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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491310010740

2019

OMB No. 1545-0052

Return of Private Foundation

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

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.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , aı	nd ending 12-31-	2019	_
		indation OUNDATION INC		A Employer id	entification numbe	r
,,,				58-2592055		
		l street (or P.O. box number if mail is not delivered to street address) EPENDENCE AVENUE	Room/suite	B Telephone nu	ımber (see instructioı	าร)
				(650) 965-900	5	
		ı, state or province, country, and ZIP or foreign postal code VIEW, CA 940432331		C If exemption	application is pendin	g, check here
G Cł	neck al	I that apply:	former public charity	D 1. Foreign or	ganizations, check he	ere
		☐ Final return ☐ Amended return			ganizations meeting	
		\square Address change \square Name change		·	k here and attach co	· -
		pe of organization: Section 501(c)(3) exempt private			undation status was t n 507(b)(1)(A), chec	
			e private foundation			
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 4,237,138 J Accounting method: □ Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	300,000			
	2	Check ▶ ☐ if the foundation is not required to attach				
	3	Sch. B Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	179,041	179,041		
	5a	Gross rents				
	b	Net rental income or (loss)				
RIE	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a		0		
~	7 8	Capital gain net income (from Part IV, line 2)		0		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	470.044	470.044		
	12	Total. Add lines 1 through 11	479,041	179,041		
	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	0	0		0
ý	15	Pension plans, employee benefits				
nse	16a	Legal fees (attach schedule)				
Хре	ь	Accounting fees (attach schedule)	9 3,695	0		0
Operating and Administrative Expenses	С	Other professional fees (attach schedule)				
ativ	17	Interest				
istr	18	Taxes (attach schedule) (see instructions)	5,050	5,050		0
n L	19	Depreciation (attach schedule) and depletion				
Ad	20 21	Occupancy				
pue	22	Printing and publications				
e bi	23	Other expenses (attach schedule)	9 549	0		0
atir	24	Total operating and administrative expenses.				
ber		Add lines 13 through 23	9,294	5,050		0
O	25	Contributions, gifts, grants paid	109,013			109,013
	26	Total expenses and disbursements. Add lines 24 and 25	118,307	5,050		109,013
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	360,734			
	ь	Net investment income (if negative, enter -0-)		173,991		
	С	Adjusted net income (if negative, enter -0-)				
For	Paper	work Reduction Act Notice, see instructions.		Cat. No. 11289)	< For	m 990-PF (2019)

Page 2

4,237,138

4,237,138

4,237,138

1 2

3

4

5

6

3,876,404

4,237,138

4,237,138 Form **990-PF** (2019)

0

360,734

3,876,404

3,876,404

3,876,404

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Savings and temporary cash investments

Other liabilities (describe >_

Total liabilities (add lines 17 through 22) .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that do not follow FASB ASC 958, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

22 23

24

25

26

27 28

29

30

Part III

2

3

4

5

Net Assets or Fund Balances

2

	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶	<u>'</u>		
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)	3,767,554	4,146,596	4,146,596
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	'		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	1		
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	3,876,404	4,237,138	4,237,138
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			

(a) List and describe the kind(s) of property sold (e.g., real estate,

(b)

How acquired

Page 3

		re the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		P—Purchas D—Donatio	se	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
1a	1						
-							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis ense of sale		Gain o	h) r (loss)) minus (g)
а							
b							
С							
d							
е							
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) l. (j), if any		col. (k), but not	h) gain minus less than -0-) or om col.(h))
а							
b							
С							
d							
е							
2	Capital gain net income	e or (net capital loss)	If gain, also enter in F If (loss), enter -0- in		}	2	
3	Net short-term capital o	gain or (loss) as defined in sections 1	1222(5) and (6):				
	If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instruction	ons). If (loss), enter -(o- 	}	3	
Part	V Qualification I	Under Section 4940(e) for Re	educed Tax on Net	t Investmen	t Inc	rome	
		private foundations subject to the sec					
f secti	ion 4940(d)(2) applies, le	eave this part blank.					
		e section 4942 tax on the distributal ot qualify under section 4940(e). Do	, ,	,	eriod?	·	es 🗹 No
1	Enter the appropriate am	nount in each column for each year;	see instructions before	e making any e	entries	5.	
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital	ole-use assets		(d) Distribution rati (col. (b) divided by c	
	2018	152,017		3,683,735			0.041267
	2017	302,564		3,328,958			0.090889
	2016	186,483		3,185,082			0.058549
	2015	283,971		3,067,416			0.092577
	2014	206,438		2,987,241		<u> </u>	0.069107
2 .	Total of line 1, column (d)			2		0.352389

