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.

<u> </u>	ntern	nal Revenue Service Go to www.irs	s.gov/Form990PF for inst	ructions and the	ne latest info	ormation.	110	Open to Public Inspection
Ī	For	calendar year 2019 or tax year beginning	1	, and en	ding	<u>-</u>		
•	Nar	me of foundation		-		A Employer ide	ntification	number
	S	SANDBERG GOLDBERG CHARITABL	EE					
		SUPPORT FUND				83-27	13007	
-		mber and street (or P O box number if mail is not delivered to street as	ddroce)	1 -	Room/suite			
			•	1	noonvalue	B Telephone nu		7.5
_		355 EL CAMINO REAL, BLDG. 5	·			650-29	<u> </u>	/5
		y or town, state or province, country, and ZIP or foreign pos	stal code			C If exemption app	olication is p	ending, check here
_	P	PALO ALTO, CA 94304						
(G C	Check all that apply: Initial return	Initial return of a fo	ormer public ch	arity	D 1. Foreign org	ganizations	, check here
		Final return	Amended return			_		
		Address change	Name change			 Foreign organisticheck here a 	nizations me and attach co	eting the 85% test, mputation
ī	H C	Check type of organization: X Section 501(c)(3) exer	mot private foundation		111			,
			ther taxable private founda	ation j	<i>3</i> 4	•		tus was terminated (A), check here
7		air market value of all assets at end of year J Accounting	· r r	X Accru	21			
,		´	er (specify)	LAK ACCIO	ai			60-month termination
		►\$ 141,165,458. (Part I, column		ric /		under section	507(0)(1)	(B), check here
6		Analysis of Revenue and Expenses						720 -
L	8,۲٫۵	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net invo		(c) Adjuste income		(0) Disbursements for charitable purposes
-		necessanly equal the amounts in column (a).)	expenses per books	nicon	116		-	(cash basis only)
		1 Contributions, gifts, grants, etc., received	89,536,700.			>>> N/A		
		2 Check I if the foundation is not required to attach Sch. B						
		3 Interest on savings and temporary cash investments	1,189,162.	1,189	,162.	-		STATEMENT 2
		4 Dividends and interest from securities					•	
		5a Gross rents						
		b Net rental income or (loss)		X. (2000)	***********	<i>*************************************</i>	2/22/2/2	
		6a Net gain or (loss) from sale of assets not on line 10	799,002.	333333333333	*****	200000000000000000000000000000000000000	88638585.4555	STATEMENT 1
	ne	b Gross sales price for all 31,724,180.	733,002.	35" 7085330734060	888623868486		200300000000000 20030000000000000	
	en/	5 assets on line 6a 31, 724, 180.		27,649	222		20000000000000000000000000000000000000	
	Revenue	7 Capital gain net income (from Part IV, line 2)		2/,043	, & & & .			
_		8 Net short-term capital gain		***************************************				
`	`	9 Income modifications				R	ECE	VED.
		Gross sales less returns and allowances					### \C	
		b Less Cost of goods sold					ก / <i>6</i> / •	2020 6
		c Gross profit or (loss)				<u> </u>	·	S S S S S S S S S S S S S S S S S S S
,		11 Other income						
		12 Total. Add lines 1 through 11	91,524,864.	28,838	384.		GDE	V. U. F
•		13 Compensation of officers, directors, trustees, etc	42,133.		0.			0.
		14 Other employee salaries and wages	26,626.		0.	-		0.
}		15 Pension plans, employee benefits			_			
-	es		31,575.		0.			0.
>	enses	b Accounting fees STMT 4	26,660.		0.			0.
<	Expe	c Other professional fees STMT 5	11,522.	11	.,522.			0.
>	Ü	c Other professional fees STMT 5	11,344.		., , , , , , ,			· U•
7	Operating and Administrative	17 Interest	200 254					
).).	tra	18 Taxes STMT 6	289,354.		0.			0.
,	nis	19 Depreciation and depletion			,	_		
٠,	Ē	20 Occupancy						\
	Ă	21 Travel, conferences, and meetings	102.		·· 0.			0.
	anc.	22 Printing and publications						
	g,	23 Other expenses STMT 7	12.		0.	,		0.
	atir	24 Total operating and administrative						
	er	expenses. Add lines 13 through 23	427,984.	11	,522.			^0.
	ō	25 Contributions, gifts, grants paid	3,642,310.		******		- The state of the	2,675,000.
		26 Total expenses and disbursements.	3,022,020	-congentacionatification	~27 ** ** ** ** ** ** ** ** ** ** ** ** **	ocorophisma//h/i/3888488889	NOONE COOKSTSC	
			4,070,294.	11	,522.			2 675 000
-	-	Add lines 24 and 25	±,010,434•			LANGE CO. SO. SELECTION STREET		2,675,000.
		27 Subtract line 26 from line 12:	07 454 570					
		a Excess of revenue over expenses and disbursements	87,454,570.	20 22	0.60	A CONTRACTOR OF THE CONTRACTOR		
		b Net investment income (if negative, enter -0-)	AND	28,826	,802.			
		I a Adjusted not income ()	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	000000000000000000000000000000000000000	/555555557788KY292 ⁶	NT / A	,	1000007551985C1920365658654545557575755858793767858783

