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Return of Private Foundation

DLN: 93491136053672 OMB No. 1545-0052

2020

Form 990-PF Department of the Treasury or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

		► Go to <u>www.irs.gov/Form990PF</u>	for instructions an	d the latest inform	ation.	Inspection
or	caler	ndar year 2020, or tax year beginning 01-01-20)20 , aı	nd ending 12-31	-2020	
		ndation		A Employer id	entification numbe	er
PE	TER UC	CELLI FOUNDATION		94-3191524		
		l street (or P.O. box number if mail is not delivered to street address) AMINO REAL 150-503	Room/suite	B Telephone nu	ımber (see instructio	ns)
				(650) 366-092	2	
		, state or province, country, and ZIP or foreign postal code CITY, CA 94063		C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply: \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere
		☐ Final return ☐ Amended return			rganizations meeting :k here and attach co	
		☐ Address change ☐ Name change		E If private fo	undation status was t	terminated \Box
		pe of organization: $oldsymbol{oldsymbol{arphi}}$ Section 501(c)(3) exempt private a 4947(a)(1) nonexempt charitable trust $oxdot$ Other taxable		under section	on 507(b)(1)(A), chec	ck here ▶ Ш
			✓ Cash ☐ Accru	F If the found	ation is in a 60-mont	h termination
of '	year (f	rom Part II, col. (c),	E casii E Accid		n 507(b)(1)(B), chec	
iine	₹ <i>16)</i> I	Part I, column (d) must	be on cash basis.)			
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)	40,000			
	2	Check ▶ ☐ if the foundation is not required to attach	,			
		Sch. B				
rie -	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	7,008			
	5a	Gross rents	7,000	7,000		
	ь	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	22,257			
Revenue	ь	Gross sales price for all assets on line 6a 231,440				
2	7	Capital gain net income (from Part IV, line 2)		22,257		
	8 9	Net short-term capital gain				
	10a	Gross sales less returns and allowances				
	ь	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	1,319	ļ		
	12	Total. Add lines 1 through 11	70,589	· · · · · · · · · · · · · · · · · · ·		
	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	0	C		0
S	15	Pension plans, employee benefits				
1se	16a	Legal fees (attach schedule)				
<u>ē</u>	ь	Accounting fees (attach schedule)				
e E	С	Other professional fees (attach schedule)				
Ž	17	Interest				
<u> </u>	18	Taxes (attach schedule) (see instructions)	1,490	C		0
<u>=</u>	19	Depreciation (attach schedule) and depletion				
ΑŒ	20 21	Occupancy	9,699	C		0
E E	22	Printing and publications				
5	23	Other expenses (attach schedule)	% 76,107	36,815		0
Operating and Administrative Expenses	24	Total operating and administrative expenses.				
ğ		Add lines 13 through 23	87,296	-		0
ب	25	Contributions, gifts, grants paid	214,048			214,048
	26	Total expenses and disbursements. Add lines 24 and 25	301,344	36,815		214,048
	27	Subtract line 26 from line 12:		,		,
	a	Excess of revenue over expenses and disbursements	-230,755			
	ь	Net investment income (if negative, enter -0-)		C		
	ا م	Adjusted net income (if negative enter -0-)				

Form 990-PF (2020)

	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	53,973	31,070	31,070
	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			
ŝ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10a	Investments—U.S. and state government obligations (attach schedule)			
-	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	613,640	405,788	498,479
	14	Land, buildings, and equipment: basis ▶	· 2		
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe •)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	667,613	436,858	529,549
	17	Accounts payable and accrued expenses		,	,
	18	Grants payable			
S	19	Deferred revenue			
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0	0	
	25	_ +			
es		Foundations that follow FASB ASC 958, check here			
anc		and complete lines 24, 25, 29 and 30.			
3a !!	24	Net assets without donor restrictions	667,613	436,858	
D E	25	Net assets with donor restrictions			
Fund Balances		Foundations that do not follow FASB ASC 958, check here 🕨 🗌			
or F		and complete lines 26 through 30.			
S	26	Capital stock, trust principal, or current funds			
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
Net	29	Total net assets or fund balances (see instructions)	667,613	436,858	
~	30	Total liabilities and net assets/fund balances (see instructions) .	667,613	436,858	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		
1		l net assets or fund balances at beginning of year—Part II, column (a), line 29	(must agree with end-		
_	-	ear figure reported on prior year's return)		1	667,613
2 3		er amount from Part I, line 27a		3	-230,755 0
_	ULITE			· • ·	U

