•	. ·
	<u> </u>
Form	990-PF
1 (1)	330-i i
<u> </u>	
Denorte	nent of the Treasury

**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.





Ī	For c	alen	dar year 2019 or tax year beginning	<del></del>	, and ending		
•	Nam	e of	foundation			A Employer identification	number
			) }				
			PREUSS FAMILY FOUNDATI			33-0229180	
			nd street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
			3 AVENIDA DE LA PLAYA S		_ <del></del> _	(858)454-0	
			own, state or province, country, and ZIP or foreign p JOLLA, CA 92037	ostal code		C if exemption application is p	ending, check here
			JOLLA, CA 92037  all that apply: Initial return	In trail return of a fe	same auble abacht	D 1 Fareign accommens	a bask bara
	<b>u</b> (	HELK	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	eting the 85% test,
•	H CI	heck	type of organization: X Section 501(c)(3) ex		( A	E If private foundation sta	
		_		Other taxable private founda	ation UK	under section 507(b)(1)	
•	l Fa	r ma	arket value of all assets at end of year   J   Accounti	ng method: X Cash	Accrual	F. If the foundation is in a	• ••
	•			her (specify)		under section 507(b)(1)	
	<u></u>		! 235,353. (Part I, colun	nn (d), must be on cash bas	is.)		
1	Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
١.	- 1	_		77,834.	income		(cash basis only)
	-	2	Contributions, gifts, grants, etc., received  Check  dithe foundation is not required to attach Sch. 8	77,034.		N/A	<b> </b>
		2	Check \ In the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments.	14.	14.		STATEMENT 1
		4	Dividends and interest from securities	1,537.	,537.	<del> </del>	STATEMENT 2
ij	ì	5a	Gross rents				
707		b	Net rental income or (loss)				
ව		6a	Net gain or (loss) from sale of assets not on line 10	400,12			
<b>⊣</b>	Revenue	b	Gross sales price for all assets on line 6a 448,033.				
IA IA	ě	7	, , ,		400,119.		
È	-	8	Net short-term capital gain				<u> </u>
<b>a</b>		9	Income modifications Gross sales less returns		<del></del>		<b> </b>
<u>II</u>	1		and allowances				
Ş	]		Less Cost of goods sold Gross profit or (loss)			<del> </del>	<del>}</del>
SCANIE OF	1	11	Other income				<del> </del>
X	ı	12	Total. Add lines 1 through 11	479,504.	401,670.		
		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	ļ	14	Other employee salaries and wages				
	ဖွ	15	Pension plans, employee benefits				
	pense	l .	Legal fees STMT 3	464.	0.		464.
	per		Accounting fees STMT 4	1,325.	795.	ļ <u></u>	530.
	e Ex		Other professional fees STMT 5	893.	893.		0.
	Operating and Administrative	18	Interest Taxes STMT 6	4,817.	0.	<del> </del>	135.
Y	stra	19	Depreciation and depletion	4,017.	<u> </u>	<del></del>	133.
,	Ē	20	Occupancy	<del></del>		<del></del>	<del> </del>
١.	Adr	21	Travel, conference's, and meetings	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>	<del> </del>
-	2	22	Printing and publications		<del></del>	!	<del>                                     </del>
	e St	23	Other expenses	ļ		<del>                                     </del>	<del> </del>
	aţi	24	Total operating and administrative				
<b>)</b>	ber		expenses. Add lines 13 through 23	7,499.	1,688.		1,129. 448,076.
	O		Contributions, gifts, grants paid	448,076.			448,076.
		26	Total expenses and disbursements.	455 575	1 600		440 005
		0~	Add lines 24 and 25	455,575.	1,688.		449,205.
		Į.	Subtract line 26 from line 12.	23,929.		j	
		•	2 Excess of revenue over expenses and disbursements  D Net investment income (if negative, enter -0-)	43,343.	399,982.	<del> </del>	<del> </del>
			C Adjusted net income (if negative, enter -0-)		333,302.	N/A	<del> </del>
•	9235	_	2-17-19 LHA For Paperwork Reduction Act Notic	ce, see instructions.	<del></del>		Form <b>990-PF</b> (2019)
		•		,	1	926	

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	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	1,755.	2,573.	2,573.
	2	Savings and temporary cash investments	4,772.	3,463.	3,463.
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶			
	]	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less, allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	4,092.	28,512.	229,317.
	C	Investments - corporate bonds			L
	11	Investments - land, buildings, and equipment basis			
	Ì	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	Ì	Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	10,619.	34,548.	235,353.
	17	, and the paper of			
	18	Grants payable			
les	19	Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable		<u> </u>	ļ
_	22	Other liabilities (describe			
		Total Pak Pak Paka (and house 47 through 60)		,	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
	l	Foundations that follow FASB ASC 958, check here			
alances		and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions			]
Jan	24	Net assets with donor restrictions  Net assets with donor restrictions	<u></u>	<u> </u>	
œ	25	Foundations that do not follow FASB ASC 958, check here	<del></del>	<u></u>	
'n	]	and complete lines 26 through 30	ĺ		ļ l
Ţ	26	Capital stock, trust principal, or current funds	0.	0.	
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund	28	Retained earnings, accumulated income, endowment, or other funds	10,619.		
Ž	29	Total net assets or fund balances	10,619.		<del> </del>
Ž	-	Total not assets of this servines	20,0130	31/310.	<del> </del>
	30	t Total liabilities and net assets/fund balances	10,619.	34,548.	<u> </u>
_				32/323	<del></del> .
F	art	Analysis of Changes in Net Assets or Fund	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), lin	e 29		<del></del>
		st agree with end-of-year figure reported on prior year's return)		1	10,619.
2		r amount from Part I, line 27a		2	23,929.
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	34,548.
5		reases not included in line 2 (itemize)		5	0.
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 29	6	34,548.
					Form <b>990-PF</b> (2019)