0.070478 number of years the foundation has been in existence if less than 5 years 4 3,954,562 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 **5** Multiply line 4 by line 3 5 278,710 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,740 7 **7** Add lines 5 and 6 . . 280,450 8 Enter qualifying distributions from Part XII, line 4 8 109,013 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the

Form	990-PF (20	019)							F	Page 6		
Pai	t VII-B	Statements Reg	arding	Activities for Which	Form 4720 May Be	Required (continued)						
5a	During the	year did the foundation	on pay o	r incur any amount to:					Yes	No		
	(1) Carry	on propaganda, or oth	erwise a	se attempt to influence legislation (section 4945(e))?								
	(2) Influe	nce the outcome of an	y specific	public election (see sec	_ 140							
	on, di	ectly or indirectly, any	voter re	egistration drive?		· · 🔲 Yes 🖸	Z No					
	(3) Provid	le a grant to an individ	ual for ti	avel, study, or other sim	ilar purposes?	Yes	-					
		-			, organization described							
						· · · Yes	Z No					
				eligious, charitable, scien	* **							
			•	•	ren or animals?	∟ Yes 🗅	∠ No					
D					il to qualify under the ex							
	-				ter assistance? See instri	_	_	5b		 		
С	-			does the foundation clair	ance check here							
·		•			?		_					
		·		y Regulations section 53.		''	∟ No					
6a			-	-	indirectly, to pay premiu	ıms on						
Va			•	, , ,			<u>.</u>					
b					lirectly, on a personal be	⊔ Yes 🗅	∐No	6b		No		
_		6b, file Form 8870.	zai, pa,	promiums, an every or me	meetry, on a personal bei	Tent contract.		U.S.		 		
7a		,	was the	foundation a party to a r	prohibited tax shelter tran	nsaction?	7 1					
b	-	= :			income attributable to th	⊥ Yes ∟	∐ No	7b				
8	Is the four	ndation subject to the	section 4	.960 tax on payment(s) c	of more than \$1,000,000	in remuneration or						
	excess pa	rachute payment durin	g the ye	ar?		· · 🔲 Yes 🖸	Z No					
						nagers, Highly Paid I	<u> </u>	vees				
Pa	t VIII	and Contractors		,,	,			,				
1	List all of	ficers, directors, trus	stees, fo	oundation managers ar	nd their compensation.	See instructions						
			(b) Title, and average	(c) Compensation (If		(e)	Exper	ise acc	ount		
	(a) Na	me and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plans ar deferred compensation	1a ` ;		llowand			
YUET-	MING CHU		DIRE	CTOR, PRESIDENT	0	deferred compensation	0					
	NDEPENDENC	E AVE	5.00	- · · · · , · · · · · · ·			1			Ū		
	TAIN VIEW,	CA 94043										
	M CHU		DIRE 5.00	CTOR, SECTY/TREAS	0		0			0		
	NDEPENDENC TAIN VIEW, (
	PARKER		DIRE	CTOR	0		0					
		DR STE 500	1.00									
	RETTA, GA				 in-lodedline 4	and in atomostic no.) Tf m			NONE	71		
	Compens	acion of five nighest	-paid eii	ipioyees (other than t	nose included on line 1	.—see instructions). If n	Tone, e	nter	NONE	<u> </u>		
(a)	Name and a	ddress of each employ	ee paid	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e)	Expen	se acco	ount,		
	mo	ore than \$50,000		devoted to position	(c) Compensation	plans and deferred	0	ther al	owanc	es		
NON	=					compensation						
NON												
							+					
							+					
							+					
							+					
Tota	l number of	other employees paid	over \$5	0.000			+					
				,		· · · · · ·			0 05	(2019)		

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Into I through 5		Form 990-PF (2019)

3

4

5

6

7

1a

1b

2

3a 3b

4

5

194,248

194.248

194.248

109,013

109.013

109.013

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Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

3

4 5

6

1

2

3

4

5

b

Part XII

85,235

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Page 9

,	
XIII	

90-PF (2	019)
·VTTT	Line

a From 2014.

b From 2015. c From 2016. . .

d From 2017.

e From 2018.