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

三	۷ <u>۰ بالار ۱</u> ۷	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	. End o	of year
ξ Ι 2,	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	52,404,691.	141,165,458.	141,165,458.
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable			
	-	Less: allowance for doubtful accounts)	300000000000000000000000000000000000000	000000000000000000000000000000000000000
	5	Grants receivable			
	. 6	Receivables due from officers, directors, trustees, and other	4		
		disqualified persons			,
	7				
	ļ	Less; allowance for doubtful accounts	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Butter a second distriction of the second se	50000 B. STORMANNE AND COORDOODS AND ASSAULT AND ASSAULT AND ASSAULT A
y,	8	Inventories for sale or use	,		, ,
Assets	9	Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations		1	
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
		Less accumulated depreciation	A STANDARD S		
	12	Investments - mortgage loans			
	13	Investments - other		*	
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation	7 7002112 136 110 110 110 112 123 110 110 110 100 100 100 100 100 100 10	**************************************	. uddettetarania.a.a.utittitätätittättätittätittäilimist
	15	Other assets (describe)	· · · · · · · · · · · · · · · · · · ·		
		Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	52.404.691.	141.165.458.	141,165,458.
_	17	Accounts payable and accrued expenses		J./20.	
	1	Grants payable		967,310.	
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe STATEMENT . 8)	0.	333,167.	
				1	
	23	Total liabilities (add lines 17 through 22)	0.	1,306,197.	
		Foundations that follow FASB ASC 958, check here			
S		and complete lines 24, 25, 29, and 30.			
alances	24	Net assets without donor restrictions	52,404,691.	139,859,261.	
	25	Net assets with donor restrictions			
Fund B		Foundations that do not follow FASB ASC 958, check here			
Fun		and complete lines 26 through 30.			
þ	26	Capital stock, trust principal, or current funds			
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	29	Total net assets or fund balances	52,404,691.	139,859,261.	
Ž		•			
	30	Total liabilities and net assets/fund balances	52,404,691.	141,165,458.	
P	ärt	Analysis of Changes in Net Assets or Fund B	Balances		
_					
1 -		I net assets or fund balances at beginning of year - Part II, column (a), line	29	· · ·	E2 404 C01
		st agree with end-of-year figure reported on prior year's return)		1	52,404,691.
		r amount from Part I, line 27a		2	87,454,570.
		r increases not included in line 2 (itemize)	1	3	0.
		lines 1, 2, and 3		4	139,859,261.
		eases not included in line 2 (itemize)	aluma /h\ leas 00	5	139,859,261.
<u>-</u>	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	vivirin (v), line 29	6	Form 990-PF (2019)
		وأريبا فالمستحد المواجد استحدا	,		

SUPPORT FUND

F	Part IV Capital Gains a	nd Losses for Tax on In	vestmen	t Income						
		e kind(s) of property sold (for exan chouse; or common stock, 200 shs		te,		How ac - Purch - Dona		(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED	SECURITIES						01/01	L/19	12/31/19
b										
_					_					
_d	·				-					
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					in or (loss (f) minus	
a	31,724,180.			4,074,95	8.				2	7,649,222.
b										
_							<u>.</u>			
_								<u> </u>		
		gain in column (h) and owned by t	L the foundation	ı on 12/31/69.			(I)	Gains (Co	ol. (h) gain	minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (ı) col. (ı), ıf any			col.	(k), but n	ot less tha from col. (n -0-) or
_a	1								2	7,649,222.
t										
_										
										
	<u></u>	∫ If gain, also enter	ın Part I line		7					,
	Capital gain net income or (net capi	ital loss) { If (loss), enter -0-	- in Part I, line		}	2			2	7,649,222.
3	Net short-term capital gain or (loss If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8	,	d (6):		}	3			N/A	
F	Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inv	_	ent Inc	ome		
(Fo	or optional use by domestic private f	oundations subject to the section 4	1940(a) tax on	net investment in	com	e.)				
lf :	section 4940(d)(2) applies, leave this	s part blank.								
	as the foundation liable for the section Yes," the foundation doesn't qualify			•	lods					Yes X No
ï			•		ntries	<u> </u>				
÷	(a) Base period years	(b)			(c)			1	Dietri	(d) oution ratio
	Calendar year (or tax year beginning	g in) Adjusted qualifying dist	tributions	Net value of no	ncha	rıtable-				nded by col. (c))
_	2018		0.		51	<u>,61</u>	8,621	•		.000000
_	2017							+		
_	2016 2015							+		
_	2014							+		
_										
	Total of line 1, column (d)							2	. <u> </u>	.000000
3	Average distribution ratio for the 5- the foundation has been in existence	· ·	on line 2 by 5.	0, or by the numb	er of	years		3		.000000
4	Enter the net value of noncharitable	e-use assets for 2019 from Part X, I	line 5					4	6	0,229,143.
5	Multiply line 4 by line 3							5		0.
6	Enter 1% of net investment income	e (1% of Part I, line 27b)		3			,	6		288,269.
7	Add lines 5 and 6							7		288,269.
8	Enter qualifying distributions from	Part XII, line 4				•		8		2,675,000.
	If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	1b, and comp	olete that part usin	g a 1	% tax r	ate.			