(a) List and describe th	nd Losses for Tax on Ine kind(s) of property sold (for example to see the common stock, 200 sheet and the common stock, 200 sheet are common s	mple, real estat		(b) How acquire P - Purchase D - Donation	1 (*/	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
a SALE OF PUBLICL	Y TRADED SECURI	TIES		D	VA	RIOUS	12/31/19
)							
<u> </u>							<b>_</b>
							<del> </del>
	(f) Depreciation allowed	(a) Cos	t or other basis			(h) Gain or (loss	
(e) Gross sales price	(or allowable)		xpense of sale		((e	) plus (f) minus	
448,033.	<del></del>	<del> </del>	47,91	4.			400,119
1							
		1	10.77.100				
Complete only for assets showing	<del></del>					ins (Col. (h) gair , but not less tha	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		L(	osses (from col.	(h))
. !		——————————————————————————————————————	(//,)	<del></del>			400,119
		<del>                                     </del>					100,223
· · ·							
Capital gain net income or (net cap	If gain, also ente If (loss), enter -C			2			400,119
Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c		nd (6):					
If (loss), enter -0- in Part I, line 8				3		_ N/A	<b>A</b>
Qualification Ur	nder Section 4940(e) for		on Net	Investmen	t Incor	ne	
as the foundation liable for the secti Yes," the foundation doesn't qualify Enter the appropriate amount in ea	under section 4940(e not coi	n te this par	t.				Yes 🗓 N
(a) 1	(D)	e aucuons de	Tote making any e	(c)	<del></del>	<del></del>	(d) ibution ratio
Base periód years Calendar year (or tax year beginnin		stributions	Net value of no	ncharitable-use	assets	Distr (co), (b) d	ibutión ratio ivided by col. (c))
2018		10,338.		86,	723.	(55 (5) 5	4.73159
2017	37	76,144.		176,	111.		2.13583
2016		55,380.			339.		1.92976
2015		14,178.		394,			1.05052
2014		79,190.	<u> </u>	359,	079.		1.05600
Takal at land a column (d)							10 0027
Total of line 1, column (d)  Average distribution ratio for the 5	-veer hace period - divide the total	on line 2 by F	O or by the numb	ne of waren	}	2	10.90372
the foundation has been in existen		on line 2 by 5.	o, or by the numb	er of years		3	2.1807
life foundation has been in existen	cc ii icaa man a yeara				}	<del>-  </del>	2.1007
Enter the net value of noncharitable	e-use assets for 2019 from Part X	, line 5				4	108,21
1	·	•			Ì		<del></del>
Multiply line 4 by line 3						5	235,99
Enter 1% of net investment incom	e (1% of Part I, line 27b)				ļ	6	4,00
Add lines E d O						_	220 00
Add lines 5 and 6						7	239,99
Enter qualifying distributions from	Part XII line 4					8	449,20
If line 8 is equal to or greater than		e 1h, and com	niete that nart use	nn a 1% tav rato	١		120,20
See the Part VI instructions.	r, orroom the box in rate vi, iiii	, and coll	pioto mat part usii	.g w 1/0 tath late.	•		
23521 12-17-19							Form <b>990-PF</b> (2