Add lines 1, 2, and 3

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

Decreases not included in line 2 (itemize) ▶ _

0

436,858

436,858

4

5

6

Page **3**

(kind(s) of property sold (e.g., se; or common stock, 200 sh	(b) How acqui P—Purcha D—Donat	ase		(c) e acquired o., day, yr.)	(d) Date sold (mo., day, yr.)				
1 a AMER	RICAN NEW ECONOMY A (A	ANEFX)			P						
	KLIN GROWTH OPPORTU	· · · · · · · · · · · · · · · · · · ·			Р						
c FIRST	Γ EAGLE GLOBAL A				Р						
d FRAN	KLIN US GOVT SECS A1			Р							
e CAPIT	TAL GAINS DIVIDENDS				Р						
		(f)		(g	1)			(h)		
c	(e) Gross sales price	Depreciation allowed	Co		her basis			Gain or (loss)			
	oross sales price	(or allowable)	plus	exper	nse of sale			(e) plus (f) minus (g)			
a	70,000				6	8,944		1,05			
b	25,000				4	8,426			-23,426		
С	75,000				7	2,486			2,514		
d	50,000				1	9,327			30,673		
e	11,440								11,440		
			•								
Comp	plete only for assets show	ing gain in column (h) and ow	ned by the founda	ation or	n 12/31/69			(I)		
	•	(j)		(k				Gains (Col. (h) gain minus		
EN	(i)	Adjusted basis	E		f col. (i)		col		less than -0-) or		
1 .1	F.M.V. as of 12/31/69 as of 12/31/69			er col.	(j), if any			Losses (fr	om col.(h))		
a									1,056		
b									-23,426		
С									2,514		
d									30,673		
e									11,440		
3 Net If ga in Pa	ain, also enter in Part I, linart I, linart I, line 8 Qualification Under	(loss) as defined in sections as 8, column (c) (see instruct	ions). If (loss), end	ter -0- 	nvestme	ht Inc	3 come		22,257		
1 Reser		ON DECEMBER 20, 2019	- DO NOT CO	MPLE	I E						
1 Kesei	(a)	(b)		c)				(d)			
F	Reserved	Reserved		erved				Reserved			
2 Reser	ved					2					
3 Reser	ved				3						
						<u></u>					
						5					
6 Reser	6 Reserved					6					
7 Reser	ved					7					
8 Reser	ved ,					8					

Form	990-PF (2020)								Page 6
Pai	rt VIII-B Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (continue	d)			
5a	During the year did the foundation	pay o	r incur any amount to:					Yes	No
	(1) Carry on propaganda, or other	wise a	e attempt to influence legislation (section 4945(e))?						
	(2) Influence the outcome of any s	ne of any specific public election (see section 4955); or to carry					140		
	on, directly or indirectly, any ve	oter re	gistration drive?	V	No				
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						No No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described						NO		
	in section 4945(d)(4)(A)? See i	nstru	ctions		· · · Yes	✓	N.		
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	□ fes	•	NO		
	educational purposes, or for the	e prev	ention of cruelty to childr	ren or animals?		✓			
b	If any answer is "Yes" to 5a(1)-(5)	, did a	ny of the transactions fa	il to qualify under the ex	ceptions described in	•	NO		
	Regulations section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions		5	ь	
	Organizations relying on a current				_				
С	If the answer is "Yes" to question 5					ш			
	tax because it maintained expendit			•					
	If "Yes," attach the statement requ				· · L Yes	ш	No		
6a	Did the foundation, during the year		=		ıms on				
•	a personal benefit contract?	•	, , ,	,, , , , ,	. —				
b	Did the foundation, during the year				⊔ Yes	✓	No 6	h	No
-	If "Yes" to 6b, file Form 8870.	, puy	premiums, uncerry or ma	meetry, on a personal be	nent contract: 1 1 1	•	_ ⊢		+ 110
7a	At any time during the tax year, wa	s the	foundation a party to a n	prohibited tay shelter trai	neaction?	_			
b	If "Yes", did the foundation receive				∟ Yes	\checkmark	No 7	<u>.</u>	
8	Is the foundation subject to the sec		•			•	⊢	_	+
0	excess parachute payment during t								
					· · Yes		No L		
Pai	Information About	Offic	ers, Directors, Trust	tees, Foundation Ma	inagers, Highly Pai	d Em	ploye	es,	
	and Contractors								
1	List all officers, directors, truste			· · · · · · · · · · · · · · · · · · ·					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		(e) Ex	oense ad	count,
	(a) Name and address		devoted to position	-0-)	deferred compensati		othe	r allowai	nces
PAULA	A UCCELLI	PRES	IDENT	0	'	0			0
570 E	L CAMINO REAL 150-503	20.00)						
REDW	OOD CITY, CA 94063	_							
	AM LANAM	VICE 0.00	-PRESIDENT	0		이			С
	L CAMINO REAL 150-503 OOD CITY, CA 94063	0.00							
	Y HACK	SECE	ETARY	0		0			
	L CAMINO REAL 150-503	0.00	217031	ľ		ไ			
	OOD CITY, CA 94063								
GEOR	GE UCCELLI	CFO		0		0			0
	V ST JOHN STREET 1010	0.00							
	OSE, CA 951131123 Compensation of five highest-pa	id on	anloyoos (other than t	 hasa included on line 1	coo instructions) T	fnon	o onto	r "NON	E "
	Compensation of five nignest-pa	na en	ipioyees (ouiei uian u	nose moladed on line 1	(d) Contributions t		ie, ente	. NON	
(a)	Name and address of each employee	paid	(b) Title, and average	() 6	emplovee benefit		(e) Exp	ense ac	count,
. ,	more than \$50,000		hours per week devoted to position	(c) Compensation	plans and deferred	1	other	allowan	ces
			devoted to position		compensation				
NON									
Tota	I number of other employees paid ov	er \$5	0,000			-			<u> </u>
	1 / 1		•	-			Form 6	OOL DE	(2020)