8	3-	2	71	3	0	0	7

Page 4

16 Exempt operating Coundations described in section 4940(4)(2), check here ▶ □ and onter 1/40 on line 1. Date of value of determation electric (attach copy of letter if incessary-size instructions) D Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1/50 D Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1/50 Add lines 1 and 2. All other domestic foundations enter 2% of Inex 27b. Exempt foreign organizations, retained 4% of Part I, line 12, cot. (b) 3 Add lines 1 and 2. All other domestic foundations enter 2% of Inex 27b. Exempt foreign organizations only; others, enter -0-) 3 Add lines 1 and 2. 4 Subtlish A (income) bits (dimestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract lines 4 from line 3. If zero or less, enter -0- 5 Credistry-Pyrentits. 2 2 288 2.26 9. 4 Subtlish A (income) bits (dimestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Exempt foreign organizations. 5 Lax park with subgiction for certains on of time to file (Form 885a) 6 Exercise any penalty for underpayment of estimated tax. Check here □ 1/2 form 2220 s attached 7 Total recredes and payments. Add lines 5 attached 10 form 2220 s attached 8 Exercise any penalty for underpayment of estimated tax. Check here □ 1/2 form 2220 s attached 9 Development. If here 7 is more than the total of lines 5 and 8, anter the amount overpaid 10 overpayment. If here 7 is more than the total of lines 5 and 8, anter the amount overpaid 10 overpayment. If here 7 is more than the 100 form 5 and 8 is more than large, river amount owed 10 overpayment. If here 7 is more than the 100 form 5 and 8 is more than large, river amount owed 10 overpayment. If here 7 is more than the 100 form 5 and 8, anter the amount overpaid 10 overpayment. If here 7 is more than the 100 form 5 and 8, anter the amount overpaid 10 overpayment. If here 7 is more t		it VIII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>948 -</u>	see instructions)
b Domestic Goundations that meet the section 4940(a) requirements in Part V, check here	1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.		
of Part I, Ine 27b A dother domestic foundations enter 27k of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		
a All other domestic foundations enter 2% of the 27b. Exempt foreign organizations, enter 4% of Part I, line 12, cot. (b) 2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	288,269.
a All other domestic foundations enter 2% of the 27b. Exempt foreign organizations, enter 4% of Part I, line 12, cot. (b) 2			****	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 − 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment and 2018 over/payment credited to 2019 6 Exempt foregoin organizations -1 tax withheld at source 6 December 1 to 2019 7 Total credits and payments. Add lines 5 at though 6d 8 Exempt foregoin organizations -1 tax withheld at source 8 Enter any penalty for underpayment of estimated tax. Deck here 2 if Form 2220 is attached 9 Tax disc. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than 10 of the changes of a line of the changes of a l	С	·		
3 288,269. Subtale A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or itss, enter -0- Come of the common of the com			2	. 0.
Subtitle A (notome) bax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5		•	_	288.269.
5 288 269. 6 Credits/Payments in come. Subtract line 4 from line 3. If zero or less, enter -0. 5 288 269. 5 Credits/Payments and 2018 overpayment credited to 2019 6 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to the (Form 8668) 6 Backup withholding erroneously withheld 6 Total credits and payments. Add lines 5a through 66 7 Total credits and payments. Add lines 5a through 66 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owned 10 Overpayment. If line 7 is more than the total of lines 5 and 8 is more than line 8 amount owned 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owned 11 Enter the amount of line 10 to be. Credited to 2020 estimated tax ▶ 35, 956. Refunded ▶ 10 12 Bartik III/A37 Statements Regarding Activities 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition III the answer is *Ves' to 1 ar or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1 Dut it spend more than \$100 during the year (either directly or indirectly) for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Enter the removement (if any) path by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Has the foundation have a detailed description of the activities. 3 Has the foundation are not previously reported to the IRS; in its governing instrument, articles of incorporation, or bylaws, or other similar instruction. The changes is a political expenditure tax imposed on foundation	4			0.
6 Credits/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form B868) b Exempt for livering organizations - tax withheld at source c Tax paid with application for extension of time to file (Form B868) b Exempt for livering organizations - tax withheld at source c Tax paid with application for extension of time to file (Form B868) b Enter any penalty for underpayments of estimated tax. Check here	5			288.269.
a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add times 6a through 6d 5 Tax due. If the total of lines 5 and 8 is embrated tax. Check here ☑ if Form 2220 is attached 7 Tax due. If the total of lines 5 and 8 is embrated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is embrated tax to the form 2220 is attached 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 35, 956. Refunded ▶ 10 35, 956. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political canpagin? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political canpagin? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political canpagin? 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political canpagin? 15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political canpagin? 16 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political canpagin? 16 During the tax year, did the foundation the activities. 17 During the tax year (or the foundation or intervene in any political canpagin? 18 Enter the remultive formation or political expenditure tax imposed or foundation managers. ▶ \$ 0. (2) On foundation mana	Ä	,	**************************************	
b Exempt foreign organizations - Lax withhold at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 5a through 6d 8 Enter any penalty for underspayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoint overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoint overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoint overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoint overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoint overpaid 11 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoint overpaid 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did rit participate or intervene in any opticular purposes of any materials published or did spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the activities. 1 but the foundation in connection with the activities. 2 but the foundation in the Form 1120-POL for this year? (1) on the foundation in Erom 1120-POL for this year? (1) on the foundation in Polyman organization of the activities. 3 but the foundation have urrelated business gross concern of \$1,000 or more during the year? 1 ft'yes, a tab. a dealaid description of the activities. 3 but the foundation have urrelated business gross acroemed of your ormode only of the changes 4 but the foundation have urrelated business gross acroemed of your ormode during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the require				
c Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 8 . 0. 9 Tax due; if the total of lines 5 and 8 is more than time 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax. 12 Enter the amount of line 10 to be: Credited to 2020 estimated tax. 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Dud it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 2 Dud the foundation. 3 S y S O . (2) On foundation managers. \$ O . (2) On foundation managers. \$ O . (2) On foundation managers. \$ S O . (2) On foundation managers. \$ S O . (3) On foundation managers. \$ S O . (4) On foundation managers. \$ S O . (2) On foundation managers. \$ S O . (3) On foundation managers. \$ S O . (4) On foundation managers. \$ S O . (4) On foundation managers. \$ S O . (5) On foundation managers. \$ S O . (6) On foundation managers. \$ S O . (7) On the changes of the provinces of the changes of the changes of the provinces of the changes of the provinces of the changes of the provinces of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 By state by s				
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b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV To a lift the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar, year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. STMT 9 In X			•	
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				9 X
Form 990-PF (2019)	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	
				Form 990-PF (2019)

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, l _%	Intervises 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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A	204		
14	The books are in care of RACHEL THOMAS Telephone no. (650)	294	<u>-82</u>	/5
	Located at ▶855 EL CAMINO REAL, BLDG. 5, STE. 307, PALO ALTO, ZIP+4 ▶94	130T		тт
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	B.T	/ ⊅►	
40	and enter the amount of tax-exempt interest received or accrued during the year		/A	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	_	Yes	No X
	securities, or other financial account in a foreign country?	16.	X66X6.00X	<u>^</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D:	foreign country ► int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<i>******</i>	*****	39.00
₹.Ø.	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):	30000000	******	******
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	dance contra	1
	Organizations relying on a current notice regarding disaster assistance, check here			2000
C	Did the foundation engage in a prior year in any of the act's described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
á	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years \(\sum_{\text{,}} \)			
	o Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	002/603R	*5.43695
•	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3	during the year? Yes X No			
١	o If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	226000	
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	$\vdash \dashv$	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			*****
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	XXXXXXX	X
		rm QQf) DE	

