Return of Private Foundation

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

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

For	caler	ndar year 2018 or tax year beginning		, and ending	_	
Nai	ne of	foundation 2			A Employer identification	number
		,				
_		SAMUELI FOUNDATION .			33-0758237	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		E. COAST HIGHWAY		300	949-760-4300	
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		NA DEL MAR, CA 92625	losted return of a fo	rmar public charity	D 1. Foreign organizations	ohook hara
G (леск	all that apply: Initial return Final return	Amended return	ormer public charity	D 1. Foreign organizations	s, check here
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H (heck	type of organization: X Section 501(c)(3) ex		- I(E If private foundation sta	•
\Box	_	• • • • • • • • • • • • • • • • • • • •	Other taxable private founda	ation Od	under section 507(b)(1)	
l Fa		arket value of all assets at end of year J Account	ng method; X Cash	Accrual	F If the foundation is in a	
(fi	om F		ther (specify)		under section 507(b)(1)	_
_	\$	143,716. (Part I, colur	nn (d) must be on cash bası:	s.)		<u>. </u>
Pa	ırt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	1,986,530.		N/A	
	2	Check If the foundation is not required to attach Sch B Interest on savings and temporary	65.4	CE 4		ODD CONTRACTOR O
	3	cash investments	654.	654.		SEE STATEMENT 2
	4	Dividends and interest from securities				
	l	Gross rents				
	۱ .	Net rental income or (loss)	-479.			SEE STATEMENT 1
ž ė	"h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 436,051.				
Revenue	٦	assets on line 6a 430 , 031. Capital gain net income (from Part IV, line 2)		1 300 922.		
_	8	Net short-term capital gain			·	
∂ Э	9	Income modifications				
	10a	Gross sales less returns and allowances				
1 2		Less Cost of goods sold				
	C	Gross profit or (loss)				
enses SCANNEU	11	Other income			,	
2	12		1,986,705.	301,576.		70.766
2	13	Compensation of officers, directors, trustees, etc	88,458.	0.		70,766. 152,346.
ပ္အ	14	Other employee salaries and wages	190,433.	0.		18,545.
Se Se		Pension plans, employee benefits Legal fees PECFIVE DMT 3	21,091.	5,273.		8,437.
ens.		Legal fees RECEIVEDMT 3 Accounting fees STMT-4	6,500.	1 625.		2,600.
ă		Other professional fees STMT 500	134,195.	4,800.		122,195.
ě	17	Inter APR 19 2019	338.	338.		0.
rati	18	Taxes STMT 6 CE	25,746.	0.		19,100.
nist	19	Depreciation and depletion N. UT	3,515.	0.		
Operating and Administrative Exp	20	Occupancy				
Ă	21	Travel, conferences, and meetings	242,549.	0,		229,068.
and	22	Printing and publications	22,915.	0.		22,915.
ing	23	Other expenses STMT 7	43,082.	59.		11,620.
arat	24	Total operating and administrative	902 003	12 005		657,592.
å	05	expenses. Add lines 13 through 23	802,003. 1,177,268.	12,095.	-	1,177,268.
_		Contributions, gifts, grants paid Total expenses and disbursements.	1,177,200.			1,177,200,
	20	Add lines 24 and 25	1,979,271.	12,095.		1,834,860.
—	27	Subtract line 26 from line 12.	2,2,2,2,2,	22,000		=,:::,::
		Excess of revenue over expenses and disbursements	7,434.			
		Net investment income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	289,481.		
		Adjusted net income (if negative, enter -0-)			N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

F		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	r year
Р	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	129,428.	140,243.	140,243.
		Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts	·		
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other		-	-
	ľ	disqualified persons			
	١,				·-··
	7	Other notes and loans receivable			
	١,	Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
155	9	Prepaid expenses and deferred charges			
		Investments - U.S. and state government obligations			
	6	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	<u> </u>		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ► 38,443.			
		Less accumulated depreciation STMT 8 34,970.	4,552.	3,473.	3,473.
	15	Other assets (describe ►)			. .
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	133,980.	143,716.	143,716.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ري دي	19	Deferred revenue		·	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ξ.	22		1,800,	4,102,	
•		Other Habilities (describe			
	22	Total liabilities (add lines 17 through 22)	1,800.	4,102.	
-	23	Foundations that follow SFAS 117, check here			
		•			
S		and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted			
		Temporarily restricted			
8	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.	_	_	
Assets or	27	, , , , ,	0.	0.	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ğ	29	Retained earnings, accumulated income, endowment, or other funds	132,180.	139,614.	·
Net	30	Total net assets or fund balances	132,180.	139,614.	
	31	Total liabilities and net assets/fund balances	133,980.	143,716.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30	<u> </u>	
		st agree with end-of-year figure reported on prior year's return)		1	132,180.
	•	r amount from Part I, line 27a		2	7,434.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	139,614.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	nlumn (h) line 30		139,614.
v	· Ula	rilot assocts of fully valances at one of year (line + fillings line s) - falt ii, ct			=