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Form	990-PF (							NDATION					-0229			age 4
Pai	Æ VI	Excise	Tax Ba	sed on Ir	nvest	ment In	come	(Section 494	0(a), 4	4940(b), 4	1940(e), or	4948	- see	nstru	ction	is)
1a	Exempt o	perating fou	ndations d	escribed in s	section	4940(d)(2),	check he	ere 🕨 🔲 and e	nter "N/A	A" on line 1	)	$\top$				1
	Date of ri	uling or dete	rmination l	etter.			(attach	copy of letter if ned	essary-	-see instructi	ions)		1			
b	Domestic	foundation	that meet					rt V, check here				1			4,00	<u> </u>
	of Part I,	line 27b				•							1			
C.	All other	domestic for	indations e	enter 2% of I	line 27b	. Exempt fo	reign org	anizations, enter 49	6 of Par	t I, line 12, co	ol. (b)					- 1
			Į.					oundations only, of			, , ,	2	1			0.
	Add lines		<b>!</b> `		, ,,	•			•	•		3			4,00	<del>50.</del>
4	Subtitle /	A (income) ta	, ix (domest	ac section 49	947(a)(	1) trusts and	d taxable	foundations only; o	thers, e	nter -0-)		4	1		<u> </u>	0.
						-		less, enter -0-	,	• /		5	<del> </del>		4,00	50.
		ayments.	1									<u> </u>	T		•	
		-	l avments ar	nd 2018 ove	rnavme	ent credited :	to 2019		6a	1	4,000		1			1
				tax withheld			.0 _0 .0		6b	<del>                                     </del>	0		1			ļ
	-		1	ension of tim			(8)		6c	<del>                                     </del>	0		1			1
		withholding e				· (	,,,		6d	<del>                                     </del>			1			- 1
		_	1	d lines 6a thr	rough 6	.d						7			4,0	<del>~~</del>
			1		-		ore 🗀	if Form 2220 is atta	chad			8	+		-,0	0.
			1	nd 8 is more					CICO		_	9	+			0.
			*			-		amount overpaid				10	+			<u> </u>
			1	e: Credited 1		•		amount decipate			Refunded					
				Regardi					_		Relatioed					
								, state, or local legis	elation o	r did it partic	nate or intense	20 10		7	Yes	No
		ical campaig	1	iodilon diton	npr to n	muonec unj	riacional	, state, or local legit	SIALIC	n did it partic	ipate of filterve	116 111		1a	.00	X
			1	iring the yea	r /oitho	r directly or	indirectly	) for political pures		a the incleue	tions for the de	finition		1b		X
			,			-	-					шишон		-"		
			1				i oi me at	ctivities and copies	Urang	teriais hani	แรกยน บเ			}		1
				connection 20-POL for t												X
			ı				4055)							1c		<del>^</del>
a			2		expena				e year.		,	) .				1
_		the foundation					(2) On	o ni ver				<u>.</u>				
			nent (ii any		e 100110 <b>) .</b>	ation ouring	ine ar	for pon expend	iiture tax	x imposed on	toungation				1	1
	manage		1					41	000					<u> </u>		$\frac{1}{x}$
				any activities			usly	ed to the	HSV					2		
				ption of the a												! <b>1</b>
								RS, in its governing	instrum	ient, articles (	of incorporation	1, or				لـــا
	_					<b>\</b>	_	of the changes	_					3	<u> </u>	X
			1		-		1,000 or	more during the ye	ary				/ .	4a	<b> </b>	X
				on Form 990					_				N/A	4b	<u> </u>	
								ion during the year	7					5		X
	-		ì	quired by Ge										1		- 1
6		-	1		•	sections 49	41 throu	gh 4945) satisfied (	either:							i I
	-		-1	ınstrument,										Ì		1
	-	-	l l		s the go	overning ins	strument :	so that no mandato	th qitec.	tions that cor	offict with the s	tate law				
		n the govern	ř											6	X	L
7	Did the f	foundation h	ave at least	t \$5,000 in a	issets a	t any time d	uring the	year? If "Yes," com	piete Pa	art 11, col. (c),	and Part XV			7	Х	<u></u>
			i											-	ŧ .	<b>!</b> !
8a			hiệh the fo	undation rep	orts or	with which	it is regis	tered. See instructi	ons. 🕨	<b>`</b>					1	
	CA,		1											1	1	
b			1					orm 990-PF to the	Attorney	y General (or	designate)				<b> </b>	
				eneral Instru										8b	X	
9	is the fo	undation cla	iming stati	us as a privat	te opera	ating founda	ation with	in the meaning of s	ection 4	1942(j)(3) or	4942(j)(5) for (	calendai				
	year 20	19 or the tax	year begin	ınıng ın 2019	97 See	the instructi	ons for P	art XIV. If "Yes," co	mplete F	Part XIV				9	<u> </u>	X
10	Did any	persons bed	ome subst	antial contri	butors	during the t	ax year?	if "Yes," attach a schei	dule listin	g their names a	nd addresses			10		X
			ļ					·					F	orm <b>99</b>	0-PF	(2019)

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Pa	art VII-A   Statements Regarding Activities (continued)			
		]	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>X</u>
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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	X	
	Website address ► N/A	4 = 4	~~	~~
14		454		
	Located at ► 2223 AVENIDA DE LA PLAYA, LA JOLLA, CA ZIP+4 ►92	037	-34	<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	<b>/</b> 3▶	لـــا
40	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
10	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	-	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			
D,	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>	<u> </u>	
<u></u>	File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year, did the foundation (either directly or indirectly).		163	140
.,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	(		1 1
	a disqualified person? Yes X No	i I		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		] ]
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		•	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1	}	
	for the benefit or use of a disqualified person)?		1	1 1
	(6) Agree to pay money or property to a government official? (Exception. Classification)			
	if the foundation agreed to make a grant to or to employ the official for a personal error.	1	1	1
	termination of government service, if terminating within 90 days	1	1	1 1
(	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify order the expetions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See in ructions	1b		X
	Organizations relying on a current notice regarding disastration stands are considered by the constraint of the constrai			
(	c Did the foundation engage in a prior year in any of the case described in 1a, other than excepted acts, that were not corrected	<u> </u>		
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does to appear or years the foundation was a private operating foundation	Ì		
	defined in section 4942(j)(3) or 4942(j)(5)):			] ]
1	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1		
	6d and 6e) for tax year(s) beginning before 2019?	}	1	1 1
	If "Yes," list the years ,, ,,	l	ĺ	1 1
	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		<del> </del>	11
	statement - see instructions.)  N/A	2b	-	<b>-</b>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	Į.	
9	la Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			i
3	during the year? Yes X No			
	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	1	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 Form 4720,		ł	
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b		·
4	la Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	┼	x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1	+-	<del>                                     </del>
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	40	-	X
_			0-PF	(2019)
			•	,