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e.

d Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019.

same amount must be shown in column (a).)

(If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9:

a Excess from 2015. . .

c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

b Excess from 2016. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). (a)

Corpus

361.501

85,235

276,266

276,266

59.500 133,158

29.943

138.900

107.423 29,943

138.900

(b)

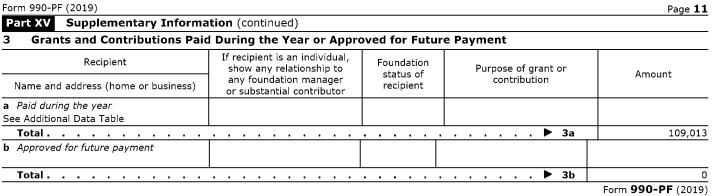
Years prior to 2018

(c)

2018

Form 990-PF (20	019)
Part XIII	Undistributed Income (see instructions)

194,248



Enter gross amounts unless otherwise	indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b	F					
c	F					
de	-					
f	-					
g Fees and contracts from governmMembership dues and assessmentsInterest on savings and temporary	s ⁄ cash					
investments 4 Dividends and interest from securi 5 Net rental income or (loss) from re	ties			14	179,041	
a Debt-financed property.						
b Not debt-financed property.6 Net rental income or (loss) from per7 Other investment income.	ersonal property					
8 Gain or (loss) from sales of assets inventory						
Net income or (loss) from special e	F					
Gross profit or (loss) from sales ofOther revenue: a						
b						
c d						
de						
d			0	1	179,041 3	179 04
e	nd (e) d), and (e) ons to verify calcula	ations.)		1	179,041 3	179,04
d e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Explain below how each the accomplishment of tile	nd (e) d), and (e) ons to verify calculanctivities to the activity for which i	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04:
e	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04:
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
d e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
d e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04:
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04
e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Line No. Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,04:
d e 2 Subtotal. Add columns (b), (d), an 3 Total. Add line 12, columns (b), ((See worksheet in line 13 instruction Part XVI-B Relationship of A Explain below how each the accomplishment of the	nd (e)	ations.) e Accomplisi ncome is report	nment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	179,041

orm	990-PF (,											Pa	ge 13
Par	t XVII	Information Re Exempt Organi		ransf	ers To a	nd Transa	ctior	ns and	Relatio	nships With No	ncharit	able		
		ganization directly or in than section 501(c)(3)									ion 501		Yes	No
a Tr	ansfers	from the reporting foun	dation to a no	oncha	ritable exe	empt organiza	ation o	of:						
(1	L) Cash											1a(1)		No
(2	2) Other	r assets										1a(2)		No
b 0	ther tran	sactions:												
(1	L) Sales	of assets to a nonchar	itable exempt	orgai	nization.							1b(1)		No
(2	2) Purch	nases of assets from a r	noncharitable	exem	pt organiz	ation						1b(2)		No
(3	3) Renta	al of facilities, equipmer	nt, or other as	ssets.								1b(3)		No
(4	l) Reim	bursement arrangemen	its									1b(4)		No
-	•	s or loan guarantees.										1b(5)		No
-	•	mance of services or m			_						•	1b(6)		No
	-	f facilities, equipment, r									•	1c		No
of	the goo any trai	wer to any of the above ds, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given by ingement, sho	y the r ow in o	reporting f column (d	foundation. If	the f f the	oundatio goods, o	n receive ther asse	d less than fair mar	rket valu ived.	e	ngemen	nts
							_							
							_							
							_							
							+							
de	escribed	ndation directly or indire in section 501(c) (other omplete the following s (a) Name of organization	r than section chedule.		c)(3)) or i		'?•				_	☑ No onship		
									-					
c:a.	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co								ased on	all infor	matio	n of
Sig: Her		*****				2020-10-26		,	*****		return			
	│ 	Signature of officer or t	rustee			Date		—) -	Title		below	ne prepa nstr.) 🔽	_	
	•	Print/Type preparer's	name	Prepa	arer's Sign	ature		Date			PTIN			
										Check if self-		P00747	7048	
Paid	-	DAVID A SEEBA CI	PA							employed ▶ Ш		100747	U-10	
	parer Only		BA & ASSOCIA	ATES :	INCCPAS						Firm's E	IN ▶94	-27673	324
	 y		325 HAMILTO	N AVE										
		SA	AN JOSE, CA 951255624						Phone no. (408) 264-7800			7800		
	SAN JOSE, CA 951255624													