Part IV Capital Gains a	nd Losse:	s for Tax on Ir	vestmen	t Income						
(a) List and describe th 2-story brick ware		roperty sold (for examenment stock, 200 sha		ite,	(b)	How ac - Purcl) - Dona	nase	(c) Date at (mo., da		(d) Date sold (mo., day, yr.)
1a 5415 SHARES TWILIO INC					Т	- 1	D C	8/30/1	8	08/31/18
b				-						
С										
d				**						
е										
(e) Gross sales price		ciation allowed illowable)		st or other basis expense of sale					in or (loss (f) minus	
<u>a</u> 436,051.				135,1	29.					300,922.
<u>b</u>					_					
d										
e	_									
Complete only for assets showing	gain in colum	n (h) and owned by	the foundation	on 12/31/69.			(1)	Gains (Co	l. (h) gain	minus
(i) FMV as of 12/31/69		usted basis 12/31/69		cess of col. (1) col. (j), if any			col. ((k), but no Losses (f	ot less tha from col. (n -0-) or (h))
a					_					300,922.
<u> </u>										
c										
d					-					
e					_					
		∫ If gain, also enter	un Dart I. lunn	7	7	П	_			-
2 Capital gain net income or (net capi	ital loss)	If (loss), enter -0-			þ	2				300,922.
3 Net short-term capital gain or (loss		sections 1222(5) an	ıd (6):		٦					
If gain, also enter in Part I, line 8, co	olumn (c).				•				N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Secti	on 4940(e) for	Reduced	Tax on Net	Thy	estm	ent Inco	me		 -
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation doesn't qualify There the appropriate amount in ea	on 4942 tax on under section	4940(e). Do not com	nplete this par	t						Yes X No
(a)	CII COIGIIIII IOI		istructions be	iore making any er						(4)
Base period years Calendar year (or tax year beginning	ıın) Ad	(b) Ijusted qualifying dist		Net value of no	(c) ncha			(0	Distrit col. (b) div	(d) oution ratio rided by col. (c))
		1	,523,655.				166,873	·		9.130626
2016			906,809.				354,973	-		2.554586
2015			870,175.				383,397	 		2.269645
2014			896,190.				269,260	•		3.328344
2013		1	,380,881.			_	217,072	+ -		6.361396
2 Total of line 1, column (d)								2		23.644597
3 Average distribution ratio for the 5- the foundation has been in existence			on line 2 by 5.	u, or by the numbe	erot	years		3		4.728919
4 Enter the net value of noncharitable	-use assets fo	r 2018 from Part X, I	line 5					4	_	232,163.
5 Multiply line 4 by line 3								5		1,097,880.
6 Enter 1% of net investment income	(1% of Part I.	line 27b)						6	_	2,895.
7 Add lines 5 and 6	,,	,						7		1,100,775.
	Onet VIII loss 4									
8 Enter qualifying distributions from F If line 8 is equal to or greater than Ii	•	e box in Part VI, line	1b, and comp	lete that part using	g a 1'	% tax ra	ate.	8	_	1,834,860.
See the Part VI instructions.					_				F	form 990-PF (2018)

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rm 990-PF (2018) THE SAMUELI FOUNDATION		33-0758			Page 4
Part VI Excise Tax Based on Investment Income (Section	on 4940(a), 4940(b), 4940(e), or 4	948 - s	ee instru	uctio	ns)
a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.				Ī
Date of ruling or determination letter: (attach copy of le		_			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check		1		2	895.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations	s, enter 4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation		2			0.
3 Add lines 1 and 2		3		2	895.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ns only; others, enter -0-)	4			0.
Tax based on investment income. Subtract line 4 from line 3. If zero or less, ente		5		2	895.
6 Credits/Payments:					
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 4,035.				ŀ
b Exempt foreign organizations - tax withheld at source	6b 0.				
c Tax paid with application for extension of time to file (Form 8868)	6c 0.				
d Backup withholding erroneously withheld	6d 0.				
7 Total credits and payments. Add lines 6a through 6d		7		4	035.
B Enter any penalty for underpayment of estimated tax. Check here x if Form 22	220 is attached	8			0.
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9	<u>.</u>		
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of	vernaid	10		1	140.
1 Enter the amount of line 10 to be; Credited to 2019 estimated tax	1,140. Refunded	11			0.
Part VII-A Statements Regarding Activities					
la During the tax year, did the foundation attempt to influence any national, state, or	local legislation or did it participate or intervene	ın	<u> </u>	Yes	No
any political campaign?	ioda iogisianon di ciu ii participato di interveno		1a		х
b Did it spend more than \$100 during the year (either directly or indirectly) for politi	cal nurnoses? See the instructions for the defin	ition	16		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an			·-		\vdash
distributed by the foundation in connection with the activities.	d copies of any materials published of				
c Did the foundation file Form 1120-POL for this year?			10		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during the year		''	-	\vdash
(1) On the foundation. > \$ 0. (2) On foundation					
e Enter the reimbursement (if any) paid by the foundation during the year for politic					
managers. > \$ 0.	al expenditure tax imposed on loundation				1
2 Has the foundation engaged in any activities that have not previously been reporte	nd to the IRS2		2		_
If "Yes," attach a detailed description of the activities.	to the mar		<u> </u>		
Has the foundation made any changes, not previously reported to the IRS, in its gi	overning instrument, articles of incornoration of	,	ŀ		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha		1	3		<u></u>
ta Did the foundation have unrelated business gross income of \$1,000 or more during	=		4a		
b If "Yes," has it filed a tax return on Form 990-T for this year?	ig the year?	N/A	4b	\vdash	
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?	-11,	5	\vdash	x
If "Yes," attach the statement required by General Instruction T	the year.		⊢⊸	_	 -
• •	caticfied either		ŀ		
Are the requirements of section 508(e) (relating to sections 4941 through 4945) s	adistieu etitier.				
By language in the governing instrument, or	mandatary directions that conflict with the state	lour			
By state legislation that effectively amends the governing instrument so that no	mandatory directions that connict with the state	IaW	6	<u></u>	
remain in the governing instrument?	(colling and the Doublik and John and Doublik)			x	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Y	es," complete Part II, col. (c), and Part XV		7	<u> ^ </u>	
a Color the electrical benefits for ended an exceeded where the exceeded Color					ŀ
3a Enter the states to which the foundation reports or with which it is registered. See	instructions.		-		
CA	IT to the Attorney Congret (december)				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-P	r to the Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation	40.40(3/2)		8b	х	
Is the foundation claiming status as a private operating foundation within the mea		noar			
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "	'Yes," complete Part XIV		9		X
Did any persons become substantial contributors during the tax year? if "Yes," attai			10	I - I	l x