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		ents Regarding Activi		orm 4/20 May Be H	equirea (continu	ied)	<del></del>	<del></del> _	<del></del>
5a During the y	ear, did the	foundation pay or incur any amo	ount to:				[`	Yes	No
	- 1	da, or otherwise attempt to influe	• ,	' ''		s 🗶 No 「	1	1	
(2) Influenc	e the outco	ome of any specific public election	n (see section 4955); or	to carry on, directly or indire			1	Į	
=	er registrat					s X No	1	į	
• •	· 1	an individual for travel, study, or			Ye	s X No	1	1	. 1
٠,	٠,	an organization other than a char	itable, etc., organization	described in section	( <del></del> )	I	- 1	.	. 1
· ·		e instructions			X Ye	s L No	1	Ì	
	- i	rpose other than religious, charit	able, scientific, literary, c	r educational purposes, or f		[ <del>2</del> ]	1	1	
	1	cruelty to children or animals?			<del>-</del>	s X No	ł	1	
		5a(1)-(5), did any of the transa			n Regulations	ļ.			<del>_</del>
		current notice regarding disaste					5b		X
-	7	n a current notice regarding disa	•			▶□	- 1		
		question 5a(4), does the founda	ition claim exemption tro	m the tax because it maintai		. — [	ı		
		lity for the grant?	-1 50 4045 5/4)		لیما ۱۹	es 🔲 No	1		
		ement required by Regulations se				1	1	1	
		ing the year, receive any funds, o	nrectly or indirectly, to p	ay premiums on	[	es 🗶 No	•		
a personal t	1		athe ar indicasthe an a a	range banasa anatanat?	L 16	S LALIND	6b	—₹	X
If "Yes" to 6		ring the year, pay premiums, dire	cuy or indirectly, on a pe	rsonai beneni comraci?		}			<u> </u>
		tax year, was the foundation a pa	rty to a prohibited tay sh	alter transaction?	□ v <sub>4</sub>	s X No	- 1		
-	- 1	tion receive any proceeds or have	• •			N/A	7b		
		ct to the section 4960 tax on pay	•				<del></del> -		
		nent(s) during the year?	monday or more than φ	,000,000 iii i di Ciloration oi		es 🗓 No	}		
Part Vill		ation About Officers, I	Directors, Truste	es. Feund tion Ma				·	
	Paid Ę	mployees, and Contra	ctors		, , , , , ,	•			
1 List all office	ers, dire	tors, trustees, and foundat	ion managers and th						
	\	(-) Nome and address	4	(b) e, and average how er week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	,   <sub>a</sub> (	e) Expo	ense
		(a) Name and address		to position	enter -0-)	and deferred compensation		allowar	nces
PETER G.				RELIDENT					
		DE LA PLAYA			_				
LA JOLLA		92037		1.00	0.	0	<u>.</u>		0.
PEGGY PE				ECRETARY	1				
		DE LA PLAYA		4 00	1	1			^
LA JOLLA	A, CA	92037		1.00	0.	0	ч		0.
	<del></del>								
					<b>}</b>	<b></b>	—		
<del></del>									
		<del></del>					i		
2 Compensa	tion of fiv	e highest-paid employees (	other than those inc	luded on line 1) If none	enter "NONE "	L	<del>ــــــ</del>		
		o inglicot pala omprojeca (	dire: dian those me	(b) Title, and average	Tone:	(d) Contributions to	$T_{1}$	(e) Exp	ense
(a) Nan	ne and add	ress of each employee paid more	than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s aò	ccount, allowa	, other
NO.	ONE			devoted to position	<del> </del>	compensation	╁	4110444	1003
		<del></del>				ļ	-		
				<del></del>	<del>                                     </del>	<del> </del>	+		
		<del></del>			<del> </del>		$\top$		
						Į	-		
<del></del>		<u> </u>			<del>                                     </del>	<del> </del>	+		
		<u> </u>				}	-		
		<u> </u>			<del>                                     </del>	<del> </del>	+		
					1				
Total number o	f other em	loyees paid over \$50,000		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	۲		0
						For	m <b>99</b> (	0-PF	(2019)
		1							

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Form **990-PF** (2019)

Part	Inform Paid	nation About Officers, Directors, Trustees, Foundation Managers, Highly imployees, and Contractors (continued)		
3 Five hig	hest-paid in	dependent contractors for professional services. If none, enter "NONE."		<del></del>
	(a) Na	me and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
	NONE			
				1
<del></del>				
				L
Total numb	er of others re	ceiving over \$50,000 for professional services		.[0
		nary of Direct Charitable Activities		
List the four	ndation's four	argest direct charitable activities during the tax year. Include relevant statistical information such as the nd other beneficiaries served, conferences convened, research papers produced, etc.	- [	Expenses
	N/A	ind other beneficialies served, conferences convened, research papers produced, etc.	<del></del>	_ <del></del>
1	N/A			
2		1	<del></del>	
			$\dashv$	
3			<del></del>	
`			-	
			7	
4				
			$\neg$	
<del></del>			ᅴ	
Part IX-	8 Summ	ary of Program-Related Investments		
Describe th	e two largest	rogram-related investments made by a unit of the tax year on lines 1 and 2.		Amount
1	N/A			
2				
		<u> </u>	_	
		ļ		
•	ogram-related	investments. See instructions.	į	
3				
		<del></del>		
		<del></del>		
		<del> </del>		
			+-	0.
Total, Add	lines 1 throi	ian 3	▶	U.