Form 990-PF (2020)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, enter "NO	NE".
(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. Including organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 PROVIDING CASH DONATIONS TO OVER 50 CHARITIES FOUR LARGE SUPPORT: \$25,000SEQUOIA AWARDS SCHOLARSHIP: \$12,738	ST : SHF : \$13,400KAINES HOME : \$34,350PLF	85,488
2		
3		
4		
Part IX-B Summary of Program-Related Investments (· · · · · · · · · · · · · · · · · · ·	A
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2.	Amount
		_
2		
		-
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0
		Form 990-PF (2020)

2a |

2b

organizations check here

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5.

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Page 8

30.919

30.919

30.919

30.919

214,048

214.048

214.048

Form 990-PF (2020)

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

Form 990-PF (2020)

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

2020

Page 9

30,919

30,919

Form **990-PF** (2020)

Form 990-PF (2020)								
Part XIII	Undistributed Income (see instruc	tions)						
•								

Distributable amount for 2020 from Part XI, line 7

(a)

Corpus

506.517

183.129

689,646

146.351

543,295

38.269 117,704

89.484

114,709

183,129

(b)

Years prior to 2019

(c)

2019

- 2 Undistributed income, if any, as of the end of 2020:
- a Enter amount for 2019 only. Excess distributions carryover, if any, to 2020:

- a From 2015. 146.351 **b** From 2016. c From 2017. . .
- d From 2018.
- 38,269 117.704 89.484 114,709 e From 2019. f Total of lines 3a through e.

c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . . e Excess from 2020. . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract line 4b from line 2b 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. 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 2015 not

indicated below:

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

- 4 Qualifying distributions for 2020 from Part
- XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

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

orr	m 990-PF (2020)					Page 10
ŀ	Part XIV Private Operating Found	lations (see instri	uctions and Part ${f V}$	/II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizat	ion is a private opera	ating foundation des	scribed in section \square	☐ 4942(j)(3) or ☐] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying					
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3					
b	of minimum investment return shown in Part X, line 6 for each year listed.					
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income Supplementary Information	(Complete this	nart only if the	 foundation had	¢E 000 or more	
Pa	assets at any time during th			iouiiuation nau	\$5,000 or more i	III
1	Information Regarding Foundation Man	agers:	•			
а	List any managers of the foundation who have before the close of any tax year (but only if					n
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the	
2	Information Regarding Contribution, Gr		• • • • • • • • • • • • • • • • • • • •	-		
	Check here ► ☐ if the foundation only make unsolicited requests for funds. If the foundations other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu	le organizations and als or organizations	does not accept under	
а	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	d be addressed:	
	PAULA UCCELLI 570 EL CAMINO REAL 150-503 REDWOOD CITY, CA 94063 (650) 336-0922					
b	The form in which applications should be su NO SPECIFIC REQUIREMENTS	bmitted and informa	tion and materials t	hey should include:		
	Any submission deadlines:					
	NONE					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable (fields, kinds of instit	utions, or other	
	NONE					

Form 990-PF (2020)		-		Page 11	
Part XV Supplementary Informa	ition (continued)				
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment		
Recipient	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount	
a <i>Paid during the year</i> See Additional Data Table					
Total			▶ 3a	214,048	
b Approved for future payment					
	 	+			
	1	1 1			
		1			
		1			
	1	1 1			
		1			
Total			В ЗЬ	0	

er gross amou	nts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program servi	ce revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	ntracts from government agencies					
	dues and assessments avings and temporary cash			14		
	d interest from securities			14	7,008	
	ome or (loss) from real estate:				.,	
a Debt-financ	ed property					
	nanced property					
	come or (loss) from personal property					
	nent income	-				
inventory	· · · · · · · · · · · · · · · · · · ·			14	11,440	10,81
	r (loss) from special events:			1-1	11,440	10,01
	or (loss) from sales of inventory					
Other revenu						
a FEDERAL REF			1,319			
a e						
е			1,319		18,453	10,81
eSubtotal. Add Total. Add lin (See workshe	d columns (b), (d), and (e). ne 12, columns (b), (d), and (e). et in line 13 instructions to verify calcu	ılations.)		13	18,453 3	,
Subtotal. Add lin (See workshe BIT XVI-B Ne No. EXP the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	10,81 ⁻ 30,589
Subtotal. Add lin (See workshe TT XVI-B THE NO. EXP THE	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Total. VI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe Int XVI-B The No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,
Subtotal. Add lin (See workshe rt XVI-B Le No. Exp the inst	d columns (b), (d), and (e)	ilations.) ne Accomplish income is report		ot Purposes Part XVI-A contribu	ted importantly to	,