Part VII: By Statements Regarding Activities for Which F	orm 4/20 May Be F	sequirea (contin	ued)	
. 5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y(es 🗶 No 📓	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es 🔀 No 🛙	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No 🕌	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	,		
4945(d)(4)(A)? See instructions		Y	es 🗶 No 🕌	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			es 🗶 No 🕌	
b If any answer is "Yes" to 5a(1) ² (5), did any of the transactions fail to qualify unc		n Regulations	,.	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			[
expenditure responsibility for the grant?	. IN	/A Y	es 📖 No 📗	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	oay premiums on		es 🗶 No	
a personal benefit contract?	orogonal homofit contract?	, I		6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		86	6b X
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		es 🗶 No 🖁	
b if "Yes," did the foundation receive any proceeds or have any net income attribu			/-	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				70
excess parachute payment(s) during the year?	1,000,000 in romandration of		es 🕱 No	
Part VIII Information About Officers, Directors, Trusto	ees. Foundation Ma			acrost Coorrectal Coorrects
Paid Employees, and Contractors			_	
1 List all officers, directors, trustees, and foundation managers and t				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
			,	
000 000 000 000 000 1 0		40 400		
SEE STATEMENT 10		42,133.	0.	0.
	•			
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·		•		
•				
			`	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
	'hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
` .				
·				
		ļ.,,		
			·	
Total number of other employees paid over \$50,000	<u> </u>	l		0
Total manual of other origination paid and pooleon	-		Form	990-PF (2019)

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 21 44	1.7
1101111		
		-
· · · · · · · · · · · · · · · · · · ·		
		
	 	
	,	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro-	oduced, etc.	Expenses
1 N/A		
I N/A	· · · · · · · · · · · · · · · · · · ·	
	•	
2		
3		
4		
	·	,
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
2		
,		
All other program-related investments. See instructions.		
3		
•		
Total Add loss 1 through 2		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, 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	0.
	Average of monthly cash balances	1b	0. 61,146,338.
	Fair market value of all other assets	1c	
d		1d	61,146,338.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	61,146,338.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	917,195.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	60,229,143.
6	Minimum investment return. Enter 5% of line 5	6	3,011,457.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	3,011,457.
2a	Tax on investment income for 2019 from Part VI, line 5 288, 269.		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	288,269.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,723,188.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,723,188.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,723,188.
P	art XII Qualifying Distributions (see instructions)		,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		2 675 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,675,000.
	Program-related investments - total from Part IX-B	1b	U •
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	2 675 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,675,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		200 250
	income. Enter 1% of Part I, line 27b	5	288,269.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,386,731.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies f	or the section

SANDBERG GOLDBERG CHARITABLE SUPPORT FUND

Part XIII Undistributed income (s	see instructions)	<u>'</u>		
)	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,723,188.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			204,324.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 2,675,000.				
a Applied to 2018, but not more than line 2a			204,324.	
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				2,470,676.
e Remaining amount distributed out of corpus	0.			4
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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		(i) 3,00 40,000 1000 1000 1000 1000 1000 1000		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			- 0.	
f Undistributed income for 2019. Subtract				r
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				252,512.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019	7			

Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described i	n section	`4942(j)(3) or49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					-
each year listed					
b 85% of line 2a		,			
c Qualifying distributions from Part XII,		<u> </u>			
line 4, for each year listed	1				
d Amounts included in line 2c not				1	
- used directly for active conduct of				1	
exempt activities					
e Qualifying distributions made directly				 	
• •				1	
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		 	/	 	
alternative test relied upon:		/			
a "Assets" alternative test - enter:		/		1	
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				'	
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6, for each year listed	<i>∽</i> -				
c "Support" alternative test - enter:		/	· · · · ·	 	•
(1) Total support other than gross	/	`			l
investment income (interest,	/				
dividends, rents, payments on	/				
securities loans (section 512(a)(5)), or royalties)	/				
(2) Support from general public	 /				
and 5 or more exempt	 		,	ľ	,
organizations as provided in section 4942(j)(3)(B)(III)	/				
(3) Largest amount of support from	- /			 	<u>. </u>
an exempt organization	/		į		
(4) Gross investment income	/			 	
Part XV: Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or mo	re in assets
at any time during t			ii tiic ioanaatio	(ne in assets
<u> </u>					· · · · ·
 Information Regarding Foundation List any managers of the foundation wh 		than 20/ of the total cont	ributions recoved by the	a foundation hafara the clos	on of any tay
year (but only if they have contributed in			indutions received by the	s toutidation before the clos	e or any tax
SHERYL K. SANDBERG	7-7 7	(K //		((
b List any managers of the foundation wh			or an equally large port	ion of the ownership of a pa	irtnership or
other entity) of which the foundation has NONE	s a 10% or greater intere:	SL.			
2 Information Regarding Contributi		Outral and the sale of the			
Check here X if the foundation of				not accept upoplicated requ	anta for funda. If
the foundation makes gifts, grants, etc.,					5515 101 101105. 11
					
a The name, address, and telephone num	der or email address of tr	ie person to wnom applic	ations should be addres	ssed:	
		<u> </u>	<u></u>		
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include;		
c Any submission deadlines:		`		•	
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
					1

SANDBERG GOLDBERG CHARITABLE

Form 990-PF (2019)

SUPPORT FUND | Part(XV) | Supplementary Information (continued)