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

MIRIAM CHU

than \$5,000).

YUET-MING CHU

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALLEGRO ORGANIZATIONAL NONE DUBLIC DEDITING SHIDDORT 500

SOLUTIONS 5535 MEMORIAL DR F-811 HOUSTON, TX 77007	NONE	CHARITY	OF ENATING SUFFORT	300
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE 17TH FL	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE 17TH FL CHICAGO, IL 60601	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
AMBASSADOR FOR CHRIST 21 AMBASSADOR DR PARADISE, PA 17562	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

225 N MICHIGAN AVE 17TH FL CHICAGO, IL 60601		CHARITY		
AMBASSADOR FOR CHRIST 21 AMBASSADOR DR PARADISE, PA 17562	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

Ľ	CHICAGO, IL 00001				
1	AMBASSADOR FOR CHRIST 21 AMBASSADOR DR PARADISE, PA 17562	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,0

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICA RETURN TO GOD PRAYER NONE LCHURCH OPERATING SUPPORT 500

MOVEMENT (ARTGPM) 848 STEWART DRIVE 200 SUNNYVALE, CA 94088				
AMERICAN CANCER SOCIETY INC	NONE	PUBLIC CHARITY	OPERATING SUPPORT	

SONNT VALL, CA 94000				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW SUITE 400 ATLANTA, GA 30303	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
AMERICAN PARKINSON DISEASE	NONE	PUBLIC	OPERATING SUPPORT	50

ATLANTA, GA 30303		CHARITY		
AMERICAN PARKINSON DISEASE ASSOCIATION 135 PARKINSON AVE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	5

ATLANTA, GA 30303				
AMERICAN PARKINSON DISEASE ASSOCIATION 135 PARKINSON AVE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	5

ATLANTA, GA 30303				
MERICAN PARKINSON DISEASE ASSOCIATION .35 PARKINSON AVE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	5

STATEN ISLAND, NY 10305		
Total	 ▶ 3a	109,013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
ARBOR DAY FOUNDATION 211 N 12 ST STE 501	NONE	PUBLIC CHARITY	OPERATING SUPPORT	100

LINCOLN, NE 685081411				
ARTHRITIS FOUNDATION INC 1330 W PEACHTREE ST STE 100 ATLANTA, GA 30309	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
	<u> </u>			·

1330 W PEACHTREE ST STE 100 ATLANTA, GA 30309	NONE	CHARITY	OPERATING SUPPORT	500
BACK TO THE BIBLE FOUNDATION PO BOX 82808 LINCOLN, NE 68501	NONE	SO I	OPERATING SUPPORT	1,000

Total					109.013
	BACK TO THE BIBLE FOUNDATION PO BOX 82808 LINCOLN, NE 68501	NONE	SO I	OPERATING SUPPORT	1,000
	ATLANTA, GA 30309				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

DIDLE CTUDY ESTLOWERS	NONE	BUBLIC.	ODEDATING CURPORT	2.500
BIBLE LEAGUE INTERNATIONAL 3801 EAGLE NEST DR CRETE, IL 60417	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

BIBLE STUDY FELLOWSHIP 19001 HUEBNER RD SAN ANTONIO, TX 78258	NONE	PUBLIC CHARITY	OPERATING SUPPORT	2,500
BILLY GRAHAM EVANGELISTIC ASSOCIATION	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

19001 HUEBNER RD SAN ANTONIO, TX 78258	NONE	CHARITY	OFEIGHTING SUFFORT	2,300
BILLY GRAHAM EVANGELISTIC ASSOCIATION PO BOX 668129 CHARLOTTE, NC 28266	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

SAN ANTONIO, TX 78258				
BILLY GRAHAM EVANGELISTIC ASSOCIATION PO BOX 668129 CHARLOTTE, NC 28266	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

Total .