1	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, see	: instructions )
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	1a	103,954.
þ	Average of monthly cash balances	16	5,911.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	109,865.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	-	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	109,865.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,648.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	108,217.
6	Minimum investment return. Enter 5% of line 5	6	5,411.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here	and certain	
1	Minimum investment return from Part X, line 6	1	5,411.
2a	Tax on investment income for 2019 from Part VI, line 5		
þ	Income tax for 2019 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,000. 1,411.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,411.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line	7	1,411.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., es:		440 205
	Expenses, contributions, gifts, etc - total from Part I, column (d), line	1a	449,205.
þ		1b	<u>U•</u>
2	Amounts paid to acquire assets used (or held for use) directly in calculation out charge ble, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfied		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	440 205
4	Qualifying distributions. Add lines 1a through 3b. Enter increased and art V, line 8; and Part XIII, line 4	4	449,205.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 _ }	4 000
	income. Enter 1% of Part I, line 27b	5	4,000. 445,205.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	n qualifies for th	e section
	4940(e) reduction of tax in those years.		
	1		Form <b>990-PF</b> (2019)

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7		····		1,411.
2 Undistributed income, if any, as of the end of 2019	·		_	
a Enter amount for 2018 only		<del></del>	0.	
b Total for prior years:			ļ	
3 Excess distributions carryover, if any, to 2019:		0.		
	,			
a From 2014 367,022.				
b From 2015 402, 144.	•			
c From 2016 363,509.		•		
dFrom 2017 373, 402.	٩			,
eFrom 2018 413,766.				
f Total of lines 3a through e	1,919,843.		· · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2019 from				İ
Part XII, line 4: ►\$ 449,205.			_	
a Applied to 2018, 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 2019 distributable amount	···			1,411.
e Remaining amount distributed out of corpus	447,794.			
5 Excess distributions carryover applied to 2019 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,367, 37.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		[
c Enter the amount of prior years'		<del></del>		
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_	li .	
assessed		0.		<b>1</b>
d Subtract line 6c from line 6b. Taxable			]	
amount - see instructions		0.	<u> </u>	
e Undistributed income for 2018. Subtract line			_	
4a from line 2a. Taxablé amount - see instr	· · · · · · · · · · · · · · · · · · ·		0.	
f Undistributed income for 2019. Subtract			ļ	
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_		1	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014			1	
not applied on line 5 or line 7	367,022.			<u> </u>
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	2,000,615.		<u> </u>	<u></u>
10 Analysis of line 9:				
a Excess from 2015 402,144. b Excess from 2016 363,509.		1		
b Excess from 2016 363,509.				
c Excess from 2017 373, 402.		)		
d Excess from 2018 413,766.		1		
e Excess from 2019 447,794.		<u> </u>	<u> </u>	1

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Form **990-PF** (2019)

Part XV	Supplementary Information	on (continued)			
3 Grants an	d Contributions Paid During the	Year or Approved for Future i	Payment		
Nome	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	ind address (home or business)	or substantial contributor	recipient		
a Paid duni	ng the year				
			<u>'</u>		
SEE STATEME	NT C				
					448,076.
					_
				}	
	·				<del></del>
			) v		
			<del> </del>	<del></del>	<del></del>
			1		
				1	
Total	<u> </u>			<b>▶</b> 3a	448,076
	d for future payment				
					1
N	ONE				
	ļ			ļ	
		<del></del>	<del> </del>		
			ļ	Į.	
	ļ				
			<del> </del>	<del> </del>	<u>.                                    </u>
•					
			1	1	
Totai				▶ 3b	orm <b>990-PF</b> (2019

gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
rogram service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
l solvice revende.			-		
	<del> </del>		+ +	<del>-, -</del>	
	<del></del>				
Fees and contracts from government agence	ies				
lembership dues and assessments					
iterest on savings and temporary cash					
vestments	<u> </u>		14	14.	
ividends and interest from securities			14	1,537.	
et rental income or (loss) from real estate:		<del></del>			
Debt-financed property	\			<del>-</del> }	
Not debt-financed property	<del></del>				
et rental income or (loss) from personal					
roperty ther investment income	} <del>-</del>	<del></del>	_	<del></del>	<del></del>
ain or (loss) from sales of assets other	<del></del>		<del>\                                    </del>		
nan inventory		_ \	18	400,119.	
let income or (loss) from special events	<del>  </del>		1 10	400,1131	
ross profit or (loss) from sales of inventory			1	<del></del>	
ther revenue:	<del> </del>				
	]			Ì	
		11/			
·	——————————————————————————————————————	Jan	<del></del> -		
:	1 [ [ ]	11 🗸			
	<del></del>	<del></del>	+-+		<del></del>
. <del></del>		)) <u> </u>			
. <del></del>			0.	401,670.	
		)) *	0.	401,670.	401,67
subtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e)	culations.)	)) * 	0.		401,67
oubtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculated.	culations.)			13	401,67
oubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  at XVI-B  Relationship of Ac	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale  TREPARTMENT Relationship of Access to the columns of the columns o	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale  TREPARTMENT Relationship of Access to the columns of the columns o	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale at XVI-B Relationship of Ac e No. Explain below how each activity fo	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale at XVI-B Relationship of Ac e No. Explain below how each activity fo	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale  TREPARTMENT Relationship of Access to the columns of the columns o	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale  TREPARTMENT Relationship of Access to the columns of the columns o	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale  TREPARTMENT Relationship of Access to the columns of the columns o	etivities to the Acco	mplishment of	Exempt F	13	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cale  TREPARTMENT Relationship of Access to the columns of the columns o	etivities to the Acco	mplishment of	Exempt F	13	
inubtotal. Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  at XVI-B  Relationship of Ac  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	401,67
inubtotal. Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  at XVI-B  Relationship of Ac  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
cubtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  Relationship of Acc  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
inubtotal. Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  at XVI-B  Relationship of Ac  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
cubtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  Relationship of Acc  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
cubtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  Relationship of Acc  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  Relationship of Ac  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  Relationship of Ac  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	
cubtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calc  Relationship of Acc  e No. Explain below how each activity for	etivities to the Acco	mplishment of	Exempt F	13	