Forn	n 99U-PF (2018) THE SAMUELI FOUNDATION 33-0758237			Page :
P	art VII-A Statements Regarding Activities (continued)			
		<u> </u>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ا مدا		۱
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	40		
	If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address Www.SAMUELI.ORG	200		
14	The books are in care of ► MICHAEL SCHULMAN Telephone no. ► 949-760-4 Located at ► 2101 E. COAST HIGHWAY SUITE 300 CORONA DEL MAR CA ZIP+4 ► 926		241	
	2004104 41 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		741	$\overline{\Box}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N,	/ A	ـــا
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	16	163	X
	securities, or other financial account in a foreign country?	"		Ĥ
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
<u> </u>	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Г	Yes	No
4	a During the year, did the foundation (either directly or indirectly):		.00	1.10
1	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		'	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		х
	Organizations relying on a current notice regarding disaster assistance, check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	10		х
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)):			
	a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No			
	If "Yes," list the years >			
	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.)	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
)			
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 2018 as a result of (1) any purchase by the foundation or disqualified persons after			1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b		<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	I 4b	i	Х

Form 990-PF (2018) THE SAMUELI FOUNDATION					Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be R	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
• • • • • • • • • • • • • • • • • • • •			es 🗶 No		1
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire				
any voter registration drive?				Ì	l i
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yo	es 🗶 No	ľ	li
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	_			
4945(d)(4)(A)? See instructions		Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		_		
the prevention of cruelty to children or animals?		· · · · · · · · · · · · · · · · · · ·	es 🗶 No		1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described in	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b	<u> </u>
Organizations relying on a current notice regarding disaster assistance, check				Ì	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					1 1
expenditure responsibility for the grant?	N/	/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		_		1
a personal benefit contract?		Y ₁	_		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y₁			ш
• • • • • • • • • • • • • • • • • • • •			N/A	7b	 ,
	\$1,000,000 in remuneration or				
excess parachute payment(s) during the year?					
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У		
	hair companyation				
1 List all officers, directors, trustees, and foundation managers and to	 	(c) Compensation	(d) Contributions to	(a) Exp	nense
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	(e) Exp	, other
		enter -U-)	compensation	allowa	inces
SUSAN SAMUELI	PRESIDENT				
2101 E. COAST HIGHWAY, SUITE 300	5.00		_		٥
		0.	<u> </u>		
HENRY SAMUELI	VICE PRESIDENT				
	1 00	,	,		0
	<u> </u>		0.		<u> </u>
MICHAEL SCHULMAN	SECRETARI & TREASURE	ar.			
	1 00	,	,		0
		· · · · · · · · · · · · · · · · · · ·	٠.		<u> </u>
GERALD SOLOMON	EXECUTIVE DIRECTOR				
		88 458	2 406		0.
			2,400.	L	
2 Compensation of the mignest-paid employees (other than those int			(d) Contributions to	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000		(a) Companyation	employee benefit plans	 account 	, other inces
	devoted to position	(C) Compensation	compensation	allowa	
MICHELLE PREEMAN - 2101 E. COAST		(c) compensation	compensation	allowa	
MICHELLE FREEMAN - 2101 E. COAST HIGHWAY, SUITE 300, CORONA DEL MAR,	devoted to position	124,015.	and deterred compensation 4,938.	allowa	0.
	devoted to position PROGRAM MANAGER		compensation	allowa	0.
HIGHWAY, SUITE 300, CORONA DEL MAR,	Statements Regarding Activities for Which Form 4720 May Be Required (continued) year, did the foundation pay or incur any amount to: on propaganda, or otherwise attempt to influence legislation (section 4945(e))? yes [X] No one the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, other registration drive? yes [X] No de a grant to an individual for travel, study, or other similar purposes? yes [X] No de a grant to an individual for travel, study, or other similar purposes? yes [X] No de a grant to an individual for travel, study, or other similar purposes? yes [X] No de a grant to an individual for travel, study, or other similar purposes? yes [X] No de a grant to an individual for travel, study, or other similar purposes? yes [X] No de a grant to an individual for travel, study, or other similar purposes? yes [X] No de a grant to an individual for travel, study, or other similar purposes, or for revention of cruelty to children or animals? yes [X] No de a grant to an individual for travel, study, or other similar purposes, or for revention of cruelty to children or animals? yes [X] No de a grant to an individual for travel, study, or other similar purposes, or for revention of cruelty to children or animals? yes [X] No de a grant to an individual for travel, study, or office animals and the scapbions described in Regulations N/A [Yes [X] No dear for any purpose other than religious, charlable, scientific, interary, or educational purposes, or for revention of cruelty to children or animals? yes [X] No dear for any purpose other than religious, charlable, scientific, interary, or educational purposes, or for revention of cruelty to children or animals? yes [X] No dear form a current notice regarding disaster assistance, check here yer is [Yes [X] No dear form a current notice regarding disaster assistance, check here yer is [Yes [X] No dear for the form animals? yes [X] No dear for the form animals? yes [X] No dear for the form animals? yes [X] No dear for the		allowa	0.	
HIGHWAY, SUITE 300, CORONA DEL MAR, WAYAN KAUFMAN - 2101 E. COAST	devoted to position PROGRAM MANAGER 40.00 EXECUTIVE ASSISTANT	124,015.	4,938.	allowa	
HIGHWAY, SUITE 300, CORONA DEL MAR, WAYAN KAUFMAN - 2101 E. COAST	devoted to position PROGRAM MANAGER 40.00 EXECUTIVE ASSISTANT	124,015.	4,938.	allowa	
HIGHWAY, SUITE 300, CORONA DEL MAR, WAYAN KAUFMAN - 2101 E. COAST	devoted to position PROGRAM MANAGER 40.00 EXECUTIVE ASSISTANT	124,015.	4,938.	allowa	
HIGHWAY, SUITE 300, CORONA DEL MAR, WAYAN KAUFMAN - 2101 E. COAST	devoted to position PROGRAM MANAGER 40.00 EXECUTIVE ASSISTANT	124,015.	4,938.	allowa	
HIGHWAY, SUITE 300, CORONA DEL MAR, WAYAN KAUFMAN - 2101 E. COAST	devoted to position PROGRAM MANAGER 40.00 EXECUTIVE ASSISTANT	124,015.	4,938.	allowa	
HIGHWAY, SUITE 300, CORONA DEL MAR, WAYAN KAUPMAN - 2101 E. COAST HIGHWAY, SUITE 300, CORONA DEL MAR,	devoted to position PROGRAM MANAGER 40.00 EXECUTIVE ASSISTANT	124,015.	4,938.	allowa	

Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
H&S VENTURES - 2101 E. COAST HIGHWAY, SUITE	PROFESSIONAL MANAGEMENT	
300, CORONA DEL MAR, CA 92625-1	SERVICES	112,211.
<u> </u>		
	 7	
Total number of others receiving over \$50,000 for professional services	•	• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s	tatistical information such as the	Eveneses
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2.	Amount
1 N/A		
2		
All ather are an eleted questioned Con instruction		
All other program-related investments. See instructions.		
3		
Tetal Add lines 1 through 2	▶	0.
Total. Add lines 1 through 3	<u></u>	

=	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
<u>-</u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	0.
b		1b	232,225.
0	Fair market value of all other assets	10	3,473.
d	Total (add lines 1a, b, and c)	10	235,698.
_	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	0.
3	Subtract line 2 from line 1d	3	235,698.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,535.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	232,163.
6	Minimum investment return. Enter 5% of line 5	6	11,608.
Ė	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		11,000.
Ľ	foreign organizations, check here and do not complete this part.)	io cei taili	
1	Minimum investment return from Part X, line 6	1	11,608.
	Tax on investment income for 2018 from Part VI, line 5 2,895.		,
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,895.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,713.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,713.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,713.
_		<u> </u>	
LP	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,834,860.
b	Program-related investments - total from Part IX-B	1b	0.
2	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:		
a	Surtability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,834,860.
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	5	2,895.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,831,965.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for the	section

Part XIII Undistributed Income (see instructions)

	_	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018	from Part XI,				9 712
line 7					8,713.
2 Undistributed income, if any, as of t	the end of 2018				
a Enter amount for 2017 only				0.	<u> </u>
b Total for prior years:					
			0.		
3 Excess distributions carryover	r, if any, to 2018.				
a From 2013	544,199.				
b From 2014	888,102.				1
c From 2015	862,906.				
dFrom 2016	902,267.				
e From 2017	1,519,741.				
f Total of lines 3a through e		4,717,215.			
4 Qualifying distributions for 20	18 from				
Part XII, line 4: ►\$					
a Applied to 2017, but not more				0.	ļ
b Applied to undistributed incom					†
years (Election required - see i	•		0.		1
c Treated as distributions out of	•				
	•	0.			
(Election required - see instruc	•		<u></u>		8,713.
d Applied to 2018 distributable a		1 005 147	·		0,713.
e Remaining amount distributed	•	1,826,147.			<u> </u>
5 Excess distributions carryover applied (If an amount appears in column (d), must be shown in column (a))	ted to 2018 the same amount	0.			0.
6 Enter the net total of each col indicated below;	lumn as				
a Corpus Add lines 3f, 4c, and 4e St	ubtract line 5	6,543,362.			[
b Prior years' undistributed inco	me. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior years	s'				<u> </u>
undistributed income for which deficiency has been issued, or the section 4942(a) tax has be assessed	h a notice of on which		0.		
d Subtract line 6c from line 6b. 1	Faxable				<u> </u>
amount - see instructions			0.		
e Undistributed income for 2017	7 Subtract line				
4a from line 2a. Taxable amou				0	
f Undistributed income for 2018					
lines 4d and 5 from line 1. This					
be distributed in 2019	s amount must				0.
7 Amounts treated as distribution	no out of		· · · · · · · · · · · · · · · · · · ·		
corpus to satisfy requirements	, ,				
section 170(b)(1)(F) or 4942(c		,			
may be required - see instructi		0.			
8 Excess distributions carryover	from 2013				1
not applied on line 5 or line 7		544,199.			<u> </u>
9 Excess distributions carryove					
Subtract lines 7 and 8 from line	e 6a	5,999,163.			
0 Analysis of line 9:					
a Excess from 2014	888,102.				
b Excess from 2015	862,906.				
c Excess from 2016	902,267.				1
d Excess from 2017	1,519,741.		ł		
e Excess from 2018	1,826,147.				

823581 12-11-18

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient Name of hydroxy	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
AMERICAN SOCIETY FOR ENGINEERING	NONE	PC	EDUCATION	
EDUCATION	None			
1818 N STREET NW. SUITE 600				
WASHINGTON, CA 20036				20,00
ANALUTY COLOGOVERY FOUNDAMION	NONE	PC	SOCIAL SERVICES	
ANAHEIM COMMUNITY FOUNDATION 200 S. ANAHEIM BLVD., SUITE 433	NONE	FC	SOCIAL SERVICES	
ANAHEIM, CA 92805				10,00
MAHBIM, CA 72003		-		
ANAHEIM DUCKS FOUNDATION	NONE	PC	SOCIAL SERVICES	
2695 E. KATELLA AVE				E 0
ANAHEIM, CA 92806	<u> </u>		-	50
BASTYR UNIVERSITY	NONE	PC	HEALTH	
14500 JUANITA DRIVE NE				
KENMORE, WA 98028-4966	 		-	10,00
CA DEDICATED TO EDUCATION FOUNDATION	NONE	PC	EDUCATION	
260 MAIN STREET, SUITE 200				
REDWOOD CITY, CA 94063				82,26
CAL ATHLETICS FUND	NONE	PC	EDUCATION	
195 HAAS PAVILION				
BERKLEY, CA 94720				1,00
CENTER FOR INNOVATION IN FAMILY	NONE .	PC	HEALTH	
MEDICINE, INC	NONE	"		
16 PATRIOT WAY				
NORTH READING, MA 01864				38,45
CHAPMAN UNIVERSITY	NONE	PC	EDUCATION	
ONE UNIVERSITY DRIVE				
ORANGE, CA 92866				10,00
CHARITABLE VENTURES OF ORANGE COUNTY	NONE	PC	SOCIAL SERVICES	
4041 MACARTHUR BLVD., SUITE 510	[
NEWPORT BEACH, CA 92660				2,08
· · · · · · · · · · · · · · · · · · ·				
			GOOTAL CERVICES	
CHILD CREATIVITY LAB	NONE	PC	SOCIAL SERVICES	
1815 E. WILSHIRE AVENUE, SUITE 906 SANTA ANA, CA 92705				10,00
Total from continuation sheets	<u>. </u>	•		1,139,76