109,013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BRIDGES FOR PEACE	NONE	PUBLIC	OPERATING SUPPORT	500

BRIDGES FOR PEACE 503 S SHERIDAN RD PMB 33145 TULSA, OK 74145	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
CAMPUS EVANGELICAL FELLOWSHIP	NONE	PUBLIC	OPERATING SUPPORT	20,255

TULSA, OK 74145				
CAMPUS EVANGELICAL FELLOWSHIP 1753 CABRILLO AVE TORRANCE, CA 90501	NONE	PUBLIC CHARITY	OPERATING SUPPORT	20,255
CHINESE CHRISTIAN MISSION	NONE	PUBLIC	OPERATING SUPPORT	500

CHINESE CHRISTIAN MISSION NONE PUBLIC OPERATING SUPPORT 500 1269 N MCDOWELL BLVD PETALUMA, CA 94954	1753 CABRILLO AVE TORRANCE, CA 90501	IVONE	CHARITY	of Elwine soft on	20,233
	1269 N MCDOWELL BLVD	NONE		OPERATING SUPPORT	500

Total			> 3a	109.013
CHINESE CHRISTIAN MISSION 1269 N MCDOWELL BLVD PETALUMA, CA 94954	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
TORRANCE, CA 90501				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHINESE CHURCH IN CHRIST NONE CHURCH OPERATING SUPPORT 9,400 920 SIERRA VISTA AVE

MOUNTAIN VIEW, CA 94043				
CITYTEAM MINISTRIES2302 ZANKER RD SAN JOSE, CA 95131	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
COLUMBIA UNIVERSITY 615 WEST 131ST STREET 4TH FL M	NONE	SCHOOL	OPERATING SUPPORT	30,000

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CITYTEAM MINISTRIES2302 ZANKER RD SAN JOSE, CA 95131	NONE	PUBLIC CHARITY	OPERATING SUPPORT	50
COLUMBIA UNIVERSITY 615 WEST 131ST STREET 4TH FL M NEW YORK, NY 10027	NONE	SCHOOL	OPERATING SUPPORT	30,00

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
COMPASSION INTERNATIONAL INC 12290 VOYAGER PARKWAY	NONE	PUBLIC CHARITY	OPERATING SUPPORT	228

12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 90921		CHARITY		
CUMBERLAND UNIVERSITY ONE CUMBERLAND SQUARE LEBANON, TN 37087	NONE	SCHOOL	OPERATING SUPPORT	10,000

·				
CUMBERLAND UNIVERSITY ONE CUMBERLAND SQUARE LEBANON, TN 37087	NONE	SCHOOL	OPERATING SUPPORT	10,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE NO 2ND FL	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

ONE CUMBERLAND SQUARE LEBANON, TN 37087	NONE	SCHOOL	OPERATING SUPPORT	10,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE NO 2ND FL NEW YORK, NY 10001	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

1	Total			▶ 3a	109,013
	DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE NO 2ND FL NEW YORK, NY 10001	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
	LEBANON, TN 37087				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FEED THE CHILDREN333 N MERIDIAN NONE PUBLIC NOPERATING SUPPORT 500 OKLAHOMA CITY, OK 73107 CHARITY

HARRY S TRUMAN LIBRARY INSTITUTE FOR NATIONAL & INTERNATIONAL AFFAIRS 5151 TROOST AVE STE 300 KANSAS CITY, MO 64110	NONE	PUBLIC CHARITY	OPERATING SUPPORT	145
INTERNATIONAL PRISON MINISTRY INC	NONE	PUBLIC	OPERATING SUPPORT	500

AFFAIRS 5151 TROOST AVE STE 300 KANSAS CITY, MO 64110				
INTERNATIONAL PRISON MINISTRY INC	NONE	PUBLIC	OPERATING SUPPORT	5