						33 0223 <u>240</u>
PERMIT	Information R	egarding Trans	fers to and	Transactions and	Relationships W	ith Noncharitable
	<b>Exempt Organ</b>				•	

1 Did the	organization directly or indire	ectly engage in any of the foll	owing with any other organization	described in section 501(c)	Yes No
(other ti	han section 501(c)(3) organi	zations) or in section 527, re	lating to political organizations?		
	rs from the reporting foundar	tion to a noncharitable exemp	ot organization of:		
(1) Cas		• • • • • • • • • • • • • • • • • • • •			1a(1) X
` '	ner assets				1a(2) X
<b>b</b> Other to	ansactions:				
	es of assets to a noncharitab				1b(1) X
(2) Pu	rchases of assets from a non	charitable exempt organizati	on		1b(2) X
	ntal of facilities, equipment, o	or other assets .			1b(3) X
(4) Rei	imbursement arrangements				1b(4) X
					1b(5) X
	rformance of services or mer				1b(6) X
	of facilities, equipment, mail				1c X
				ays show the fair market value of the goods,	
				in any transaction or sharing arrangement,	show in
	(d) the value of the goods, o	other assets, or services rece	ived.		
(a)Line no.	(b) Amount involved		itable exempt organization	(d) Description of transfers, transactions, and	sharing arrangements
		N/	Ά		
				<u> </u>	
				<del>  -</del>	
				-	
2a is the f	oundation directly or indirect	tly affiliated with, or related to	, one or more tax-exempt organiz	vations described	
	ion 501(c) (other than sectio		• •		Yes X No
	"complete the following sch				
<b>U</b> 11 163,	(a) Name of org		(b) Type of organization	(c) Description of relation	ship
	N/A	January 11	(D) Type or organization	(6) 000011 011 011 011	
	<del></del>				
	<del></del>	<del></del>			
110	nder penalties of deriury, ( declare	that Lave examined this return	including accompanying achadules and	statements, and to the best of my knowledge	
	d ballef, it is true correct, and co	mplete Declaration of preparer (of	ther than taxpayer) is based on all inform	nation of which preparer has any knowledge.	lay the IHS discuss this sturn with the preparer
Here	11/2	1 At	16/16/2020		hown below? See instr.
	Signature of officer or trustee	<del>.'//</del>		Title	X Yes No
	Print/Type preparer's n		Date rer's signature	Date Check if PTIN	
	Trimo type preparet Sitt	amo riepa	ioi a aignatuit	self- employed	•
Paid	WADN II W	MOD ON DOWN		l I	00735101
	MARY H. MC	GRUAKTY Origin	al Signed by Mary H. McGroarty	6/5/2020	
Prepare		IDSAY & BROWN	בחה' ההב	Firm's EIN ► 33-1	CEOCOOU
Use On		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1150	·
			SQUARE, SUITE	1150	EEODOOO
	L.	A JOLLA, CA 9	2037	Phone no. 858	
					Form <b>990-PF</b> (2019

## Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization		Employer identification number
	THE PREUSS FAMILY FOUNDATION	33-0229180
Organization type (check	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	DEOFILE
	4547(a)(1) Hollexempt chantable trust not treated as a private foundation	RECEIVED
	527 political organization	NOV 0 4 2020
Form 990-PF	501(c)(3) exempt private foundation	OGDEN, UT
	4947(a)(1) nonexempt charitable trust treated as a private foundation	, , ,
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	Rule See instructions
	tion filing Form 990, 990-EZ, or 990-PF the distributions to talk any one contributor. Complete Parts I and II. See it should be for determining a contribute	
	tion described in section 50 (3) filing rm 990 or 990-EZ that met the 33 1/3% support (i) and 170(b)(1)(A)(vi), that che at Section A (Form 990 or 990-EZ), Part II, line 13, 16	
any one contrib	utor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the ame EZ, line 1 Complete Parts I and II	
year, total conti	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro houtions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductively to children or animals. Complete Parts I, II, and III	_
year, contributions is checked, ent purpose Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled crimer the total contributions that were received during the year for an exclusively religion complete any of the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•
LHA For Paperwork Red	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF Schedu	ile B (Form 990, 990-EZ, or 990-PF) (2019)

· Name of organization

**Employer** identification number

THE	PREUSS	FAMILY	FOUNDATION
-----	--------	--------	------------

THE P	REUSS FAMILY FOUNDATION		-0229180
Part i	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$2,746.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$1,541.	Person Payroll Noncash X (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, S  LA JOLLA, CA 92037-3218	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, <b>Ext</b> ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$348.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$1,325.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)