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor PC HEALTH CHRISTOPHER AND DANA REEVE FOUNDATION 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 3,000. COMMUNITY PARTNERS NONE PC HEALTH 1000 NORTH ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012 20,000. COMMUNITY SENIORSERV NONE РC SOCIAL SERVICES 1200 N. KNOLLWOOD CIRCLE 1,500. ANAHEIM, CA 92801 PC HEALTH CYSTIC FIBROSIS FOUNDATION NONE 2150 TOWNE CENTRE PLACE, SUITE 120 1,000. ANAHEIM, CA 92806 PC HEALTH EMORY UNIVERSITY NONE 1440 CLIFTON ROAD NE, SUITE 170 ATLANTA, GA 30322 5,000. FAMILIES FORWARD NONE PC SOCIAL SERVICES 9221 IRVINE BLVD. IRVINE, CA 92618 10,000. FAMILY MEDICINE EDUCATION CONSORTIUM NONE PC HEALTH 7795 RAINTREE ROAD 15,800. DAYTON, CA 45459 NONE PC SOCIAL SERVICES FOSTER CARE AUXILIARY OF ORANGE COUNTY 333 SOUTH BROOKHURST STREET 10,000. ANAHEIM, CA 92804 RELIGIOUS FRIENDS OF IR DAVID PC NONE 1300 FLATBUSH AVENUE 50,000. BROOKLYN, NY 11210 PC HEALTH NONE GIVE A SMILE 1811 WEST KATELLA AVE, SUITE 111 10,000. ANAHEIM, CA 92804 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) recipient or substantial contributor GLOBAL GRINS NONE PC HEALTH 2102 BUSINESS CENTER DRIVE IRVINE, CA 92612 1,000. GLOBAL LYME ALLIANCE NONE PC HEALTH 1290 EAST MAIN STREET, 3RD FLOOR STAMFORD, CT 06902 1,000. GOALS NONE PC SOCIAL SERVICES 1170 N LA PALMA PARK ANAHEIM, CA 92801 29,000. GRANTMAKERS OF EDUCATION NONE PC EDUCATION 720 SW WASHINGTON ST SUITE 605 PORTLAND, OR 97205 250. HARBOR VIEW PARENT FACULTY NONE PC EDUCATION ORGANIZATION 900 GOLDENROD AVENUE 3,000. CORONA DEL MAR, CA 92626 HILLEL AT UCLA NONE PC RELIGIOUS 574 HILGARD AVENUE LOS ANGELES, CA 90024 25,000. INNOVATE + EDUCATE NONE PC EDUCATION PO BOX 9919 4,300. SANTA FE, NM 87504 JEWISH COMMUNITY FOUNDATION NONE PC RELIGIOUS ONE FEDERATION WAY, SUITE 210 5,000. IRVINE, CA 92603 JEWISH FEDERATION & FAMILY OF OC NONE PC RELIGIOUS 1 FEDERATION WAY, SUITE 210 IRVINE, CA 92603 2,500. РÇ RELIGIOUS JEWISH FUNDERS NETWORK NONE 150 WEST 30TH STREET, SUITE 900 NEW YORK, NY 10001 4,200. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				T
Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		
JUVENILE DIABETES RESEARCH FOUNDATION	NONE	PC	HEALTH	
8 HICKORY FORK				
COTO DE CAZA, CA 92679		-		500
KAISER WOODLAND SCHOOLS FOUNDATION	NONE	PC	EDUCATION	
PO BOX 11333				
COSTA MESA, CA 92627				1,000
KIDSWORKS	NONE	PC	SOCIAL SERVICES	
1902 W. CHESNUTS AVE. SANTA ANA, CA 92703				515.
			GOOTAL OPPUTORS	
LAND OF THE FREE FOUNDATION	NONE	PC	SOCIAL SERVICES	:
13191 CROSSROADS PARKWAY NORTH, 6TH FLOOR CITY OF INDUSTRY, CA				
91746-3497				20,000
		_	-	
LONG BEACH OPERA	NONE	PC	ARTS	
507 PACIFIC AVE				
LONG BEACH, CA 90802				10,000.
LOS ANGELES POLICE FOUNDATION	NONE	PC	SOCIAL SERVICES	
633 W. 5TH STREET, SUITE 960				
LOS ANGELES, CA 90071				5,000.
MARCONI FOUNDATION FOR KIDS	NONE	PC	SOCIAL SERVICES	
1302 INDUSTRIAL DRIVE TUSTIN, CA 92780				6,500.
MUZEO FOUNDATION	NONE	PC	ARTS	
241 SOUTH ANAHEIM BLVD.				
ANAHEIM, CA 92805				2,000.
MY GOOD DEED	NONE	PC	SOCIAL SERVICES	
5151 CALIFORNIA AVE, SUITE 100				
IRVINE, CA 92617		-	-	200,
			<u></u>	
NATIONAL ACADEMY OF SCIENCES	NONE	PC	HEALTH	
500 FIFTH STREET, NW WASHINGTON DC 20001				15,000
WASHINGTON, DC 20001 Total from continuation sheets	<u> </u>	<u> </u>		25,500