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	with Noncharitable	
L Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		_

			xomprorgam									
1			anization directly or in han section 501(c)(3)						on described in section	501	Yes	No
а			rom the reporting foun	-	•		· ·	-				
_										1a(1)		No
	(2)	Other	assets							1a(2)		No
b	Other	trans	actions:									
	(1)	Sales	of assets to a nonchari	itable exemp	t orga	nization.				. 1b(1)		No
	(2) F	Purcha	ases of assets from a n	oncharitable	exem	pt organiz	ation			. 1b(2)		No
			of facilities, equipmer	•					$\cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot$. 1b(3)		No
			ursement arrangemen							1b(4)		No
			or loan guarantees.							1b(5)		No
			nance of services or m	•		-				1b(6)		No
		-	facilities, equipment, n	-					ways show the fair ma	1c		No
u	of the	good	ls, other assets, or ser	vices given b	y the	reporting f	foundation. If the	foundation receive	ed less than fair marke ets, or services received	t value		
(a)) Line N	о.	(b) Amount involved	(c) Name of	noncha	aritable exer	npt organization	(d) Description of	transfers, transactions, ar	nd sharing arrar	ngemen	ts
		_										
		_										
		+										
		+										
		_										
		-										
		+										
	descri	ibed in	dation directly or indirent or section 501(c) (other mplete the following so	r than section		,	•		_	✓ No		
_	11 10	3, 60	(a) Name of organization			(b) Type of organizati	on	(c) Description of	relationship		
			-							· .		
		of my		, it is true, co					ing schedules and state than taxpayer) is base			
	gn ere	*	****				2022-05-09	*****		May the IRS dis return with the prepar below		
	'	S	ignature of officer or t	rustee			Date	Title		(see instr.)	Yes 🗆] No
			Print/Type preparer's	name	Prep	arer's Sign	ature	Date	Check if self-	IN		
Pā	aid		JULIET SONG						employed ▶ □	P00857	784	
	repa se O			CUM LLP				1	Fir	m's EIN ▶11-	19863	23
			10	1 WEST SAIN 10 AN JOSE, CA			T SUITE		Pho	one no. (669)) 232-9	9500
			l .									

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

214,048

▶ 3a

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor		
a Paid during the year			
ALISTAIR MARESI TREATMENT 570 EL CAMINO REAL 150-503 REDWOOD CITY, CA 94063		CONTRIBUTIONS	220
ART ON THE SQUAREPO BOX 7175		CONTRIBUTIONS	500

ART ON THE SQUAREPO BOX 7175 REDWOOD CITY, CA 94063		CONTRIBUTIONS	5
ASSOCIATION OF MIRACULOUS MEDALS		CONTRIBUTIONS	3

REDWOOD CITY, CA 94063			
ASSOCIATION OF MIRACULOUS MEDALS 1811 W ST JOSEPH ST		CONTRIBUTIONS	300
DEDDV/(ILLE MO 62775			

ASSOCIATION OF MIRACULOUS MEDALS		CONTRIBUTIONS	3
1811 W ST JOSEPH ST			
PERRYVILLE, MO 63775			

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			
BAY AREA CANCER CONNECTIONS 2335 EL CAMINO REAL PALO ALTO, CA 94306		CONTRIBUTIONS	1,000

2,500

214,048

BETHLEHEM AD 1305 MIDDLEFIELD ROAD		CONTRIBUTIONS
REDWOOD CITY, CA 94063		

1305 MIDDLEFIELD ROAD REDWOOD CITY, CA 94063			
BOYS TOWN14100 CRAWFORD ST		CONTRIBUTIONS	

REDWOOD CITY, CA 94063			
BOYS TOWN14100 CRAWFORD ST		CONTRIBUTIONS	;

REDWOOD CITY, CA 94063			
BOYS TOWN14100 CRAWFORD ST		CONTRIBUTIONS	700

BOYS TOWN14100 CRAWFORD ST	CONTRIBUTIONS	700
BOYS TOWN, NE 68010		

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor		
a Paid during the year			
CENTER FOR APPLIED RESEARCH IN THE APOSTOLATE 37TH AND O STREETS NW WASHINGTON, DC 20057		CONTRIBUTIONS	135
CITY TREESPO BOY 984		CONTRIBUTIONS	1 000

recipient

214,048

WASHINGTON, DC 20057			
CITY TREESPO BOX 984 REDWOOD CITY, CA 94064		CONTRIBUTIONS	1,000
DAUGHTERS OF ST PAUL		CONTRIBUTIONS	250

REDWOOD CITY, CA 94064		CONTRIBUTIONS	1,00
DAUGHTERS OF ST PAUL 50 ST PAULS AVE		CONTRIBUTIONS	2
L DOCTON MA 03130	I .		

