ 0.	<u>\$ 0.</u>	\$ 0.

\sim	
.71	
/ L	 •

FEDERAL STATEMENTS

PAGE 2

THE DAVIDSON FAMILY FOUNDATION

77-0325599

STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES FILING FEES INSURANCE	\$ 45. 577. 3,652. TOTAL \$ 4,274.	577.	\$ 0.	\$ 0.

STATEMENT 6 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 611,659. \$ 611,659.

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
YMCA OF SILICON VALLEY 80 SARATOGA AVENUE SANTA CLARA CA 95051	NONE	PC	COMMUNITY SERVICE	\$ 50,000.
HUMANE SOCIETY OF SILICON VALLEY 901 AMES AVE MILPITAS CA 95035	NONE	PC .	COMMUNITY SERVICE	10,000.
SILICON VALLEY MONTEREY BOY SCOUTS - 970 W. JULIAN STREET SAN JOSE CA 95126	NONE -	PC '	COMMUNITY SERVICE	25,000:
DOWNTOWN COLLEGE PREP 1400 PARKMOOR AVE #206 SAN JOSE CA 95126	NONE :	PC	EDUCATION	25,000.
BOYS AND GIRLS—CLUBS 518 VALLEY WAY MILPITAS CA 95035	NONE	PC	COMMUNITY SERVICE	25,000.
SAN JOSE CONSERVATION CORPS 1560 BERGER DR SAN JOSE CA 95112	NONE	PC	EDUCATION	125,000.

FEDERAL STATEMENTS

PAGE 3

THE DAVIDSON FAMILY FOUNDATION

77-0325599

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
AVENAL HISTORICAL SOCIETY 600 FRESNO ST. AVENAL CA 93204	NONE	PC	COMMUNITY SERVICE	\$ 3,500.
KOED, INC. 2601 MARIPOSA ST. SAN FRANSISCO CA 94110	NONE	PC	COMMUNITY SERVICE	2,500.
PETA 554 GRAND AVE OAKLAND CA 94610	NONE	PC	COMMUNITY SERVICE	5,000.
PAWS (PERFORMING ANIMAL WELFARE P.O. BOX 849 GALT CA 95632	NONE	PC	COMMUNITY SERVICE	5,000.
VMC FOUNDATION 2400 MOORPARK AVE 207 SAN JOSE CA 95128	NONE	PC	MEDICAL RESEARCH	10,000.
AMERICAN RED CROSS 431 18TH STREET NVV WASHINGTON D.C. DC 20006	NONE	PC	MEDICAL RESEARCH	1,000.
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 E GISH RD SAN JOSE CA 95112	NONE	PC	COMMUNITY SERVICE	10,000.
VALLEY CHRISTIAN SCHOOL 100 SKYWAY PR #120 SAN JOSE CA 95111	NONE	PC	EDUCATION	44,000.
COMMON SENSE CHILDBIRTH 213 S DILLARD ST #340 WINTER GARDEN FL 34787	NONE	PC	COMMUNITY SERVICE	20,000.
STROKE AWARENESS FOUNDATION 51 E CAMPBELL AVER #106M CAMPBELL CA 95008	NONE	PC	MEDICAL RESEARCH	5,000.
NATIONAL MS SOCIETY 1570 GEORGETTA DR SAN JOSE CA 95125	NONE -	PC	MEDICAL RESEARCH	2,500.
WILDLIFE CTR OF SILICON VALLEY 3027 PENITENCIA CREEK RD. SAN JOSE CA 95132	NONE	PC	COMMUNITY SERVICE	5,000.