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PC ARTS NEWPORT BEACH ARTS FOUNDATION NONE PO BOX 11325 NEWPORT BEACH, CA 92658 10,000. PC SOCIAL SERVICES NEXT UP FOUNDATION NONE 311 EAST BROADWAY ANAHEIM, CA 92805 10,000. OCSA FOUNDATION NONE PC EDUCATION 1010 N. MAIN STREET 25,000. SANTA ANA, CA 92701 ONEOC NONE PC SOCIAL SERVICES, EDUCATION 1901 E FOURTH STREET, SUITE 100 10,000. SANTA ANA, CA 92705 PC HEALTH OPEN EYE PICTURES, INC NONE 119 PAUL DRIVE, SUITE A SAN RAFAEL, CA 94903 20,000. HEALTH PAST FOUNDATION NONE PC 1003 KINNEAR ROAD COLUMBUS, OH 43212 42,708. POPULATION SERVICES INTERNATIONAL NONE PC HEALTH 1120 19TH STREET NW, SUITE 600 336,629. WASHINGTON, DC 20036-3605 PROGRAM FOR TORTURE VICTIMS NONE PC SOCIAL SERVICES 3550 WILSHIRE BLVD., STE 1906 15,000. LOS ANGELES, CA 90010 RELIGIOUS NONE PC QUAN AM BUDDHIST MEDITATION 12670 18TH STREET 1,000. REDLANDS, CA 92373 NONE PC SOCIAL SERVICES REACHING YOUTH THROUGH MUSIC **OPPORTUNITIES** PO BOX 1206 ANAHEIM, CA 92815 10,000. Total from continuation sheets

3 Grants and Contributions Paid During the	fear (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
SENECA FAMILY OF AGENCIES	NONE	PC	SOCIAL SERVICES	
233 S. QUINTANA DRIVE				5 00
ANAHEIM, CA 92807	_			5,000
SOCIETY FOR SCIENCE & THE PUBLIC	NONE	PC	EDUCATION	
1719 N. STREET NW	HONE		2200112011	
WASHINGTON, DC 20036				25,000
SOUTHERN CALIFORNIA GRANTMAKERS	NONE	PC	EDUCATION	
1000 NORTH ALAMEDA STREET, SUITE 230				
LOS ANGELES, CA 90012				8,167
COUNTRIES ON TRODUCE DANGE OF BARRIO	NONE	PC	ARTS	
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S. RAYMOND AVE	HOME		and 5	
PASADENA, CA 91105				1,000
SOUTHERN SYNCHRO SKIERS	NONE	PC	SOCIAL SERVICES	
PO BOX 3200				
TELLURIDE, CO 81435				5,000
ST. MARGARET OF SCOTLAND EPISCOPAL	NONE	PC	EDUCATION	
SCHOOL				
31641 LA NOVIA AVE.				25 00
SAN JUAN CAPISTRANO, CA 92675				25,000
STARS AND STRIPES CHILDREN'S	NONE	PC	SOCIAL SERVICES	
FOUNDATION				
PO BOX 7572 LAGUNA NIGUEL, CA 92067				1,050
THANG LONG YOUTH EDUCATION GROUP	NONE	PC	SOCIAL SERVICES	
11642 DORADA AVE	,			
GARDEN GROVE, CA 92840				1,000
TUD "4020" GVVD	NONE	D.C.	PET TOTOUS	
THE "1939" CLUB 8950 W OLYMPIC BLVD, SUITE 437	NONE	PC	RELIGIOUS	
BEVERLY HILLS, CA 90211				650
THE NATIONAL ACADEMY OF ENGINEERING	NONE	PC	EDUCATION	
500 FIFTH STREET-NW				10,00
WASHINGTON, DC 20001 Total from continuation sheets	<u> </u>	1		10,30

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) recipient or substantial contributor TIDES CENTER NONE PC HEALTH PO BOX 29907 SAN FRANCISCO, CA 94129 25,000. UCI FOUNDATION NONE PC EDUCATION 1034 HEWITT HALL IRVINE, CA 92697-5850 20,000. VISIT ANAHEIM CARES NONE PC SOCIAL SERVICES 2099 S. STATE COLLEGE BLVD., SUITE 600 50,000. ANAHEIM, CA 92806 VOCATIONAL VISIONS PC SOCIAL SERVICES NONE 26041 PALA MISSION VIEJO, CA 92691 25,000. NONE PC SOCIAL SERVICES WISEPLACE 1411 N. BROADWAY SANTA ANA, CA 92706-3904 10,000. YOUTH LEADERSHIP INCUBATOR, INC DBA NONE PC EDUCATION HACK+ 40211 DOLERITA AVE FREMONT, CA 94539-3015 1,000. Total from continuation sheets

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year ADMINISTRATORS OF THE TULANE NONE HEALTH EDUCATION FUND 1555 POYDRAS ST. STE #1000 NEW ORLEANS, LA 70112 10,000. ALTRUSA INTERNATIONAL OF ANAHEIM NONE PC SOCIAL FOUNDATION PO BOX 8468 ANAHEIM, CA 92812 5,000. AMERICAN ACADEMY OF ARTS & SCIENCES NONE PC EDUCATION 136 IRVING STREET 5,000. CAMBRIDGE, MA 02138-1996 AMERICAN COLLEGE OF PERIOPERATIVE NONE PC HEALTH MEDICINE 3334 E COAST HIGHWAY #201 7,500. CORONA DEL MAR, CA 92625 AMERICAN RED CROSS NONE PC HEALTH 601 NORTH GOLDEN CIRCLE DR. 10,000. SANTA ANA, CA 92705 1,177,268. SEE CONTINUATION SHEET(S) ▶ 3a Total b Approved for future payment NONE Total Form **990-PF** (2018)