Employer identification number

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Ine Pi	REUSS FAMILI FOUNDATION		-0229100
Cill.	Contributors (see instructions) Use duplicate copies of Part I if additional	Il space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$9,996.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220	\$ 5,500.	Person X Payroll
	LA JOLLA, CA 92037-3218		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SO  LA JOLLA, CA 92037-3218	\$1,723.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$4,496.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLLA, CA 92037-3218	\$610.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	PETER AND PEGGY PREUSS  2223 AVENIDA DE LA PLAYA, SUITE 220  LA JOLIJA, CA 92037-3218	\$389.	Person Payroll Noncash X (Complete Part II for noncash contributions)
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Employer identification number

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THE	PREUSS	FAMILY	FOUNDATION

THE P	REUSS FAMILY FOUNDATION	33	-0229180
Part !	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PETER AND PEGGY PREUSS		Person
	2223 AVENIDA DE LA PLAYA, SUITE 220	\$1,389.	Payroll X
	LA JOLLA, CA 92037-3218		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PETER AND PEGGY PREUSS		Person
i	2223 AVENIDA DE LA PLAYA, SUITE 220	\$4,283.	Payroll X
	LA JOLLA, CA 92037-3218		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
15	PETER AND PEGGY PREUSS		Person
	2223 AVENIDA DE LA PLAYA, STATE 228	\$3,230.	Payroll X
	LA JOLLA, CA 92037-3218		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, 22IP + 4	(c) Total contributions	(d) Type of contribution
16	PETER AND PEGGY PREUSS	.	Person
	2223 AVENIDA DE LA PLAYA, SUITE 220	\$	Payroll X
	LA JOLLA, CA 92037-3218		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
17	PETER AND PEGGY PREUSS		Person
	2223 AVENIDA DE LA PLAYA, SUITE 220	\$ 22,588.	Payroll X
	LA JOLLA, CA 92037-3218	-	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	PETER AND PEGGY PREUSS	_	Person
	2223 AVENIDA DE LA PLAYA, SUITE 220	\$14,310.	Payroll X
	LA JOLLA, CA 92037-3218	_	(Complete Part II for noncash contributions)

Name of organization

Employer identification number

### THE PREUSS FAMILY FOUNDATION

art ()	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	255 SHS EXXON MOBIL CORPORATION	_	· · · · · · · · · · · · · · · · · · ·
		18,238.	01/07/19
a) io. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	240 SHS MICROSOFT CORPORATION	_	
		\$ 24,494.	01/07/19
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	70 SHS PEPSICO, INC.	_	<del></del>
			01/07/19
a) lo. om art l	(b)  Description of noncash states given	(c) FMV (or estimate) (See instructions )	(d) Date received
4	894 SHS QUALCOMM INCORPORATED		
		\$ 50,019.	01/07/19
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
5	753 SHS REDFIN CORPORATION	_	
		s14,092.	03/19/19
(a) No. om art i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	700 SHS QUALCOMM INCORPORATED	_	
<u> </u>		  s 39,771.	03/19/19

- Name of organization

Employer identification number

#### THE PREUSS FAMILY FOUNDATION

	REUSS FAMILY FOUNDATION		0229180
art (I)	Noncash Property (see instructions) Use duplicate copies of Part	II II additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	700 SHS CHURCH & DWIGHT CO., INC.		
		\$\$	05/24/19
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	160 SHS EXXON MOBIL CORPORATION		
		\$ 11,815.	05/24/19
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	20 SHS ALPHABET, INC.	_	
			05/24/19
(a) No. from Part I	(b) Description of noncashy toperty (ven	(c) FMV (or estimate) (See instructions )	(d) Date received
11	95 SHS MICROSOFT CORPORATION	_	<del></del>
		\$\\$12,036.	05/24/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
12	28 SHS PEPSICO, INC.		<del></del>
		\$ 3,632.	05/24/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
13	100 SHS PEPSICO, INC.		·
13		_	
		s 13,625.	10/21/19

Name of organization

Employer identification number

#### THE PREUSS FAMILY FOUNDATION

art II	Noncash Property (see instructions) Use duplicate copies of Part II if a		0229180
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
14	300 SHS CHURCH & DWIGHT CO., INC.	\$\$22,167.	10/21/19
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
15	300 SHS EXXON MOBIL CORPORATION	\$ 20,283.	10/21/19
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
16	330 SHS MICROSOFT CORPORATION	\$\$.	10/21/19
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
17	500 SHS COSTCO WHOLESALE CORPORATION	\$151,430.	10/21/19
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
18	750 SHS LOWE'S COMPANIES, INC.	s 84,630.	10/21/19
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
153 11-0		\$	990, 990-EZ, or 990-PF) (:

923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

FORM 990-PF INT	TERES	T ON SAVIN	NGS A1	ND TEMPO	DRARY (	CASH IN	VESTMENTS	STATE	MENT	1
SOURCE							ADJ	(C) ADJUSTED NET INCOME		
INTEREST INCOME	CHAR	RLES SCHWA	3		14.		14.			
TOTAL TO PART I	, LIN	IE 3	-		14.		14.	<u></u>	<u> </u>	
FORM 990-PF		DIVIDENDS	S AND	INTERES	ST FRO	M SECUR	ITIES	STATE	MENT	
SOURCE		GROSS AMOUNT	(	APITAL GAINS VIDENDS	RE			ST- A		
DIVIDEND INCOME CHARLES SCHWAB	-	1,537	•	0		1,537.	1,5	37.		
TO PART I, LINE	4 =	1,537		0		537.	1,5	37.		
FORM 990-PF				MACAL	THE S			STATE	MENT	3
DESCRIPTION			<b>.</b>		NET IN	VEST-	(C) ADJUSTEI NET INCO	D CH	IARITAE	
LEGAL FEES				464.		0.			46	64.
TO FM 990-PF, P	G 1,	LN 16A =		464.		0.			46	64.
FORM 990-PF			^ AC	COUNTIN	G FEES	<del></del> ;		STATE	EMENT	4
DESCRIPTION			EXPE		(B NET IN MENT I	WEST-	(C) ADJUSTE NET INCO		(D) IARITAI PURPOSI	
ACCOUNTING FEES		_	•	1,325.		795.			5:	30.
TO FORM 990-PF,	PG	 1, LN 16B		1,325.		795.			5	30.