REDWOOD CITY, CA 94064			
DAUGHTERS OF ST PAUL 50 ST PAULS AVE		CONTRIBUTIONS	
BOSTON, MA 02130	[i

			í
DAUGHTERS OF ST PAUL		CONTRIBUTIONS	
50 ST PAULS AVE			
BOSTON MA 02130			1

DAUGHTERS OF ST PAUL		CONTRIBUTIONS	
50 ST PAULS AVE			
ROSTON MA 02120	I		

		l
BOSTON, MA 02130		1
50 ST PAULS AVE		1

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

	1		
a Paid during the year			
DREAM VOLUNTEERS2221 BROADWAY REDWOOD CITY, CA 94063		CONTRIBUTIONS	1,000
ETERNAL WORLD TELEVISION		CONTRIBUTIONS	3,000

ETERNAL WORLD TELEVISION		CONTRIBUTIONS	
NETWORK INC			
5817 OLD LEEDS ROAD			
IRONDALE, AL 35210			

5817 OLD LEEDS ROAD IRONDALE, AL 35210			
FRIARS OF THE ATONEMENTS PO BOX 300		CONTRIBUTIONS	300

IRONDALE, AL 35210			
FRIARS OF THE ATONEMENTS PO BOX 300 GARRISON, NY 10524		CONTRIBUTIONS	31

FRIARS OF THE ATONEMENTS PO BOX 300 GARRISON, NY 10524 CONTRIBUTIONS	3

FRIARS OF THE ATONEMENTS		CONTRIBUTIONS	
PO BOX 300			
GARRISON, NY 10524			

PO BOX 300			
GARRISON, NY 10524			

GARRISON, NY 10524		
Total	 ▶ 3a	214,048

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			
GUIDE DOG FOUNDATION371 NY-25 SMITHTOWN, NY 11787		CONTRIBUTIONS	500
HEARING LOSS ASSOCIATION		SCHOLARSHIP	1.000

HEARING LOSS ASSOCIATION 1455 MADISON AVE REDWOOD CITY, CA 94062		SCHOLARSHIP	1
HILLER AVIATION MUSEUM		CONTRIBUTIONS	f

Total .

REDWOOD CITY, CA 94062			
HILLER AVIATION MUSEUM 601 SKYWAY ROAD		CONTRIBUTIONS	6,000
CAN CARLOS CA 04070			ĺ

HILLER AVIATION MUSEUM 601 SKYWAY ROAD SAN CARLOS, CA 94070		CONTRIBUTIONS	6,000

214,048

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

214,048

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

Name and address (home or business)

	or substantial contributor		
a Paid during the year			
JUDICIAL WATCH 425 THIRD STREET SW 800 WASHINGTON, DC 20024		CONTRIBUTIONS	1,000
KAINOS HOME & TRAINING CENTER 3631 JEFFERSON AVE		CONTRIBUTIONS	34,350

KAINOS HOME & TRAINING CENTER 3631 JEFFERSON AVE REDWOOD CITY, CA 94062		CONTRIBUTIONS	
LEADERSHIP INSTITUTE		CONTRIBUTIONS	

REDWOOD CITY, CA 94062			
LEADERSHIP INSTITUTE 1670 SO AMPHLETT BLVD 250 SAN MATEO, CA 94402		CONTRIBUTIONS	10,00

LEADERSHIP INSTITUTE 1670 SO AMPHLETT BLVD 250 SAN MATEO, CA 94402		CONTRIBUTIONS	10,000
i e e e e e e e e e e e e e e e e e e e			

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			
LEGAL AID SOCIETY		CONTRIBUTIONS	300

REDWOOD CITY, CA 94065			
MARINE SCIENCE INSTITUTION		CONTRIBUTIONS	

REDWOOD CITT, CA 94065			
MARINE SCIENCE INSTITUTION 500 DISCOVERY PKWY REDWOOD CITY, CA 94063		CONTRIBUTIONS	

500 DISCOVERY PKWY REDWOOD CITY, CA 94063		CONTRIBUTIONS	1,300
MT CARMEL CHURCH300 FULTON ST		CONTRIBUTIONS	7,500

1 500

REDWOOD CITY, CA 94063			
MT CARMEL CHURCH300 FULTON ST		CONTRIBUTIONS	7,500

REDWOOD CITY, CA 94063			
MT CARMEL CHURCH300 FULTON ST REDWOOD CITY, CA 94062		CONTRIBUTIONS	7,500

MT CARMEL CHURCH300 FULTON ST REDWOOD CITY, CA 94062		CONTRIBUTIONS	7,500

REDWOOD CITY, CA 94062		
Total	 ▶ 3a	214,048

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

SPONSOR

▶ 3a

10,000

214,048

any foundation manager

or substantial contributor

Name and address (home or business)

555 BAKER ST

Total .