Recipient direcipients an individual, show any relationship to any foundation manager or substantial contributor any foundation manager or substantial contributor desired by the contributor and provided by the contributor	Amount 20,000
Name and address (home or business) any foundation manager or substantial contributor a Paid during the year AMADOR TUOLUMINE COMMUNITY ACTION AGENCY 10590 HIGHWAY 88 1JACKSON, CA 95642 CA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET DAKLAND, CA 94612 COMMUNITY ACTION AGENCY OF BUTTE COUNTY 1640 5TH AVENUE #1 1670 TO LOCAL RESIDENTS PC SUPPORT THE DISTRIBUTION OF FOOD TO LOCAL RESIDENTS PC SUPPORT THE DISTRIBUTION OF FOOD TO LOCAL RESIDENTS PC SUPPORT THE DISTRIBUTION OF FOOD TO LOCAL RESIDENTS COMMUNITY ACTION AGENCY OF BUTTE COUNTY 1640 5TH AVENUE #1 1670 TO LOCAL RESIDENTS COMMUNITY ACTION PARTNERSHIP OF KERN 1650 SUSINESS PARK NORTH 1650 SUSINESS	
AMADOR TUOLUMNE COMMUNITY ACTION AGENCY RESIDENTS IN THE AMADOR AND TULOUMNE COUNTIES CA ASSOCIATION OF FOOD BANKS COMMUNITY ACTION AGENCY OF BUTTE COUNTY COMMUNITY ACTION AGENCY OF BUTTE COUNTY COMMUNITY ACTION AGENCY OF BUTTE COUNTY COMMUNITY ACTION PARTNERSHIP OF KERN COMMUNITY ACTION PARTNERSHIP	20,000
AGENCY 10590 HIGHWAY 88 10CA ASSOCIATION OF FOOD BANKS 10CA	20,000
RESIDENTS IN THE AMADOR AND TULOUMNE COUNTIES CA ASSOCIATION OF FOOD BANKS COMMUNITY ACTION AGENCY OF BUTTE COMMUNITY ACTION AGENCY OF BUTTE COMMUNITY ACTION PARTMERSHIP OF KERN COMMUNITY ACTION OF FOOD COMMUNITY ACTIO	20,000
AGENCY LOS90 HIGHWAY 88 LOCA ASSOCIATION OF FOOD BANKS CA ASSOCIATION OF FOOD BANKS LOCA ASSOCIATION OF FOOD DISTRIBUTION OF FOOD TO LOCAL RESIDENTS COMMUNITY ACTION AGENCY OF BUTTE COUNTY LOCAL RESIDENTS COMMUNITY ACTION PARTNERSHIP OF KERN COMMUNITY ACTION PARTNERSHIP OF K	20,00
AMADOR AND TULOUMNE COUNTIES CA ASSOCIATION OF POOD BANKS CA ASSOCIATION OF POOD BANKS CA ASSOCIATION OF POOD BANKS COMMUNITY STREET COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 CONVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN COMMUNITY PARTNERS	20,00
CA ASSOCIATION OF FOOD BANKS CA ASSOCIATION OF FOOD BANKS 1624 FRANKLIN STREET DISTRIBUTION OF FOOD TO LOCAL RESIDENTS COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 DROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309 COMBAT POVERTY COMBAT POVERTY	20,000
DISTRIBUTION OF POOD TO LOCAL RESIDENTS COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 DROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 DISTRIBUTION OF POOD TO LOCAL RESIDENTS COMMUNITY ACTION PARTNERSHIP OF KERN PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
DISTRIBUTION OF POOD TO LOCAL RESIDENTS COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 DROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 DISTRIBUTION OF POOD TO LOCAL RESIDENTS COMMUNITY ACTION PARTNERSHIP OF KERN PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
DISTRIBUTION OF POOD TO LOCAL RESIDENTS COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 CONVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 DISTRIBUTION OF POOD TO LOCAL RESIDENTS COMMUNITY ACTION PARTNERSHIP OF KERN PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 TO LOCAL RESIDENTS PC SUPPORT THE DISTRIBUTION OF FOOD TO LOCAL RESIDENTS PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
COMMUNITY ACTION AGENCY OF BUTTE COUNTY 3640 5TH AVENUE #1 DROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
COUNTY 3640 5TH AVENUE #1 COROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 DISTRIBUTION OF FOOD TO LOCAL RESIDENTS PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	100,000
COUNTY 3640 5TH AVENUE #1 COROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 DISTRIBUTION OF FOOD TO LOCAL RESIDENTS PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
COUNTY 3640 5TH AVENUE #1 COROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 DISTRIBUTION OF FOOD TO LOCAL RESIDENTS PC SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
TO LOCAL RESIDENTS DROVILLE, CA 95965 COMMUNITY ACTION PARTNERSHIP OF KERN S005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 TO LOCAL RESIDENTS TO LOCAL RESIDENTS SUPPORT AN INTEGRATED NETWORK OF SERVICES TO COMBAT POVERTY	
COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 COMBAT POVERTY	
5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309 COMBAT POVERTY	20,000
SO05 BUSINESS PARK NORTH BAKERSFIELD, CA 93309 COMBAT POVERTY	
5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309 COMBAT POVERTY	
S005 BUSINESS PARK NORTH BAKERSPIELD, CA 93309 COMBAT POVERTY	
BAKERSPIELD, CA 93309 COMBAT POVERTY	
	20,000
EXPERIENCE CAMPS PC SUPPORT CHILDREN AND	i
EXPERIENCE CAMPS PC SUPPORT CHILDREN AND	
P.O. BOX 5121 TEENAGERS NAVIGATING	
WESTPORT, CT 06881 GRIEF AND LOSS	50,000
Total SEE CONTINUATION SHEET(S) ▶ 3a 2	2,675,000
b Approved for future payment	
COOPERATIVE FOR ASSISTANCE AND RELIEF PC SUPPORT STRUGGLING	
EVERYWHERE INC. COMMUNITIES BY	
151 ELLIS STREET, NE PROVIDING THEM FOOD	
ATLANTA, GA 30303 AND EMPLOYMENT	
OPPORTUNITIES	500,000
INTERNATIONAL RESCUE COMMITTEE PC SUPPORT THE	
INTERNATIONAL RESCUE COMMITTEE PC SUPPORT THE 122 EAST 42ND STREET DISTRIBUTION OF	
NEW YORK, NY 10168 HEALTHCARE AND CLEAN	
WATER TO VULNERABLE	
PEOPLE	500,000
	