FEDERAL STATEMENTS

PAGE 4

THE DAVIDSON FAMILY FOUNDATION

77-0325599

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE CA 95119	NONE	PC	COMMUNITY SERVICE	\$ 10,000.
YWCA 375 SO. 3RD. STREET SAN JOSE CA 95112	NONE	PC	BUILDING FUND/COMMUNITY	250,000.
E.OKLAHOMA STATE COLLEGE FOUNDATION 1301 WEST MAIN WILBURTON OK 74578	NONE	PC	EDUCATION	50,000.
SAN JOSE SPORTS AUTHORITY 345 PARK AVENUE SAN JOSE CA 95110	NONE	PC	EDUCATION	25,000.
CALIFORNIA LINE DANCE ASSOC 262 E. GISH ROAD SAN JOSE CA 95112	NONE	PC	COMMUNITY SERVICE	25,000.
TOWN CATS PO BOX 1828 MORGAN HILL CA 95038	NONE	PC	COMMUNITY SERVICE	5,000.
THE HEALTH TRUST 3180 NEWBERRY DR #200 SAN JOSE CA 95118	NONE	PC	MEDICAL RESEARCH	3,500.
SALVATION ARMY PO BOX 2D SAN JOSE CA 95109	NONE	PC	COMMUNITY SERVICE	5,500.
CREATV 255 W JULIAN ST, STE 100 SAN JOSE CA 95110	NONE	PC	COMMUNITY SERVICE	5,000.
CALIFORNIA EQUINE FOUNDATION PO BOX 88 NORTH MIDDLETOWN KY 40357	NONE	PC	COMMUNITY SERVICE	500.
EMQ AUXILARY 33 N SANTA CRUZ AVE LOS GATOS CA 95030	NONE -	PC	COMMUNITY SERVICE	17,000.
TOWER FOUNDATION - SJSU ONE WASHINGTON SQUARE SAN JOSE CA 95192	NONE	PC .	EDUCATION	503,000.

FEDERAL STATEMENTS

PAGE 5

THE DAVIDSON FAMILY FOUNDATION

77-0325599

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUL	JT
GREENPEACE 702 H STREET NW #300 WASHINGTON DC 20001	NONE	PC	COMMUNITY SERVICE		,000.
RESOURCE AREA FOR TEACHERS 1355 RIDDER PARK DR SAN JOSE CA 95131	NONE	PC	EDUCATION	30	,000.
PALM LAKE ELEMENTARY SCHOOL 8000 PIN OAK DRIVE ORLANDO FL 32819	NONE	PC	EDUCATION	5	,000.
ACE CHARTER SCHOOLS 1100 SHASTA AVE SAN JOSE CA 95126	NONE	PC	EDUCATION	25	,000.
AMERICAN SADDLEBRED ASSOC OF ARIZONA PO BOX 27257 SCOTTSDALE AZ 85255	NONE	PC	COMMUNITY SERVICE	7	,000.
RAINFOREST ACTION NETWORK 425 BUSH ST, STE 300 SAN FRANCISCO CA 94108	NONE	PC	COMMUNITY SERVICE	5	,000.
NORTHWEST SADDLEBRED ASSOCIATION 4284 SW ANDERSON RD FOREST GROVE OR 97116	NONE	PC	COMMUNITY SERVICE		500.
NU ALPHA KAPPA FRATERNITY, INC P. O. BOX 1278 ROSEVILLE CA 95678	NONE	PC	EDUCATION .	50	, 000.
A GIFTED EDUCATION 6835 TRINIDAD DRIVE SAN JOSE CA 95120	NONE	PC	EDUCATION .	2	,500.
CRISTO REY HIGH SCHOOL 1389 E SANTA CLARA ST SAN JOSE CA 95116	NONE	PC	EDUCATION :	20	,000.
THE FIRST ACADEMY - 2667 BRUTON BLVD ORLANDO FL 32805	NONE	PC	EDUCATION	5	,000.
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET #400 SAN FRANCISCO CA 94103	NONE	PC	MEDICAL		500.

FEDERAL STATEMENTS

PAGE 6

THE DAVIDSON FAMILY FOUNDATION

77-0325599

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SO.CALIF AMER SADDLEBRED HORSE ASSOC 16136 LIVE OAK SPRINGS CANYON CANYON COUNTRY CA 91387	NONE	PC	COMMUNITY SERVICE	\$ 5,000.
ASPCA 520 8TH AVE NEW YORK NY 10018	NONE	PC	COMMUNITY SERVICE	5,000.
BAY AREA FOX TROTTER ASSOCIATION 767 CARR AVE SANTA ROSA CA 95403	NONE	PC	COMMUNITY SERVICE	3,500.
CHARITY FAIR HORSE SHOW PO BOX 67-5312 RANCHO SANTA FE CA 92067	NONE	PC	COMMUNITY SERVICE	5,000.
HEALTHIER KIDS FOUNDATION 4040 MOORPARK AVE, 100 SAN JOSE CA 95117	NONE	PC	COMMUNITY SERVICE	10,000.
PATH MAKING IT HOME 31 N 2ND ST #264 SAN JOSE CA 95113	NONE	PC	COMMUNITY SERVICE	20,000.
SJB CHILD DEVELOPMENT CENTER 1400 PARKMOOR AVE #220 SAN JOSE CA 95126	NONE	PC	COMMUNITY SERVICE	50,000.
THE TECH MUSEUM OF INNOVATION 201 S MARKET STREET SAN JOSE CA 95113	NONE -	PC	COMMUNITY SERVICE -	75,000.
ADELANTE DUAL LANGUAGE ACADEMY 2999 RIDGEMONT DR SAN JOSE CA 95127	NONE .	PC	EDUCATION	1,500.
ALMADEN COUNTRY DAY SCHOOL 6835 TRINIDAD DR SAN JOSE CA 95120	NONE	PC	EDUCATION	25,000.
ARIZONA AMERICAN SADDLEBRED RESCUE, INC 44807 N 20TH ST NEW RIVER AZ 85087	NONE	PC	COMMUNITY SERVICE	5,000.