SAN FRANCISCO, CA 94117

REDWOOD CITY, CA 94063

NMAO570 EL CAMINO REAL 150-503

	or substantial continuator		
a Paid during the year			
NATIONAL SHRINE OF ST JUDE 3200 E 91ST ST CHICAGO, IL 60617		CONTRIBUTIONS	8,970
NATIVE DAUGHTERS OF THE GOLDEN WEST		CONTRIBUTIONS	200

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			
NOTABLE INC 5655 SILVER CREEK VALLEY ROAD 226 SAN JOSE CA 95138		CONTRIBUTIONS	1,000

SAN JOSE, CA 95138			
OBLATE MISSIONSPO BOX 659432 SAN ANTONIO, TX 78265		CONTRIBUTIONS	

OBLATE MISSIONSPO BOX 659432 SAN ANTONIO, TX 78265		CONTRIBUTIONS	300

SAN ANTONIO, TX 78265		CONTRIBUTIONS	360
OMBUDSMAN1455 MADISON AVE		CONTRIBUTIONS	6,000

51110,11X 76265		
MAN1455 MADISON AVE D CITY, CA 94061	CONTRIBUTIONS	6,000

214.048

OMBUDSMAN1455 MADISON AVE		CONTRIBUTIONS	6,0
REDWOOD CITY, CA 94061			·

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			
PARALYZED VETERANS OF AMERICA 3801 MIRANDA AVE 816-A1219 PALO ALTO. CA 94304		CONTRIBUTIONS	100

PΑ	ALO ALTO, CA 94304			
39	ATHWAYS FOUNDATION P5 OYSTER POINT BLVD DUTH SAN FRANCISCO, CA 94080		CONTRIBUTIONS	500
		l	1	

395 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PENINSULA CONFLICT RESOLUTION CENTER 1670 S AMPHLETT BLVD 115		CONTRIBUTIONS	1,000

214,048

PENINSULA CONFLICT RESOLUTION CENTER		CONTRIBUTIONS	1,0
1670 S AMPHLETT BLVD 115 SAN MATEO, CA 94402			

PENINSULA CONFLICT RESOLUTION		CONTRIBUTIONS	1,
CENTER 1670 S AMPHLETT BLVD 115 SAN MATEO, CA 94402			

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

▶ 3a

214,048

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

990 INDUSTRIAL RD 201 SAN CARLOS, CA 94070

a Paid during the year			
PENINSULA SOCIAL CLUB FOUNDATION 100 N B STREET SAN MATEO, CA 94401		SPONSOR	120
PENINSULA SYMPHONY 146 MAIN STREET 102 LOS ALTOS, CA 94022		SCHOLARSHIP	3,000
PENINSULA YOUTH ORCHESTRA		CONTRIBUTIONS	5,000

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 continuator		
a Paid during the year			
PETS IN NEED871 FIFTH AVE		CONTRIBUTIONS	450

REDWOOD CITY, CA 94063			
PLF SUPPORT 570 EL CAMINO REAL 150-503 REDWOOD CITY, CA 94063		CONTRIBUTIONS	25,000

PLF SUPPORT 570 EL CAMINO REAL 150-503 REDWOOD CITY, CA 94063		CONTRIBUTIONS	25,00
REBUILDING TOGETHER		CONTRIBUTIONS	20

REDWOOD CITT, CA 94003			
REBUILDING TOGETHER 841 KAYNYNE ST A REDWOOD CITY, CA 94063		CONTRIBUTIONS	200

841 KAYNYNE ST A	CONTRIBOTIONS	-
REDWOOD CITY, CA 94063		
REDWOOD CITT, CA 94003		
Total	 > 3a	214,048

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

▶ 3a

214,048

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
REDWOOD CITY INTERNATIONAL PO BOX 715 REDWOOD CITY, CA 94064		CONTRIBUTIONS	1,000
REDWOOD CITY LIBRARY FOUNDATION 1044 MIDDLEFIELD ROAD		CONTRIBUTIONS	2,500

REDWOOD CITY LIBRARY FOUNDATION 1044 MIDDLEFIELD ROAD REDWOOD CITY, CA 94063		CONTRIBUTIONS	2,5
REDWOOD CITY PAL MUSIC FEST		CONTRIBUTIONS	۷.

REDWOOD CITY, CA 94063			
REDWOOD CITY PAL MUSIC FEST 3399 BAY ROAD		CONTRIBUTIONS	3,500
DEDWOOD CITY CA 04063			

REDWOOD CITY PAL MUSIC FEST		CONTRIBUTIONS	3,5
3399 BAY ROAD			
REDWOOD CITY, CA 94063			

REDWOOD CITY PAL MUSIC FEST		CONTRIBUTIONS	3,
3399 BAY ROAD			
REDWOOD CITY, CA 94063			

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

	or substantial contributor		
a Paid during the year			
REDWOOD CITY PARKS & ARTS FOUNDATION 1400 ROOSEVELT AVE		CONTRIBUTIONS	300