Total	

Form 990-PF (2019)

Part XVI-A	Analysis	of Income	-Producina	Activities
I Parl Avi-A I	WIIGIN212	oi illicollie	-Producing	ACTIVITIES

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouit	Tunction income
a		····			
b					
c					
d	_		<u> </u>		
e	_		ļ		
f	_	· · · · · · · · · · · · · · · · · · ·	L		
g Fees and contracts from government agencies					
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·			
3 Interest on savings and temporary cash	1		١		
investments			14	1,189,162.	
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:	× ` 3	, , , ,	1	* * * * * * * * * * * * * * * * * * * *	*, * * * * (
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				I	
8 Gain or (loss) from sales of assets other					
than inventory			18	799,002.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue:					
a					
b					
c	_				
d	_				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,988,164.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,988,164.
(See worksheet in line 13 instructions to verify calculations.))				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
- 	

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

Form 990-PF (2019)

SUPPORT FUND

		Exempt Organ	izations								
1	Did the o	rganization directly or indi	rectly engage in any of th	e followir	ng with any other organiza	atıon	described in sect	on 501(c)		Yes	No
	(other th	an section 501(c)(3) organ	iizations) or in section 52	27, relatin	g to political organization	s?					
a	Transfers	s from the reporting founda	ation to a noncharitable e	xempt or	ganization of:						
	(1) Cast	۱							18(1)		X
	(2) Othe	r assets							18(2)		X
ь		nsactions:									
	(1) Sale	s of assets to a noncharital	ble exempt organization						1b(1)		X
		chases of assets from a no		nization					1b(2)	-	X
		tal of facilities, equipment,	· -		•			•	1b(3)		Х
		nbursement arrangements			•				1b(4)		Х
		ns or loan guarantees							1b(5)		Х
		ormance of services or me	mhershio or fundraising	solicitatio	nns				1b(6)		X
c		of facilities, equipment, ma					•		10		X
		swer to any of the above is				alway	vs show the fair n	 narket value of the goo	ــــــــــــــــــــــــــــــــــــــ	ets.	
•		es given by the reporting fo								0.0,	
		(d) the value of the goods,				uiuo i	iii ariy banoadadii	or onaring arrangeme			
(a)ı	ine no	(b) Amount involved			e exempt organization	1	(d) Description	of transfers, transactions,	and sharing an	angeme	ents
(4/-		(b)//illiodilt illivolvod	(v) name or non	N/A	o oxompt or gamzadon		(a) Boscipioi	or sandicio, sanciciono,	, and and mg an	ш.gоо	
				M/A						,	
								······			
								·			
											
							ļ				
									* 		
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		·····									
							ļ				
					·						
2a	is the fou	indation directly or indirect	lly affiliated with, or relate	ed to, one	or more tax-exempt orga	anızat	tions described				٦.
	ın sectioi	n 501(c) (other than sectio	n 501(c)(3)) or ın sectior	1 527?					Yes	LX	No
b	If "Yes," o	complete the following sch									
		(a) Name of org	anization		(b) Type of organization	n		(c) Description of relat	ionship		
		N/A						·			
						_ i_			_		
		1 0									
		penalties of periary. I declare	that I have examined this retu	ım, includir	ng accompanying schedules a	and sta	atements, and to the	best of my knowledge	May the IHS o	iscuss t	his
Si	gn 💆	ielief, it is true, correct, and cor	niplete Declaration of prepare	er (otner tha	n taxpayer) is based on all inf	ormau	on or which prepare	nas any knowledge	return with the shown below	prepare See ins	er str
He	re	1/BULLUX/	(M)			00	CEO		X Yes		No
	Sig	hature of officer or trustée			Date/		Trtle				
		Pfint/Type preparer's na	ime Pro	parer's s	ignature	TD	ate	Check if P	TIN		
		1					1	self- employed			
Pa	id	NANCY L. M	ORIARTY NA	NCY	L. MORIARTY	1	1/06/20	1	P00077	306	
Pr	eparer		NK, RIMERMA				<u></u>	Firm's EIN ▶ 94			
	e Only		•								
	_		01 PAGE MIL	L RO	AD	·					
		,	LO ALTO, CA					Phone no. (650	0) 845	-81	00
		<u> </u>						,		DE	

Part XV Supplementary Information 3 Grants and Contributions Paid During the You		<u>-</u>		
Recipient	If recipient is an individual,	T	D	
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	,	
TOOD DANK CONTINION OF CAN THIS			CUDDORM CORRUGOLING	
FOOD BANK COALITION OF SAN LUIS		PC	SUPPORT STRUGGLING	
OBISPO COUNTY 1180 KENDALL ROAD	`		FAMILIES AND INDIVIDUALS BY GIVING	
SAN LUIS OBISPO, CA 93401			ACCESS TO FOOD	20,000
3AN 1013 051320, CK 33401		 	RCCESS TO TOOS	20,000
FOOD FOR PEOPLE		PC	SUPPORT THE	
307 WEST 14TH			DISTRIBUTION OF FOOD	
EUREKA, CA 95501]	TO LOCAL RESIDENTS	20,000
DOODLAND FOR MY AND COUNTY		na .	CURROR WAY ARE COUNTY	
FOODLINK FOR TULARE COUNTY		₽C	SUPPORT TULARE COUNTY	
611 2ND STREET		1	RESIDENTS BY PROVIDING	
EXETER, CA 93221			RESOURCES TO FOOD AND	22 222
		 	NUTRITION EDUCATION	20,000
			ľ	
IMPERIAL VALLEY FOOD BANK		PC	SUPPORT THE	
486 WEST ATEN ROAD			DISTRIBUTION OF FOOD	
IMPERIAL, CA 92251			TO LOCAL RESIDENTS	20,000
INTERFAITH COUNCIL OF AMADOR		PC	SUPPORT THE	
12181 AIRPORT ROAD		j	DISTRIBUTION OF FOOD	
JACKSON, CA 95642		 	TO LOCAL RESIDENTS	20,000
KARA		₽C	SUPPORT CHILDREN AND	
457 KINGSLEY AVENUE			TEENAGERS NAVIGATING	400.000
PALO ALTO, CA 94301			GRIEF AND LOSS	100,000
	,			
KINGS COMMUNITY ACTION ORGANIZATION		PC	SUPPORT THE	•
1130 NORTH 11TH AVENUE		1	DISTRIBUTION OF FOOD	
HANFORD, CA 93230			TO LOCAL RESIDENTS	20,000
WIDD BOIDDAMION		DOE.	CURRARM MUT MR. T.	
KIPP FOUNDATION		POF ~	SUPPORT THE TRAINING	
135 MAIN STREET, SUITE 1700]	OF EDUCATORS TO LEAD	E00 000
SAN FRANCISCO, CA 94105		 	KIPP SCHOOLS	500,000
MENDOCINO FOOD AND NUTRITION PROGRAM		PC	SUPPORT THE	
910 NORTH FRANKLIN STREET	1	1	1	
		1	DISTRIBUTION OF FOOD	20 000
FORT BRAGG, CA 95437		 	TO LOCAL RESIDENTS	20,000
MEDGED COLDINA BOOD DAYS		nc nc	CUPPORT THE	
MERCED COUNTY FOOD BANK		PC	SUPPORT THE	
2000 WEST OLIVE AVENUE			DISTRIBUTION OF FOOD	20 000
MERCED, CA 95348	L.	1	TO LOCAL RESIDENTS	20,000