KANSAS CITY, MO 64110				
INTERNATIONAL PRISON MINISTRY INC 750 3RD AVE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	50

INTERNATIONAL PRISON MINISTRY INC	NONE	PUBLIC	OPERATING SUPPORT	500
750 3RD AVE		CHARITY		
CHULA VISTA, CA 91910				

INTERNATIONAL FRISON PINISTRI INC	NONL	FODLIC	OFERATING SOFFORT	50
750 3RD AVE		CHARITY		
CHULA VISTA, CA 91910				

750 3RD AVE CHULA VISTA, CA 91910	CHARITY		
Total	 	▶ 3a	109,013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
INTERNATIONAL RESCUE COMMITTEE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

122 EAST 42ND STREET NEW YORK, NY 10168		CHARITY		
JESUS ONLINE MINISTRIES PO BOX 1643 HIGLEY, AZ 85236	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

JESUS ONLINE MINISTRIES PO BOX 1643 HIGLEY, AZ 85236	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
KINGDOM RESOURCES FOR CHRIST INC 5 WINTERSET COURT POTOMAC, MD 20854	NONE	PUBLIC CHARITY	OPERATING SUPPORT	2,100

PO BOX 1643 HIGLEY, AZ 85236	NONE	CHARITY	OF EIGHTING SOFT ORT	300
KINGDOM RESOURCES FOR CHRIST IN 5 WINTERSET COURT POTOMAC, MD 20854	NONE	PUBLIC CHARITY	OPERATING SUPPORT	2,100

109,013

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
LORD'S GRACE CHRISTIAN CHURCH 1101 SAN ANTONIO ROAD SUITE 306	NONE	CHURCH	OPERATING SUPPORT	500

MOUNTAIN VIEW, CA 94043				
MAKE-A-WISH FOUNDATION 1702 E HIGHLAND AVENUE SUITE 400 PHOENIX, AZ 85016	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
MARCH OF DIMES FOUNDATION	NONE	PUBLIC	OPERATING SUPPORT	600

1702 E HIGHLAND AVENUE SUITE 400 PHOENIX, AZ 85016		CHARITY		
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	OPERATING SUPPORT	600

PHOENIX, AZ 85016		CHARTT		
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	OPERATING SUPPORT	600
Total			> 3a	109,013

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEALS ON WHEELS AMERICA NONE PUBLIC OPERATING SUPPORT 500 1550 CRYSTAL DR NO 1004 CHARITY

ARLINGTON, VA 22202				
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 97204	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000
NATIONAL PARK FOUNDATION	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

■ 3a

MERCY CORPS45 SW ANKENY ST PORTLAND, OR 97204	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,00
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
NAVIGATORSPO BOX 6000 COLORADO SPRINGS, CO 80934	NONE	PUBLIC CHARITY	OPERATING SUPPORT	150

OMF INTERNATIONAL INC .0 WEST DRY CREEK CIRCLE .ITTLETON, CO 80120	NONE	PUBLIC CHARITY	OPERATING SUPPORT	
202010120 211121100, 00 00301		0.17(1/2)		

10 WEST DRY CREEK CIRCLE LITTLETON, CO 80120	NONE	CHARITY	OF EINATING SOFFORT	1,000
OUR DAILY BREAD MINISTRIES FOUNDATION 3000 KRAFT AVE SE	NONE	SO II	OPERATING SUPPORT	1,300

LITTLETON, CO 80120				
OUR DAILY BREAD MINISTRIES FOUNDATION 3000 KRAFT AVE SE GRAND RAPIDS, MI 49512	NONE	SO II	OPERATING SUPPORT	1,300

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109,013

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
OVERSEAS CAMPUS MINISTRIES INC 1753 CABRILLO AVE TORRANCE, CA 90501	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

TORRANCE, CA 90501				
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH ST NW WASHINGTON, DC 200065009	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
DARKINSON'S FOUNDATION INC	NONE	PUBLIC	OPERATING SUPPORT	500

PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH ST NW WASHINGTON, DC 200065009	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
PARKINSON'S FOUNDATION INC 200 SE 1ST ST SUITE 800 MIAMI, FL 33131	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500