REDWOOD CITY, CA 94061			
ROSARY SHRINE OF ST JUDE 141 E 65TH STREET NEW YORK, NY 10065		CONTRIBUTIONS	1,000

141 E 65TH STREET NEW YORK, NY 10065		CONTRIBUTIONS	1,000
SALISIAN SOCIETY 1100 FRANKLIN STREET		CONTRIBUTIONS	2,070

NEW YORK, NY 10065			
SALISIAN SOCIETY 1100 FRANKLIN STREET SAN FRANCISCO, CA 94109		CONTRIBUTIONS	2,070

214,048

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 (nome or business)	or substantial contributor		
a Paid during the year			
SAN FRANCISCO FOUNDATION		CONTRIBUTIONS	5,000

SAN FRANCISCO, CA 94111			
SAN MATEO COUNTY HISTORICAL ASSOCIATION 2200 BROADWAY		CONTRIBUTIONS	2,500

ASSOCIATION 2200 BROADWAY SAN MATEO, CA 94063		CONTRIBUTIONS	2,30
SCIENCE FROM SCIENTISTS		CONTRIBUTIONS	9,00

2200 BROADWAY SAN MATEO, CA 94063			
SCIENCE FROM SCIENTISTS 1 DEANGELO DR		CONTRIBUTIONS	9,000

SAN MATEO, CA 94063			
SCIENCE FROM SCIENTISTS 1 DEANGELO DR BEDFORD MA 01730		CONTRIBUTIONS	9,00

SCIENCE FROM SCIENTISTS 1 DEANGELO DR BEDFORD, MA 01730		CONTRIBUTIONS	9,0

Total		▶ 3a	214,048
1 DEANGELO DR BEDFORD, MA 01730			
SCIENCE FROM SCIENTISTS	1	CONTRIBUTIONS	9,000

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			
SECOND HARVEST FOOD BANK 1051 BING ST		CONTRIBUTIONS	12,738

SAN CARLOS, CA 94070			
SEQUOIA AWARDSPO BOX 2355 REDWOOD CITY, CA 94064		CONTRIBUTIONS	2,000

SEQUOIA AWARDSPO BOX 2355 REDWOOD CITY, CA 94064		CONTRIBUTIONS	2,000
SEQUOIA HOSPITAL FOUNDATION		CONTRIBUTIONS	1,250

REDWOOD CITT, CA 94064			
SEQUOIA HOSPITAL FOUNDATION 170 ALAMEDA DE LAS PULGAS		CONTRIBUTIONS	1,250
REDWOOD CITY, CA 94062			

214,048

3a

SEQUOIA HOSPITAL FOUNDATION		CONTRIBUTIONS	1,25
170 ALAMEDA DE LAS PULGAS			·
REDWOOD CITY, CA 94062			

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

Total .

a Paid during the year			
SERVICE LEAGUE - SAN MATEO COUNTY 727 MIDDLEFIELD ROAD REDWOOD CITY CA 94063		CONTRIBUTIONS	13,400

REDWOOD CITY, CA 94063			
SISTERS OF ST FRANCIS OF ASSISI 3221 S LAKE DRIVE ST FRANCIS, WI 53235		CONTRIBUTIONS	50

3221 S LAKE DRIVE ST FRANCIS, WI 53235		CONTRIBUTIONS	30
SOCIETY OF LITTLE FLOWERS		CONTRIBUTIONS	200

ST FRANCIS, WI 53235			
SOCIETY OF LITTLE FLOWERS 1313 N FRONTAGE RD		CONTRIBUTIONS	200
DARIEN IL 60561			

3a

214,048

SOCIETY OF LITTLE FLOWERS 1313 N FRONTAGE RD DARIEN, IL 60561		CONTRIBUTIONS	20

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			
SOCIETY OF THE SACRED HEART 4120 FOREST PARK AVE ST LOUIS MO 63108		CONTRIBUTIONS	175

400

214,048

3a

ST LOUIS, MO 63108			
SONS OF ITALY WESTERN FOUNDATION 5051 MISSION STREET		CONTRIBUTIONS	
SAN FRANCISCO, CA 94112			1

SONS OF ITALY WESTERN FOUNDATION 5051 MISSION STREET SAN FRANCISCO, CA 94112		CONTRIBUTIONS	
ST ANTHONY PADUA CATHOLIC		CONTRIBUTIONS	

SANTRANCISCO, CA 94112			
ST ANTHONY PADUA CATHOLIC CHURCH		CONTRIBUTIONS	3,620
3500 MIDDLEFIELD RD			

ST ANTHONY PADUA CATHOLIC		CONTRIBUTIONS	3,6
CHURCH			
3500 MIDDLEFIELD RD			
MENLO PARK, CA 94025			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

▶ 3a

214,048

any foundation manager

Name and address (home or business)

Hame and dadress (nome or business)	or substantial contributor		
a Paid during the year			
ST BENEDICTS ABBEY 1020 NORTH 2ND STREET ATCHISON, KS 66002		CONTRIBUTIONS	450
ST FRANCIS CENTER 151 BUCKINGHAM AVE REDWOOD CITY, CA 94063		CONTRIBUTIONS	3,000
ST VINCENT DE PAUL SOCIETY 1425 BAY ROAD EAST PALO ALTO CA 94303		CONTRIBUTIONS	2,650