3 Grants and Contributions Paid During the Ye	ar (Continuation)			•
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTIDUCT	
MERCY FOUNDATION NORTH		POF	SUPPORT THE	
2625 EDITH AVENUE			DISTRIBUTION OF FOOD	
REDDING, CA 96001			TO LOCAL RESIDENTS	20,00
NEW VENTURE FUND DBA THEDREAM.US		PC	SUPPORT A COLLEGE	
1201 CONNETICUT AVENUE. NW, SUITE 300			EDUCATION FOR YOUNG	
WASHINGTON, DC 20036			IMMIGRANT YOUTH	250,00
NORTH MIAMI BEACH SENIOR HIGH SCHOOL		PC	SUPPORT PUBLIC	
1247 NE 167TH STREET			EDUCATION IN MIAMI	
MIAMI, PL 33162				50,00
. ·				
PACER CENTER		PC	SUPPORT CHILDREN AND	-
8161 NORMANDALE BOULEVARD			YOUNG ADULTS WITH	075 00
MINNEAPOLIS, MN 55437			DISABILITIES	275,00
PLANNED PARENTHOOD GULF COAST		₽C	SUPPORT REPRODUCTIVE	
5600 GULF FREEWAY			HEALTH CARE IN THE	
HOUSTON, TX 77023	٠		GULF COAST	50,00
PLANNED PARENTHOOD MAR MONTE		₽C	SUPPORT REPRODUCTIVE	
2470 ALVIN AVENUE, SUITE 60 SAN JOSE, CA 95121			HEALTH CARE IN MAR '	50,00
PLANNED PARENTHOOD MICHIGAN		PC	SUPPORT REPRODUCTIVE	
3100 PROFESSIONAL DRIVE			HEALTH CARE IN	
ANN ARBOR, MI 48104		<u></u>	MICHIGAN	50,00
	,			•
PLANNED PARENTHOOD OHIO		PC	SUPPORT REPRODUCTIVE	
444 WEST EZCHANGE STREET			HEALTH CARE IN OHIO	FA A4
DHIO, OH 44302	<u> </u>	 		50,00
PLANNED PARENTHOOD WISCONSIN		PC	SUPPORT REPRODUCTIVE	
2207 WEST WISCONSIN AVENUE			HEALTH CARE IN	
MILWAUKEE, WI 53233			WISCONSIN	50,00
•				
PROJECT AVARY		₽C	SUPPORT DEVELOPMENT OF	•
1623 FIFTH AVENUE			CHILDREN AND TEENAGERS	
SAN RAFAEL, CA 94901			1	100,00

Part XV. Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Faundation	Durages of great or	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	-	
RESOURCE CONNECTION FOOD BANK		₽C	SUPPORT THE	
206 GEORGE REED DRIVE			DISTRIBUTION OF FOOD	
SAN ANDREAS, CA 95249			TO LOCAL RESIDENTS	20,000
SECOND HARVEST POOD BANK OF SAN		₽C	SUPPORT THE	
JOAQUIN & STANISLAUS		1	DISTRIBUTION OF FOOD	
1220 VANDERBILT CIR			TO LOCAL RESIDENTS	
MANTECA, CA 95337)			20,000
GROOM HARVEON BOOK BANK OF GAMBA		DG	CURRORM MUR	
SECOND HARVEST FOOD BANK OF SANTA		PC	SUPPORT THE	
CLARA AND SAN MATEO COUNTIES 4001 NORTH 1ST STREET			DISTRIBUTION OF FOOD TO LOCAL RESIDENTS	
SAN JOSE, CA 95134			· · · · · · · · · · · · · · · · · · ·	600,000
DAN GODE, CA 20104			<u> </u>	
TOOLS AND TIARAS, INC.		₽C	SUPPORT GIRLS AND	
P.O. BOX 732			WOMEN INTERESTED IN	
NEW YORK, NY 10108			TRADE SCHOOL	30,000
WOMEN FOR WOMEN	•	₽C	SUPPORT WOMEN	
2000 M STREET, SUITE 200			SURVIVORS OF WAR	
WASHINGTON , DC 20036			REBUILD THEMSELVES IN	
			THE COMMUNITY	50,000
				•
YOLO FOOD BANK		PC	SUPPORT THE	
233 HARTER AVENUE			DISTRIBUTION OF FOOD	
WOODLAND, CA 95776			TO LOCAL RESIDENTS	20,000
YUBA SUTTER FOOD BANK		PC	SUPPORT THE	
760 STAFFORD WAY			DISTRIBUTION OF FOOD	
YUBA CITY, CA 95991			TO LOCAL RESIDENTS	20,000
, , , , , , , , , , , , , , , , , , , ,		-		
	,			
	/			
•				
	 			