WASHINGTON, DC 200065009				
PARKINSON'S FOUNDATION INC 200 SE 1ST ST SUITE 800 MIAMI, FL 33131	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
Total			▶ 3a	109.013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET	NONE	SCHOOL	OPERATING SUPPORT	200

WATERTOWN, MA 02472				
PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PARKWAY LEESBURG, VA 20176	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

44180 RIVERSIDE PARKWAY LEESBURG, VA 20176	NONE	CHARITY	OPERATING SUPPORT	1,000
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVENUE 12TH FL	NONE	PUBLIC CHARITY	OPERATING SUPPORT	100

LEESBURG, VA 20176				
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVENUE 12TH FL NEW YORK, NY 10018	NONE	PUBLIC CHARITY	OPERATING SUPPORT	100

PROJECT ORBIS INTERNATIONAL INC 520 8TH AVENUE 12TH FL NEW YORK, NY 10018	NONE	PUBLIC CHARITY	OPERATING SUPPORT	100
Total			▶ 3a	109,013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SACRED LOGOS RESOURCE CENTER DBA SAGOS 846 STEWART DRIVE	NONE	PUBLIC CHARITY	OPERATING SUPPORT	10,000

846 STEWART DRIVE SUNNYVALE, CA 94085				
SALESIAN MISSIONS2 LEFEVRE LANE NEW ROCHELLE, NY 10802	NONE	CHURCH	OPERATING SUPPORT	15
SAVE THE CHILDREN FEDERATION INC	NONE	PUBLIC	OPERATING SUPPORT	100

SALESIAN MISSIONS2 LEFEVRE LANE NEW ROCHELLE, NY 10802	NONE	CHURCH	OPERATING SUPPORT	15
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	NONE	PUBLIC CHARITY	OPERATING SUPPORT	100

	NEW ROCHELLE, NY 10802	NONE	СПОКСП	OPERATING SUPPORT	_
	SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	NONE	PUBLIC CHARITY	OPERATING SUPPORT	10
П					

FAIRFIELD, CT 06825		
Total		 109.013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SECOND HARVEST FOOD BANK OF SANTA CLARA AND SAN MATEO COUNTIES 750 CURTNER AVENUE SAN JOSE, CA 95125	NONE	PUBLIC CHARITY	OPERATING SUPPORT	1,000

750 CURTNER AVENUE SAN JOSE, CA 95125				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	HOSPITAL	OPERATING SUPPORT	500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE	NONE	HOSPITAL	OPERATING SUPPORT	500

2900 ROCKY POINT DR TAMPA, FL 33607				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	HOSPITAL	OPERATING SUPPORT	500

1741174,12 33007				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	HOSPITAL	OPERATING SUPPORT	500
Total			▶ 3a	109,013

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year

a raid during the year				
STUDENTS FOR LIFE OF AMERICA 4755 JEFFERSON DAVIS HWY FREDERICKSBURG, VA 22408	NONE	PUBLIC CHARITY	OPERATING SUPPORT	520
THE CARTER CENTER INC	NONE	DUDLIC	ODERATING CURRORT	F00

FREDERICKSBURG, VA 22408				
THE CARTER CENTER INC 453 FREEDOM PARKWAY ATLANTA, GA 303071496	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
THE LEUKEMIA & LYMPHOMA SOCIETY	NONE	PUBLIC	OPERATING SUPPORT	600

THE CARTER CENTER INC 453 FREEDOM PARKWAY ATLANTA, GA 303071496	NONE	PUBLIC CHARITY	OPERATING SUPPORT	500
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMRONECK AVE STE 310 WHITE PLAINS NY 10605	NONE	PUBLIC CHARITY	OPERATING SUPPORT	600

ATLANTA, GA 303071496		CHARITY		
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMRONECK AVE STE 310 WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	OPERATING SUPPORT	600
			<u> </u>	· ·

Total			▶ 3a	109,013
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMRONECK AVE STE 310 WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	OPERATING SUPPORT	600
ATLANTA, GA 3030/1496				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TOYS FOR TOTS FOUNDATION NONE PUBLIC OPERATING SUPPORT 150 18251 QUANTINCO GATEWAY DR CHARITY

TRIANGLE, VA 22172				
UNITED SERVICE ORGANIZATION PO BOX 96860 WASHINGTON, DC 20077	NONE	PUBLIC CHARITY	OPERATING SUPPORT	200
WORLD JEWISH CONGRESS AMERICAN SECTION INC	NONE	PUBLIC CHARITY	OPERATING SUPPORT	100

501 MADISON AVE NEW YORK, NY 10022

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager

recipient

WORLD WILDLIFE FUND INC	NONE	PUBLIC	OPERATING SUPPORT	200
a Paid during the year				
Name and address (home or business)	or substantial contributor	, с с, р, с , , с		

WORLD WILDLIFE FUND INC	NONE	PUBLIC	OPERATING SUPPORT	
1250 24TH ST NW		CHARITY		
WASHINGTON, DC 20037				

Total			▶ 3a	109,013
1250 24TH ST NW WASHINGTON, DC 20037		CHARITY		
WORLD WILDLIFE FOND INC	NONE	FODLIC .	OF LINATING SOFFORT	200

efile GRAPHIC print - DO NOT PR	OCESS As F	iled Data -			DLN: 93491310010740		
TY 2019 Accounting Fees Schedule							
	Name: ADC	NAI FOUNDA	ATION INC				
	EIN: 58-2	2592055					
Category	Amount		vestment come	Adjusted Net Income	Disbursements for Charitable Purposes		
TAX PREPARATION		3,695	0		0		

TY	2019	Investments	Corporate	Bonds	Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: ADONAI FOUNDATION INC

EIN: 58-2592055

SOLOMON FDN INVEST #114861

Investments Corporate Bonds Schedule						
Name of Bond	End of Year Book Value	End of Year Fair Market Value				
CHURCH DEVEL FD-NOTE #8029	4,93	2 4,932				
SOLOMON FDN INVEST #102206	20,59	20,592				
SOLOMON FDN INVEST #108698	1,507,67	1,507,678				
SOLOMON FDN INVEST #114710	1,398,53	1,398,533				

DLN: 93491310010740

1,214,861

1,214,861

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491310010740		
TY 2019 Other Expenses Schedule						
Name:	ADONAI FOUND	DATION INC				
	58-2592055					
Other Expenses Schedule				,		
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for		

Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
CT CORP SYSTEM FEES	464	0		0		

85

CA FTB & ATTY GENERAL FILING FEE

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	a -	DLN	N: 93491310010740			
TY 2019 Taxes Schedule							
Name: ADONAI FOUNDATION INC							
	EIN: 58-259205!	5					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

5,050

FEDERAL TAXES

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491310010740		
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2019		
Name of the organization ADONAI FOUNDATION INC			Employer i	dentification number		
Organization type (chec	k one):		58-259205	5		
	,					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt ch	naritable trust not treated as a _l	orivate foundation			
	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private	foundation				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private	501(c)(3) taxable private foundation				
	cion filing Form 990, 990-EZ, or 990 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c r one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greate	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 exclusively for religious, ch	aritable, scientific, literary,			
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, but ons that were received during the General Rule applies to this o	ut no such contributions tot ne year for an e <i>xclusively</i> r rganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but i	that isn't covered by the General t must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	e 2, of its Form 990; or check th	ie box on line H of its Form	•		
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)		

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number ADONAL FOUNDATION INC. 58-2592055 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution YUET-MING AND MIRIAM CHU Person 877 INDEPENDENCE AVENUE Payroll \$ 300,000 Noncash MOUNTAIN VIEW, CA 94043 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization DUNDATION INC			mployer identification number 8-2592055
Part III	than \$1,000 for the year from any one cont	ributor. Complete of total of exclusively instructions.)	zations described in olumns (a) through	n section 501(c)(7), (8), or (10) that total more
(a) No. from Part I	(b) Purpose of gift	(c) U:	se of gift	(d) Description of how gift is held
	Transferee's name, address, and z	١,,	nsfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and z		nsfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	- (c) U:	se of gift	(d) Description of how gift is held
	Transferee's name, address, and z		nsfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) U:	se of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		nsfer of gift Relatio	onship of transferor to transferee
			Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2019)