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

▶ 3a

214,048

any foundation manager

or substantial contributor

Name and address (home or business)

855 JEFFERSON AVE REDWOOD CITY, CA 94064

a Paid during the year			
STREET LIFE MINISTRIES 2890 MIDDLEFIELD ROAD PALO ALTO, CA 94306		CONTRIBUTIONS	4,500
THE SALVATION ARMY 660 VETERANS BLVD		CONTRIBUTIONS	2,500

THE SALVATION ARMY 660 VETERANS BLVD REDWOOD CITY, CA 94063		CONTRIBUTIONS	2,500
UPWARD SCHOLARS		SCHOLARSHIP	2,200

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			
WREATHS ACROSS AMERICA PO BOX 249		CONTRIBUTIONS	150

PO BOX 249 COLUMBIA FALLS, ME 04623			
YMCA1445 HUDSON STREET REDWOOD CITY, CA 94061		CONTRIBUTIONS	2,000

YMCA1445 HUDSON STREET REDWOOD CITY, CA 94061		CONTRIBUTIONS	2,000
YOUNG DREAMER NETWORK 2221 BROADWAY		CONTRIBUTIONS	1,000

YOUNG DREAMER NETWORK CONTRIBUTIONS	
REDWOOD CITY, CA 94063	BUTIONS 1,000

214,048

YOUNG DREAMER METWORK		CONTRIBUTIONS	⊥,\
2221 BROADWAY			
REDWOOD CITY, CA 94063			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136053672
TY 2020 Investments - Other S	Schedule	
Name:	PETER UCCELLI FOUNDATI	ON
EIN:	94-3191524	
Investments Other Schedule 2		

Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
INVESTMENTS - MORGAN STANLEY	FMV	405,788	498,479		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491136053672	
TY 2020 Other Expenses Schedule					
Name:	PETER UCCELLI	FOUNDATION			
EIN:	94-3191524				
Other Expenses Schedule					

	. 71 3131321			
Other Expenses Schedule	1			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL AND PROFESSIONAL	73,629	36,815		0

2,478

OFFICE EXPENSE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: PETER UCCELLI FOUNDATION

Other Income Schedule

EIN: 94-3191524

Net Investment

Income

DLN: 93491136053672

Description

FEDERAL REFUND

Revenue And **Expenses Per Books**

1,319

Adjusted Net Income

1,319

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-1	DL	N: 93491136053672			
TY 2020 Taxes Schedule							
Naı	me: PETER UCCE	ELLI FOUNDATION					
E	EIN: 94-3191524						
Taxes Schedule							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
STATE FILING FEES	10	0		0			
FEDERAL EXCISE TAX	1,480	0		0			

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -	· <u>l</u>		DLN: 93491136053672
Schedule B	Sched	lule 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. <u>gov/Form990</u> for the latest inform	nation.	2020
Name of the organization PETER UCCELLI FOUNDATION	DN		Employer i	identification number
Organization type (checl	(one):		94-3191524	1
	•			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number)	organization		
	4947(a)(1) nonexempt cha	aritable trust not treated as a p	rivate foundation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private for	oundation		
	4947(a)(1) nonexempt cha	aritable trust treated as a privat	e foundation	
	501(c)(3) taxable private for	oundation		
	on filing Form 990, 990-EZ, or 990-roperty) from any one contributor. (
Special Rules				
under sections 50 received from any	n described in section 501(c)(3) filir $\Theta(a)(1)$ and 170(b)(1)(A)(vi), that choone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Con	ecked Schedule A (Form 990 c tal contributions of the greater	or 990-EZ), Part II, line 13	s, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8 tal contributions of more than \$1,00 e prevention of cruelty to children o	00 <i>exclusively</i> for religious, cha	ritable, scientific, literary,	
during the year, co If this box is check purpose. Don't cor	n described in section 501(c)(7), (8 intributions exclusively for religious, ed, enter here the total contribution inplete any of the parts unless the Ge, etc., contributions totaling \$5,000	, charitable, etc., purposes, but ns that were received during the General Rule applies to this org	t no such contributions tot e year for an e <i>xclusively</i> ro ganization because it rece	taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General R must answer "No" on Part IV, line : t I, line 2, to certify that it doesn't m	2, of its Form 990; or check the	e box on line H of its Form	orm 990, 1 990-EZ
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2020)

Employer identification number

Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
PAULA UCCELLI ELCAMINO REAL REDWOOD CITY, CA 94063	\$ 40,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 PAULA UCCELLI ELCAMINO REAL REDWOOD CITY, CA 94063 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Name, address, and ZIP + 4 PAULA UCCELLI ELCAMINO REAL REDWOOD CITY, CA 94063 (b) Name, address, and ZIP + 4 Name, address, and ZIP + 4 (c) Total contributions S (b) Name, address, and ZIP + 4 (c) Total contributions S (c) Total contributions S (d) Total contributions S (e) Total contributions S (f) Total contributions S (h) Name, address, and ZIP + 4 Total contributions S (h) Name, address, and ZIP + 4 Total contributions S Total contributions