Part XVI-A	Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelated t	usiness income		by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	Amount	code	Alliount		
a	_		_			
ь	_					
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
Investments			14	654.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal					·	
property						
7 Other investment income		-				
8 Gain or (loss) from sales of assets other						
than inventory			18	-479.		
9 Net income or (loss) from special events		-				
O Gross profit or (loss) from sales of inventory					-	
1 Other revenue:						
a						
b						
C						
d	 - - - - - - - - -					
e	-					
2 Subtotal. Add columns (b), (d), and (e)		*	0.	175.		
3 Total. Add line 12, columns (b), (d), and (e)				13	17	
See worksheet in line 13 instructions to verify calculation	s.)					
			Evennt F)		
Part XVI-B Relationship of Activitie	es to the Accom	ipiisnment of	Exempt F	rurposes		
Line No. Explain below how each activity for which	income is reported in c	olumn (e) of Part XV	I-A contribute	d importantly to the accomp	lishment of	
▼ the foundation's exempt purposes (other)						
		*				

ruiii 99			OELI FOUNDATIO				33 0730			igo io
Part	XVII	Information Re Exempt Organ		sfers to a	nd Transactions a	nd Relationsh	nips With Nonch	aritable	•	
1 Di	the or			of the followin	ng with any other organization	on described in secti	ion 501(c)		Yes	No
					g to political organizations?		, ,			
•		from the reporting found								
	Cash				3			1a(1)		х
•	Other	assets						1a(2)	_	х
•		sactions:						<u> </u>		
		of assets to a noncharita	ible exempt organizat	tion				1b(1)		x
•		ases of assets from a no						1b(2)	+	х
•		l of facilities, equipment,		n gamzation				1b(3)	_	x
•		oursement arrangements						1b(4)	1	х
•		or loan guarantees	ı					1b(5)	_	х
•		rmance of services or me	ambarchia ar fundrau	eina ealieitatia	nne			1b(6)	_	х
•		facilities, equipment, ma	•	_				16	_	X
	-		-		edule. Column (b) should al	wave chow the fair o	narket value of the good		eate	
					ed less than fair market valu				JU13,	
) the value of the goods,				to in any transaction	or sharing arrangemen	, 3110W III		
(a)Line r		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, a	ind sharing a	rrangeme	ents
(a)cine i	-	(b) Amount involved	(c) Name of	N/A	- CACITIFE OF GAMEATION	(a) Description	- or transfers, transactions, t	and sharing a	mangome	
	+			N/A		-				
	-					+				
	+-								_	
	_									
		•	.							
	-									
	-					+				
			 -							
	+									
	+									
										
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			•		or more tax-exempt organi	izations described			T.	٦.,,
		501(c) (other than sectio		ction 5277				Yes	L <u>A</u> .	_l No
b _lf"	Yes," co	mplete the following sch			(h) Tune of propagation	1	(a) Decorrection of relativ	nchin		
		(a) Name of org	janization		(b) Type of organization		(c) Description of relation	nisnip		
		N/A								
							·			
	I Dade		(b) I ble a suppose the	o satura unalizatio	g accompanying schedules and	statements and to the	hest of my knowledge			
0:	and be	penalties for perjury, I declare lief, it is true, correct, and our	mat i nave examined the	eparer (other tha	in taxpayer) is based on all inforc	nation of which prepare	r has any knowledge	May the IRS return with the	discuss ne prepar	(his rer
Sign Here		- // // // /X	(1112_1		I Ulilia			shown belov	v? See in	str
Here	Curr	1 muy	100		<u> </u>	. <i>I</i>	Y & TREASURER	X Yes	s L	J No
	Sign	atur# of officer or trustee		I Dropperate a	Date /	Title	Check if PT	N		
		Print/Type preparer's na	ате	Preparer's s	agnature	Date		IIV		
D-:-				(+}	(J)	03/25/19	self- employed	0040456	-	
Paid		BRIAN YACKER			<u> </u>			00401346	•	
Prep		Firm's name YH AI	DVISORS, INC.				Firm's EIN ► 45-3	269313		
Use	Uniy	E male adds -					-			
		Firm's address 🕨 775	5 CENTER AVENT	UE SUITE	1225		I			

823622 12-11-18

HUNTINGTON BEACH, CA 92647

Form **990-PF** (2018)

Phone no. 310-982-2803

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

Employer identification number

	THE	SAMUELI FOUNDATION	33-0758237
Organizat	tion type (check o	ne)	-
Filers of:		Section:	
Form 990	or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990-	.PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	•
	,	501(c)(3) taxable private foundation	
•	•	covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
General R	Rule		
		i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special R	ules		
s a	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amouline 1 Complete Parts I and II	or 16b, and that received from
y p	ear, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the c	ational purposes, or for the
y Is p	rear, contributions s checked, enter h ourpose Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled meter the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it refer to contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it mus	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization	Employer identification number
THE SAMUELI FOUNDATION	33-0758237

THE SAMU	ELI FOUNDATION		0738237
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	H&S INVESTMENTS L.P. 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625-1941	\$1,550,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HS MANAGEMENT L.P. 2101 E. COAST HIGHWAY, SUITE 300 CORONA DEL MAR, CA 92625-1941	\$436,530.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

823452 11-08-18

Name of organization

Employer identification number

THE SAMUELI FOUNDATION

33-0758237

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	5,415 SHARES TWILIO INC	\$\$	08/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	· (d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of o	rganization				Employer identification number
THE SAMU	JELI FOUNDATION				33-0758237
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$1,0	line entry. For a	raanizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	-	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift	<u> </u>	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
			_		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a			elationship of tra	nsferor to transferee

FORM 990-PF GAIN	OR (LOSS)	FROM SA	LE O	F AS	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY					ANNER QUIRED	DA ACQU		DATE S	SOLD
5415 SHARES TWILIO INC			•	DOI	ATED	08/3	0/18	08/31	L/18
	(C)	(D		-	(E)			(F)	
	ALUE AT E OF ACQ.	EXPEN SA		F'	DEPRE	c.	GAIN	OR LOS	ss
436,051.	436,530.			0.		0.			-479.
CAPITAL GAINS DIVIDENDS FRO	M PART IV				_				0.
TOTAL TO FORM 990-PF, PART	I, LINE 6A								-479.
FORM 990-PF INTEREST ON SA	.,,	(A)			(B)			TEMENT	2
SOURCE		EVENUE R BOOKS		NET	INVEST	WENT		DJUSTEI T INCON	
INTEREST INCOME		6	54.			654.			
TOTAL TO PART I, LINE 3	=	6	54. ====================================			654.			
FORM 990-PF	LE	GAL FEE	S				STA	TEMENT	3
DESCRIPTION	(A) EXPENSE PER BOO		(B) INV T IN		AD.	(C) JUSTE INCO		(D) CHARITA PURPOS	
LEGAL FEES	21	,091.		5,27	3.			8	,437.
TO FM 990-PF, PG 1, LN 16A	21	,091.		5,27	3.			8	,437.
r					== ====				