				•
Total from continuation sheets				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2019

SANDBERG GOLDBERG CHARITABLE 83-2713007 SUPPORT FUND Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
SANDBERG GOLDBERG CHARITABLE
SUPPORT FUND

Employer identification number

83-2713007

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHERYL K. SANDBERG 1801 PAGE MILL ROAD SUITE 100 PALO ALTO, CA 94304	\$ 31,724,180.	Person Payroll Oncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) . Type of contribution
2	SHERYL K. SANDBERG 1801 PAGE MILL ROAD SUITE 100 PALO ALTO, CA 94304	\$ 58,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	/ (d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Name of organization SANDBERG GOLDBERG CHARITABLE SUPPORT FUND

Employer identification number

83-2713007

Part II	Noncash Property (see instructions) Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PUBLIC SECURITIES		
$\frac{1}{}$		<u> </u>	
		\$ 12,853,309.	_11/18/19
(a) No. from Part I	(b) Description of noncash property given	(c) . FMV (or estimate) (See instructions)	(d) Date received
- Faiti	PUBLIC SECURITIES		
1			
		\$ 15,071,714.	11/19/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PUBLIC SECURITIES		
1			
	·	\$ 3,799,157.	11/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \$	
(a) No. from Part I	· (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
923453 11-06	-19	\$\$	90, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization SANDBERG GOLDBERG CHARITABLE SUPPORT FUND 83-2713007 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this into once) > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF GAIN O	R (LOSS) FI	ROM SALE	OF AS	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY		•		ANNER QUIRED	DA'.		DATE S	OLD
PUBLICLY TRADED SECURITIES			DON	IATED	01/0	1/19	12/31	/19
GROSS VA	(C) LUE AT OF ACQ.	(D) EXPENSE SALE	OF ·	(E)	c.	GAIN	(F)	s
31,724,180. 30	,925,178.		0.		0.		799,0	02.
CAPITAL GAINS DIVIDENDS FROM TOTAL TO FORM 990-PF, PART I				·	· _		799,0	0.
						•		
FORM 990-PF INTEREST ON SAV	INGS AND T	EMPORARY	CASH	INVEST	MENTS	STA	TEMENT	2
SOURCE	REV	(A) VENUE BOOKS	NET	(B) INVESTI INCOME	MENT		(C) DJŲSTED T INCOM	
FIDELITY	1,3	189,162.		1,189,	162.			
TOTAL TO PART I, LINE 3 .	1,1	189,162.		1,189,	162.			
FORM 990-PF	LEGA	AL FEES			ı	STA	TEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET II		AD	(C) JUSTEI INCOM		(D) CHARITAI PURPOSI	
LEGAL FEES	31,575	5.	C	· ·				0.
TO FM 990-PF, PG 1, LN 16A	31,575			.				0.

FORM 990-PF	ACCOUNTI	NG FEES	S'	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING & TAX FEES	26,660.	0.	-	0.		
TO FORM 990-PF, PG 1, LN 16B	26,660.	0.		0.		
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	ratement 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT FEES	11,522.	11,522.		0.		
TO FORM 990-PF, PG 1, LN 16C =	11,522.	11,522.		0.		
FORM 990-PF	TAX	ES	S	ratement 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FEDERAL TAXES	289,354.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	289,354.	0.		0.		
=	•					
FORM 990-PF	OTHER E	XPENSES	S'	FATEMENT 7		
		(B)	(C)	(D)		
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-	ADJUSTED NET INCOME	CHARITABLE PURPOSES		
DESCRIPTION SOFTWARE SUBSCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE		

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STATEMENT

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND	FOUNDATION MAN		SIAII	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-		
SHERYL K. SANDBERG 1801 PAGE MILL ROAD SUITE 100 PALO ALTO, CA 94304	DESIGNATOR, C		COMMITTI 0.	
RACHEL THOMAS 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	CEO	29,566.	0.	0.
AMANDA GUZMAN 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301			0.	0 • (
THOMAS BERNTHAL 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	DIRECTOR 0.00	0.	0.	0.
LORI GOLER 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	DIRECTOR 0.00	0.	0 .	0.
ADAM GRANT 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	DIRECTOR 0.00	0.	0.	0.
KIM KEATING 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	DIRECTOR 0.00	0.	0.	0.
MARNE LEVINE 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	DIRECTOR 0.00	0.	0.	0.
MINDY LEVY 855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	DIRECTOR 0.00		٠. 0.	0.

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STATEMENT

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-		EXPENSE
SHERYL K. SANDBERG 1801 PAGE MILL ROAD SUITE 100 PALO ALTO, CA 94304	DESIGNATOR, CH	IAIR OF AUDIT		
RACHEL THOMAS 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301		29,566.	0.	0.
AMANDA GUZMAN 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301	re .	12,567.	0.	0.
THOMAS BERNTHAL 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301	DIRECTOR TE 0.00	0.	0.	0.
LORI-GOLER 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301	DIRECTOR TE 0.00	0.	0.	0.
ADAM GRANT 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301	DIRECTOR TE 0.00	0.	0.	0.
KIM KEATING 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301		0.	0.	0.
MARNE LEVINE 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301	DIRECTOR TE 0.00	0.	0.	0.
MINDY LEVY 855 EL CAMINO REAL, BLDG 5, SUI 307 PALO ALTO, CA 94301	DIRECTOR TE 0.00	0.	0.	0.

SANDBERG GOLDBERG CHARITABLE SUPPORT FUN		83-2713007		
	RECTOR			,
855 EL CAMINO REAL, BLDG 5, SUITE 307 PALO ALTO, CA 94301	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PAGE	RT VIII .	42,133.	0.	0.