FORM 990-PF C	OTHER PROFESSIONAL FEES					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
INVESTMENT MANAGEMENT FEES	893.	893.		0.		
TO FORM 990-PF, PG 1, LN 16C	893.	893.		0.		
FORM 990-PF	TAX	ES	STATEMENT 6			
DESCRIPTION '	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
STATE TAXES FEDERAL EXCISE TAX RRF. SI-350 AND FORM 199	50. 4,682.	0.		50. 0.		
FEES FORM 199	85.	0.		85.		
TO FORM 990-PF PG 1, LN 18	4,8176	0.		135.		
				· <del></del>		
	FOOTN	FES	S	TATEMENT		

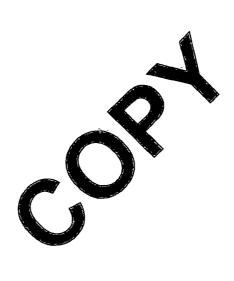
PART VII-B, QUESTION 1(A)(3) STATEMENT REGARDING ACTIVITIES

PETER PREUSS PROVIDED FACILITIES FREE OF CHARGE TO THE FOUNDATION IN HIS CAPACITY AS PRESIDENT. THE FACILITIES WERE USED BY THE FOUNDATION FOR GENERAL OPERATIONS.

FORM 990-PF	CORPORATE STOCK	STATEMENT	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
INVESTMENT - E	QUITIES, DETAILS UPON REQUEST	28,512.	229,317
TOTAL TO FORM	990-PF, PART II, LINE 10B	28,512.	229,317
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGER		STATEMENT

NAME OF MANAGER

PETER G. PREUSS PEGGY PREUSS



THE PREUSS FAMILY FOUNDATION

FEIN 33-0229180

YEAR ENDED 12/31/19

FORM 990-PF Part VII-B, 5a(4)

#### GRANT EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE THE PREUSS FOUNDATION, INC

FEIN 33-0085513

2223 AVENIDA DE LA PLAYA, SUITE 220

LA JOLLA, CA, 92037

#### DATES AND AMOUNTS OF GRANTS

PRIOR YEAR ENDED 12/31/2018		
January 23, 2018	\$15,000	
February 6, 2018	\$19,975	
March 6, 2018	\$20,000	
April 10, 2018	\$30,000	
April 30, 2018	\$14,915	
Majy 30, 2018	\$18,700	
June 26, 2018	\$10,000	
Jun <mark>e 27, 2018</mark>	\$20,000	
Jų́ly 3, 2018	\$100,000	
July 27, 2018	\$20,000	
August 13, 2018	\$20,000	
October 2, 2018	\$25,000	
October 30, 2018	\$10,000	<b>A</b>
November 8, 2018	\$9,523	
November 28, 2018	\$60,000	
December 18, 2018	\$20,000	
TOTAL	\$413,113	
CURRENT YEAR ENDED 12/31/2019		
January 8, 2019	\$25,000	
January 17, 2019	\$50,000	
February 20, 2019	\$39,975	
March 28, 2019	\$35,000	
April 25, 2019	\$30,000	
May 17, 2019	\$14,915	
June 11, 2019	\$25,000	
June 30, 2019	\$25,000	
August 9, 2019	\$25,000	
September 10, 2019	\$25,000	
October 29, 2019	\$23,186	
October 31, 2019	\$100,000	
December 5, 2019	\$30,000	
TOTAL	\$448,076	
j		•

PURPOSE OF GRANTS

ALL GRANTS ARE TO BE USED FOR THE GENERAL PURPOSE OF THE GRANTEE, WHICH IS TO SUPPORT CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, ESPECIALLY TO PROMOTE BRAIN TUMOR RESEARCH FOUNDATION ACTIVITIES INCLUDE ORGANIZING CONFERENCES AND MAKING RESEARCH GRANTS TO PUBLICLY SUPPORTED RESEARCH FACILITIES, SUPPORTING HIGHER EDUCATION, AND MAINTAINING AN OFFICE FOR FOUNDATION BUSINESS

DIVERSION OF ANY PORTION OF FUNDS FROM THE PURPOSE OF THE GRANTS BY THE GRANTEE

NONE

DATES OF REPORTS RECEIVED FROM GRANTEE

BOTH YEARS GRANTOR FOUNDATION HAS CONSTANT AND COMPLETE ACCESS TO INFORMATION CONCERNING ALL ACTIVITIES OF GRANTEE

DATES AND RESULTS OF ANY VERIFICATION OF GRANTEE'S REPORTS

ON-GOING INVOLVEMENT WITH GRANTEE

DISTRIBUTION OUT OF CORPUS ON GRANTEE'S FORM 990-PF, PART XIV VERIFIED FOR EACH YEAR