FEDERAL STATEMENTS

PAGE 7

THE DAVIDSON FAMILY FOUNDATION

77-0325599

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BREAKTHROUGH SILICON VALLEY 1635 PARK AVENUE SAN JOSE CA 95126		PC	EDUCATION	\$ 10,000.
CABRILLO COLLEGE FOUNDATION 6500 SOQUEL DRIVE APTOS CA 95003	NONE	PC	EDUCATION	25,000.
CAMBRIAN PARK SEVENTH-DAY ADVENTIST 5265 CARTER AVE SAN JOSE CA 95118	NONE	PC	RELIGION	5,000.
CHAVEZ FAMILY VISION PO BOX 23308 SAN JOSE CA 95153	NONE	PC	COMMUNITY SERVICE	20,000.
DIMOND L RANCH 1329 HWY 395 STE. 10-134 GARDNERVILLE NV 89410	NONE	PC	COMMUNITY SERVICE	12,000.
HILLEL SILICON VALLEY 44 S 11TH STREET SAN JOSE CA 95112	NONE	PC	RELIGION	2,500.
HORSE PLUS HUMANE SOCIETY PO BOX 485 HOHENWALD TN 38462	NONE	PC	COMMUNITY SERVICE	5,000.
LEGACY ACADEMY 484 E SAN FERNANDO ST SAN JOSE CA 95122	NONE	PC	EDUCATION	7,000.
MIRACLE MAKERS, INC 7041 GRAND NATIONAL DR #21 ORLANDO FL 32819	NONE :	PC	COMMUNITY SERVICE	5,000.
MISS JO'S RESCUE RANCH 516 COUNTRY ROAD 4010 DECATUR TX 76234	NONE	PC	COMMUNITY SERVICE	10,000.
PONTES NETWORK——54 S 14TH STREET SAN JOSE CA 95144	NONE	PC	COMMUNITY : SERVICE	5,000.
PROJECT INFORM 25 TAYLOR STREET SAN FRANCISCO CA 94102	NONE	PC	COMMUNITY SERVICE	6,000.
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA CA 90401	NONE	PC	MEDICAL RESEARCH	2,000.
	•		-	

FEDERAL STATEMENTS

PAGE 8

THE DAVIDSON FAMILY FOUNDATION

77-0325599

STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	<u></u>	AMOUNT
ROTACARE BAY AREA, INC 514 VALLEY WAY MILPITAS CA 95035	NONE	PC	MEDICAL	\$	5,000.
RUNNING FREE EQUINE SANCTUARY HC 30 BOX 195 CONCHO AZ 85924	NONE	PC	COMMUNITY SERVICE		5,000.
SCARLETT'S LEGACY EQUINE RESCUE HC 60 BOX 197 WELLS NV 89835	NONE	PC	COMMUNITY SERVICE		5,000.
SOURCEWISE 2115 THE ALAMEDA SAN JOSE CA 95126	NONE	PC	COMMUNITY SERVICE		1,000.
ST FRANCIS CABRINI CATHOLIC CHURCH 15333 WOODARD RD SAN JOSE CA 95124	NONE	PC	RELIGION		500.

TOTAL \$ 1,764,500.

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

THE DAVIDSON FAMILY FOUNDATION

77-0325599

FORM 990PF - PART II, LINE 10B - BALANCE SHEET INVESTMENTS - CORPORATE STOCKS/BONDS

RECAP:

MORGAN STANLEY ACCOUNTS - MS

US TRUST - BANK OF AMERICA PRIVATE WEALTH MANAGEMENT - US T

		VALUATION METHOD	BOOK VALUE
MS MS	T 3886330 9601-044 5071-027 7164-027	FMV FMV FMV FMV	8,444,927 22,257,188 5,403,351 1,783,187
TOT	AL		37,888,653

SEE ATTACHED PDF FOR DETAILS.