FORM 990-PF	ACCOUNTI	ratement 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,500.	1,625.		2,600.
TO FORM 990-PF, PG 1, LN 16B	6,500.	1,625.		2,600.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING FEES MANAGEMENT FEES	122,195. 12,000.			122,195.
TO FORM 990-PF, PG 1, LN 16C	134,195.	4,800.		122,195.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAX FEDERAL TAX STATE TAX TAXES & LICENSES PROPERTY TAXES	23,853. 1,677. 10. 170. 36.	0. 0. 0. 0.		19,082. 0. 0. 0.

STATEMENT

8

FORM 990-PF	OTHER E	XPENSES		ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE	15,634.	0.		0.
TELEPHONE AND INTERNET	13,675.			6,975.
INSURANCE	6,860.			0.
PAYROLL PROCESSING	2,766.	0.		2,213.
DUES AND SUBSCRIPTIONS	1,300.	0.		1,300.
POSTAGE	1,185.	0.		0.
BENEFIT PLAN ADMINISTRATION	1,103.	0.		882.
CUSTODIAL FEES	500.	0.		250.
BANK FEES	59.	59.		0.
TO FORM 990-PF, PG 1, LN 23	43,082.	59.	-	11,620.

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
SOFTWARE - WEBSITE	14,700.	14,700.	0,	0.
SOFTWARE - IOS APP	6,000.	6,000.	0.	0.
GRANTMAKING WEBSITE	3,500.	3,500.	٠ 0.	0.
GRANTMAKING WEBSITE	3,695.	3,695.	0.	0.
LAPTOP	1,273.	1,238.	35.	35.
LAPTOP	1,205.	1,172.	33.	33.
LAPTOP	1,081.	841.	240.	240.
LAPTOP	2,652.	2,062.	590.	590.
LAPTOP	1,900.	950.	950.	950.
LAPTOP	2,437.	812.	1,625.	1,625.
TO 990-PF, PART II, LN 1	38,443.	34,970.	3,473.	3,473.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

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

NAME OF MANAGER

SUSAN SAMUELI HENRY SAMUELI .

REPORT	
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TION AND A	
EPRECIATION	
2018 DE	

FORM S	FORM 990-PF PAGE 1					6	990-PF						•
Asset	Description	Date Acquired	Method	Lıfe	C C No	Unadjusted Cost Or Basis	Bus Section 179 % Expense Excl	179 Reduction In Se Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	1 SOFTWARE - WEBSITE	01/11/08	TS	3.00	16	14,700.			14,700.	14,700.		0.	14,700.
12	2 (D)SOFTWARE - CRM	01/15/08	SI	3.00	16	10,800.			10,800.	10,800.		0.	10,800.
13	(D)SOFTWARE - CRM	01/15/08	SI	3.00	16	5,400.			5,400.	5,400.		0.	5,400.
14	4 (D)SOFTWARE - CRM	02/01/08	SL	3.00	16	5,400.	l l		5,400.	5,400.		0.	5,400.
15	(D)SOFTWARE - CRM	09/26/08	SL	3.00	16	8,615.			8,615.	8,615.		0	8,615.
18	8 SOFTWARE - IOS APP	12/01/12	SL	3.00	16	6,000.			6,000.	6,000.		0	6,000.
32	2 GRANTMAKING WEBSITE	09/30/13	SL	3.00	16	3,500.		:	3,500.	3,500.		0.	3,500.
33	3 GRANTMAKING WEBSITE	10/03/13	SL	3.00	16	3,695.			3,695.	3,695.		0	3,695.
55	5 LAPTOP	01/29/16	SL	3.00	16	1,273.			1,273.	814.		424.	1,238.
56	6 LAPTOP	02/24/16	SI	3.00	16	1,205.			1,205.	770.		402.	1,172.
57	7 LAРТОР	08/23/16	SL	3.00	16	1,081.			1,081.	481.		360.	841.
58	8 LAPTOP	09/12/16	SL	3.00	91	2,652.			2,652.	1,178.		884.	2,062.
69	9 LAPTOP	07/21/17	SL	3.00	16	1,900.			1,900.	317.	:	633.	950.
80	0 LAPTOP	03/28/18	SL	3.00	91	2,437.			2,437.			812.	812.
_	* TOTAL 990-PF PG 1 DEPR	:				.839,89			.83,658.	61,670.		3,515.	65,185.
								!					:
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE					66,221.		0	. 66,221.	61,670.			64,373.
828111	828111 04-01-18					(D) - Asset disposed	pesc		* ITC, Salvage,	Bonus, Comn	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

32

(D) - Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

Acquired Method Life % No Cost Or Bass S % Expense Basss Depreciation Acquired Secrity Devication Expense Devication Expense S % S % S % S % S % S % S % S % S % S	Asset	FORM 990-PF PAGE 1	Date		1	_			Section 179	* Reduction In	Basis For	Beauming	Current	Current Year	Fodina
10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 10085 1008	1	Description	Acquired	Method	Life	0c>	to Cost Or Basis	Excl	Expense	Basis	Depreciation	Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation
NACE	}	ACQUISITIONS				į	2,437.			0.	2,437.	0.			812.
K VALUE K V		DISPOSITIONS				1				0.	30,215.				
WADER LESS K VALUE S 4.970 S 4.970 S 5.970		ENDING BALANCE					38,443.			0.	38,443.	31,455.			34,970.
		ENDING ACCUM DEPR LESS ISPOSITIONS										970			
		ENDING BOOK VALUE										3,473.			
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33

(D) - Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone