Department of the Treasury

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

		gov/rom990Pr for instr			aton.	20	
	Ilendar year 2019 or tax year beginning foundation THE SAN SIMEON FUND	TNC	, 2019, and		A Employer identifi	, 20	
	MR. WILLIAM R. HEARST III	, INC.	,	.	20-198658		
	r and street (or P O bex number if mail is not delivered t	o etmot address)	Boom	-/curto	P Telephone number (see instructions)		
	2,70 0,100, (0 2 20,10 2 100,10	·, · · · · · · · · · · · · · · · · · ·				•	
765	MARKET STREET #34D				( )	<del>-</del>	
	town, state or province, country, and ZIP or foreign posts	al code		-	•		
O.L., O.	,				C If exemption applica		
SAN	FRANCISCO, CA 94103				pending, check here		
	eck all that apply   Initial return	Initial return	of a former public	charity	D 1 Foreign organizat	tions check here	
	Final return	Amended re	•		2 Foreign organiza		
	Address change	Name chang	ē	.	85% test check h computation .		
H Che	eck type of organization X Section 501	(c)(3) exempt private f	oundation	04	•		
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr	vate foundation		E If private foundation under section 507(b	)(1)(A), check here	
l Fair	market value of all assets at J Acco	unting method X C	ash Accrual		F If the foundation is	in a 60-month termination	
		ther (specify)			under section 507(b)	)(1)(B), check here . 🕨 🔃	
		column (d), must be on c	ash basis )				
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	1 (d) November and	(b) Net investmei	nt /	:) Adjusted net	(d) Disbursements for charitable	
	may not necessarily equal the amounts in	expenses per books	income	"	income	purposes	
	column (a) (see instructions) )	4,841,396.	Personal programme of the second seco	, C00-500 (500 core o	Control of the second of the s	(cash basis only)	
1	Contributions, glifts, grants, etc., received (attach schedule)	4,041,330.		(2) 100 (20) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100 (10) 100	graphing paper program. Honorage and the segretary		
2	atlach Sch B.		<b>学成员的工作的基本企业的基本</b>	#7 <u>79</u> \$9\$ 790	29775元素品质的必须是含化	STATE SAME SERVICES	
3	Interest on savings and temporary cash investments.	1,495,588.	1,495,58	38.	·	ENTERNACIONALIA EL PERTENACIONALIA	
4	Dividends and interest from segurities					STATE OF THE STATE	
5a					Will Sinker Land	CORPORATION NAMED AND ADDRESS OF THE PARTY O	
b Sea	Net gain or (loss) from sale of assets not on line 10	2,169,456.				The thing is being a single process.	
6a b				1790 13017	e la company de la company	TOWN BURNESS OF THE PROPERTY OF THE PARTY OF	
7	Capital gain net income (from Part IV, line 2)		6,896,94	40.		97.W.2774762V	
ž 8	Net short-term capital gain		C.C. STANDSKIE	<b>企</b>		<b>学来这类组织</b>	
9	Income modifications	<b>建设设置的</b>	在JOSER/通知	表達		<b>ENGLISHMEN</b>	
10 a	Gross sales less returns	Toward Commence	<b>MARKET STATE</b>	以高 沙海鄉			
b	Less Cost of goods sold .	A STATE OF THE STA			Mark November		
	Gross profit or (loss) (attach schedule)	56,519.	56,5			CHARLES THE TANK	
11	Other income (attach schedule) ATCH, 1	8,562,959.	8,449,04	I .			
12	Total. Add lines 1 through 11	0,302,333.	0,445,04	<sup>2</sup> / •			
9 13 9 14	Compensation of officers, directors, trustees, etc		•				
۳ اعداد اعداد	Other employee salaries and wages	<del> </del>					
15 16 a	Pension-plans-employee benefits	<del></del>		+			
	Accounting fees (attach schedule) ACCOUNTING fees (attach schedule) ACCOUNTING fees (attach schedule) ACCOUNTING fees (attach schedule)	27,000.	13,50	00.		13,500	
າ  e	Othachrofessional sees (attach schedule). [.3]	14,500.				14,500	
E 17	. I(V) 7/2/4/17 AV ((/))	70,881.	70,88	81.			
18	Taxes (attach schedule) (see instructions)[5].	25,000.					
Administrative 12 c 17 18 19 20 c 17 2	Depreciation (attaches medute) and depletion.					idence of them extraordinates	
20	Occupancy						
21	Travel, conferences, and meetings						
21	Printing and publications		600 6		**	1 - 2	
23	Other expenses (attach schedule) ATCH . 6 .	680,931.	680,63	39.		160	
24	Total operating and administrative expenses.	818,312.	765,02	20		28,160	
23 24 24 25	Add lines 13 through 23	4,146,900.	Character System States Sant	20. Daniel 2004	enictores o reserv	4,146,900	
	Contributions, gifts, grants paid	4 965 212	765 0	1624 (1252) 20	<u> </u>	4 175 060	
26	Total expenses and dispulsements Add lines 24 and 25	7, ////		Carre of Accoun	ACTOR MODELLA	STOREST AND VALUE OF STREET	
27	Subtract line 26 from line 12	3,597,747.					
a b	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)		7,684,02	27. 财政	THE STATE OF STATE OF THE STATE	THE TOWNS THE PARTY OF	
	Adjusted net income (if negative, enter -0-).	THE WASHINGTON OF THE PROPERTY OF THE PARTY		AND COME	CONTRACTOR CONTRACTOR	THE POST TOWN TO SEE	
	perwork Reduction Act Notice, see instructions	make the real factor of the sale of the sale of the	h with and who will have a tilling	. 247.4 .		Form <b>990-PF</b> (2019	

JSA For Paperwork Reduction Act Notice, see instructions.  $^{9E\,14\,10\,\,1\,\,000}$   $58\,660\,\mathrm{F}$  G58V

P	ar.t II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
			amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	. 370,680.	348,690.	348,690.
			cash investments	5,600,225.	5,288,423.	5,288,423.
		Accounts receivable			THE THE SEALTH A	
-		Less allowance for dou	btful accounts ▶		-	
ì	4	Picdges receivable 🕨				
		Less allowance for dou	btful accounts ▶			•
		•			,	
			officers, directors, trustees, and other		• • •	•
l		disqualified persons (at	tach schedule) (see instructions)			
	7 `	Other notes and loans r	receivable (attach schedule)		difficultivity	<b>ENDERNATION</b>
		Less allowance for dou	btful accounts ▶			
ŝ	8	Inventories for sale or us	······································			
sset			, leferred charges			
ä	10a	Investments - US and stat	e government obligations (attach schedule)			
	ь	Investments - corporate	stock (attach schedule) ATCH 7	30,198,085.		
	С	Investments - corporate	bonds (attach schedule) ATCH 8	9,386,603.		6,710,630.
		Investments - land, buildings and rquipment hasis				
		Less accumulated deprecta (attach schedule)	ation -			
	12	Investments - mortgage	loans			
		Investments - other (atta	ach schedule) ATCH 9	9,625,364.		14,047,495.
·	• •	Land, buildings, and equipment basis	· -		THE PROPERTY OF THE PROPERTY O	
		Less accumulated deprecia (attach schedule)	ation	· · · · · · · · · · · · · · · · · · ·		; ,
		Other assets (describe			· · · · · · · · · · · · · · · · · · ·	<del></del>
			completed by all filers - see the		50 270 704	60 005 701
_		instructions Also, see p	age 1, item I)	55,180,957.	58,778,704.	68, 925, 791.
	17 ,	Accounts payable and a	accrued expenses			TO POST A COLLEGE OF THE STATE OF
	18	Grants payable				
ities						
ξľ		• 1	pro, trustees, and other disqualified persons	· · · · · · · · · · · · · · · · · · ·		MESSAGE THE SECOND SECOND
jabi			otes payable (attach schedule)			
_	22	Other liabilities (describe	● ▶)			
	22	t Tatal liabilitian /add line	17 through 22)	0.	· o.	
-		<del></del>	es 17 through 22)		0.	STATES AND STATES AND STATES
ces		Foundations that follow and complete lines 24,	w FASB ASC 958, check here			
_		•	•	•		
salar			or restrictions			
			estrictions	· · · · · · · · · · · · · · · · · · ·		
Assets or Fund		roundations that do not to and complete lines 26 thre			•	
_		<u>-</u>	•	•		
္က			cipal, or current funds			
형			ulated income, endowment, or other funds	55,180,957.	58,778,704.	
ŝ		<del>-</del> :	balances (see instructions)	55,180,957.	58,778,704.	ACT TO A 10 TH WAT
	30		net assets/fund balances (see	, , , , , , , , , , , , , , , , , , , ,		
ž				55,180,957.	58,778,704.	
P			nges in Net Assets or Fund Bala		1	payers against the state of the
			palances at beginning of year - Part		must agree with	
			ed on prior year's return).			55,180,957.
2	Ente	r amount from Part I.	line 27a		2	3,597,747.
3	Othe	er increases not includ	ded in line 2 (itemize) ▶		3	,
4	Add	lines 1, 2, and 3			4	58,778,704.
		reases not included in	•		5	
			palances at end of year (line 4 minus	s line 5) - Part II, column (	(b), line 29 <b>6</b>	58,778,704.
_						

Form **990-PF** (2019)

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		scribe the kind(s) of property sold (for e rick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr)
1 a	SEE PART IV SCHE	DULE		D - Donation		
b						
d				-		
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a						
b						
c	·				· · · · · · · · · · · · · · · · · · ·	
d	<u>.                                    </u>					
<u>e</u>						
	Complete only for assets s	howing gain in column (h) and owned			Gains (Col (h) ga	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
a					·	
b						
d						
<u> </u>				7		
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7 spss), enter -0- in Part I, line 7	2	6,	896,940.
3		ain or (loss) as defined in sections				
	•	art I, line 8, column (c). See ins				•
	Part I, line 8 rt V Qualification I		duced Tax on Net Investment In	3		0.
Was		the section 4942 tax on the distrib	outable amount of any year in the ba	ase peno	d?	Yes X No
		n't qualify under section 4940(e)				
1_	Enter the appropriate a		ar, see the instructions before maki	ng any er	tries (d)	<del></del>
Cal	(а) Base релоd years endar year (or tax year beginning ın)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	∞l (c))
	2018	2,825,610.	61,507,354.			0.045939
	2017	4,519,212.	57,722,165.			0.078292
	2016	3,820,630.	53,965,272. 60,704,290.			0.070798 0.068752
	2015	4,173,512. 3,870,344.	54,522,779.			0.070986
	2014	3,870,344.	34,322,773.	т		0.070380
	<b>T-A-1</b> (1) 41 (	AN.		2		0.334767
2		d)				0.334707
3	•	o for the 5-year base period - divid foundation has been in existence		3		0.066953
4	Enter the net value of n	oncharitable-use assets for 2019 f	rom Part X, line 5	4	62,	346,999.
5	Multiply line 4 by line 3.			5	4,	174,319.
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		76,840.
7				7	4,	251,159.
8	Enter qualifying distribu	tions from Part XII, line 4		8		175,060.
	If line 8 is equal to or g Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	x rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	.53,6	581.
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2	1	53,6	81.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	1	.53,6	81.
6	Credits/Payments	ST WAR		
ā	2019 estimated tax payments and 2018 overpayment credited to 2019   6a   60, 531.			
h	Exempt foreign organizations - tax withheld at source		7.0	
c	Tax paid with application for extension of time to file (Form 8868) 6c 125,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d	1	.85,5	31.
8	Enter any penalty for underpayment of estimated tax Check here X if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
_	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		31,8	350.
10 11	Enter the amount of line 10 to be Credited to 2020 estimated tax			
_	t VII-A Statements Regarding Activities		•••	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	2.00	Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
_	instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		ALCONOMIC STREET	
	published or distributed by the foundation in connection with the activities			
_	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	A CL		1048
u	(1) On the foundation  \$ (2) On foundation managers  \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	7,00		
•	on foundation managers > \$ _ '			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
2	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			25.7
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	alle alle alle alle alle alle alle alle	X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes" has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
3	If "Yes," attach the statement required by General Instruction T			李海河
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
0				
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>		4	
-	·	6	X	Mary 1017 A
-	conflict with the state law remain in the governing instrument?	7	Х	
7	ı	1945		<b>公装</b> 榜
8a	Enter the states to which the foundation reports or with which it is registered. See instructions CA,	38.62	707	
4.			5 m 100	
р	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	X	and the state of
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or '	Mark C	ar desa	Branch 1
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			х
	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	, ,		х
_	names and addresses	10	) DE	

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
		12		Х
13		13	X	
	Website address ► N/A			
14	The books are in care of ▶ CINDY LUND Telephone no ▶ 415-538-	3300	)	
	Located at ▶765 MARKET STREET, #34D SAN FRANCISCO, CA ZIP+4 ▶ 94103			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	T
	and enter the amount of tax-exempt interest received or accrued during the year			
16			Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			-
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
r all	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	, , , , , , , , , , , , , , , , , , , ,			
та	During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange or leasing of property with a disqualified person?			
	(1) Linguige in the sale of exemulacy of reasons of property with a requirement person.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			į
	disqualified persons,			- Table 433
	(b) Furnish goods, services, or facilities to (or accept them from) a disqualities person.			Ì
	(4) Lay compensation to, or pay or reinistrate are expenses on a medianine personn.			
	(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)?			
				į
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			į
	foundation agreed to make a grant to or to employ the official for a period after			(
	tormination of government out the first terminating training to adjust the first termination of government of the first termination of the first t			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	4 6		
	Regulations section 53 4041(d)-3 or in a current notice regarding disaster assistance? See instructions	15		<del></del> ,
	Organizations relying on a current notice regarding disaster assistance, check here	İ		1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ا <del></del> -ا
	were not corrected before the first day of the tax year beginning in 2019?	1c		<u> </u>
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))			{
а	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? Yes X No			
	If "Yes" list the years	:	<del></del>	===4
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		<del></del> ,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b				=350
	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		-	اا
	foundation had excess business holdings in 2019)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		-	ئـــــا
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Par	t VII-B	Statements Regarding Activities	TOT WHICH FORM	4/20 May be Red	uirea (contin	lueu)			
5a	During the	year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (sectio	n 4945(e))?	Yes [	X No		7	1
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?								-
	(3) Provid	e a grant to an individual for travel, study, or o	ther similar purposes?	·	. Yes	X No			1
	(4) Provide	e a grant to an organization other than a	charitable, etc., org	anization described i	n				<del></del>
	section	1 4945(d)(4)(A)? See instructions			. Yes	X No		Ī	- }
	(5) Provide	e for any purpose other than religious, ch	naritable, scientific, l	iterary, or educations	al				į
	purpos	es, or for the prevention of cruelty to children	or animals?		. 🗌 Yes [	X No			. !
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in								
	Regulation	s section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions			5b		
	Organizati	ons relying on a current notice regarding disas	ster assistance, check	here		▶\X			
С	If the ans	wer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				į
	because it	maintained expenditure responsibility for the	grant?		. 🔛 Yes [	ĭ No	-		
	If "Yes," at	tach the statement required by Regulations s	ection 53 4945-5(d)					-	ł
6a	Did the fo	oundation, during the year, receive any fur	nds, directly or indire	ectly, to pay premiur	ns		- 1		}
	on a perso	nal benefit contract?			. Yes	X No			i
b	Did the fol	indation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct?		6b		X
	If "Yes" to	6b, file Form 8870							į
7 a	At any time	e during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	Yes [	X No	-	******	لــــــــــــــــــــــــــــــــــــــ
b	If "Yes," di	d the foundation receive any proceeds or have	ve any net income attr	butable to the transacti	on?		7b		<u> </u>
0		dation subject to the section 4000 tax on pay	, ,			i	2202		
		on or excess parachute payment(s) during the				No No			}
Pai		Information About Officers, Directo and Contractors	rs, Trustees, Fou	ndation Managers	s, nignly Par	a Employe	es,		
1	List all off	icers, directors, trustees, and foundat							
			(b) Title, and average		(d) Contribution	ieto I	_	accou	nt
		(a) Name and address	hours per week	(c) Compensation (If not paid,	employee benefit	plans (e)	Expense		
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)		plans (e)	Expense ther allo		
ATC:	10	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans of			<u> </u>
ATCI	10	(a) Name and address	hours per week devoted to position	(If not paid,	employee benefit	plans (e)			
ATCI	10	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans of			<u> </u>
ATCI	10	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans of			<u> </u>
ATCI	H 10	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans of			<u> </u>
ATCI	1 10	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans of			<u> </u>
ATCI	1 10	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit	plans of			<u> </u>
		(a) Name and address  ation of five highest-paid employees	hours per week devoted to position	(If not paid, enter -0-)	emptoyee benefit and deferred compo	plans of	her allo	wance	0.
			hours per week devoted to position	(If not paid, enter -0-)	employee benefit and deferred composition of the co	plans of	her allo	wance	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred composed to the c	plans of of other of the structions.	If no	ne, e	0.
2	Compensa "NONE."		hours per week devoted to position  (other than thos	(If not paid, enter -0-)	employee benefit and deferred composed to the second secon	plans of of other sensation of other sensation of other sensation of other sensations	if no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2	Compensa "NONE."	ation of five highest-paid employees	hours per week devoted to position  (other than those hours per week hours per we	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans of of other sensation of other sensation of other sensation of other sensations	If no	ne, e	0.
2 (a)	Compense "NONE."  Name and ar	ation of five highest-paid employees	(other than thos	(If not paid, enter-0-)  0.	employee benefit and deferred composed to the comployee benefit and deferred to the comployee benefit and deferred to the complex to the	plans ensation of of other control of ot	If no	ne, є	0.

3 Five high	est-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
<del>-</del>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		
		(
otai numper o	others receiving over \$50,000 for professional services	-
Part IX-A	Summary of Direct Charitable Activities	
List the foundations and	on's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of lother beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
		İ
٥		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
-		
All other program	n-related investments. See instructions	
3 NONE		
		1

Pai	rt X Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	^~~~	41,239,569.
	Average monthly fair market value of securities	1a	
	Average of monthly cash balances		8,896,878.
	Fair market value of all other assets (see instructions)		13, 159, 999.
đ		1d	63, 296, 446.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d,	3	63, 296, 446.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	949,447.
Þ	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	62,346,999.
6	Minimum Investment return. Enter 5% of line 5	6	3,117,350.
Pai	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part )	ndation	s
1	Minimum investment return from Part X, line 6	1	3,117,350.
	Tax on investment income for 2019 from Part VI, line 5 2a 153, 681.		
 h	Income tax for 2019 (This does not include the tax from Part VI) 2b	1 1	
	Add lines 2a and 2b	2c	153,681.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,963,669.
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4	5	2,963,669.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
′	line 1	7	2,963,669.
		<del>' ' ' ' ' '</del>	· · · · · · · · · · · · · · · · · · ·
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	4,175,060.
b	Program-related investments - total from Part IX-B	1b	
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	~~ ~	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,175,060.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,175,060.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when co	alculati	ng whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		-

Form **990-PF** (2019)

Pa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2019 from Part XI,	. (a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
	line 7				2,963,669.
	Undistributed income, if any, as of the end of 2019  Enter amount for 2018 only				
	Total for prior years 20 17 20 16 20 15		Andrew C. C. The Medical Andrews and the Control of	PATRICIA PARA PARA PARA PARA PARA PARA PARA PA	
	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015 1,203,735.				
	From 2016 1,131,776.				
	From 2017 1,816,400.				
-	From 2018				
	Total of lines 3a through e	5,284,235.		The second of th	The state of the s
4	Qualifying distributions for 2019 from Part XII, line 4 > \$ 4,175,060.		TO SEE STANDARD AND STANDARD S		The state of the s
а	Applied to 2018, but not more than line 2a		787448889		
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)	1			
d	Applied to 2019 distributable amount	変に移転せる。例の対	现的证明	是的自然的	2,963,669.
	Remaining amount distributed out of corpus	1,211,391.	Fliancian Cooks Latts via na Anchora Anchora Cooks Latts via na Anchora	STATES TO SELECT THE WAS DESCRIBED TO THE PROPERTY OF THE PARTY OF THE	A SANTA TATABAN ON UNTURAL TATABAN DATABAN
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,495,626.			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
ē	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		•		
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions			THE PARTY OF THE P	
f	Undistributed income for 2019 Subtract lines				, ,
	4d and 5 from line 1. This amount must be				
_,	distributed in 2020	A CANAL SANGER TO THE SANGER SANGER			
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2014 not				
_	applied on line 5 or line 7 (see instructions)	1,132,324.			
9	Excess distributions carryover to 2020.				
	Subtract lines 7, and 8 from line 6a $\pm 1.112$ $\pm 1.14$ .	5,363,302.			
,	Analysis of line 9				
	Excess from 2015				
	1 916 400				
	Excess from 2017				
	Excess from 2018				
e	Excess from 2019	(1947年)	第4年5年6年8月8日 第18年8月 18年1	位于1000年1000年1000年1000年1000年1000年	<b>一个公司的人生产的自己的企业。在在2018</b>

Ра	rt XIV Private Op	erating Foundations	(see instructions	and Part VII-A, quest	ion 9)	NOT APPLICABLE				
1 a	If the foundation has	received a ruling or d	etermination letter th	at it is a private oper	ating					
	foundation, and the ruling is effective for 2019, enter the date of the ruling ▶									
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section 4942	(j)(3) or 4842(j)(5)				
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del></del>	(e) Total				
	justed net income from Part  I or the minimum investment	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016					
	return from Part X for each									
	year listed					<u> </u>				
Ь	85% of line 2a					<u> </u>				
С	Qualifying distributions from Part									
٨	XII, line 4, for each year listed .			<del>+</del>	<del>                                     </del>					
u	Amounts included in line 2c not used directly for active conduct									
	of exempt activities			<del> /</del>		<del> </del>				
е	Qualifying distributions made direct, for active conduct of		`							
	exempt activities Subtract line			X						
3	2d from line 2c									
	alternative test relied upon									
а	"Assets" alternative test - enter									
	(1) Value of all assets (2) Value of assets qualifying		/	<del>                                     </del>	J	<del></del>				
	under section									
b	4942(j)(3)(B)(l) "Endowment" alternative test-									
	enter 2/3 of minimum invest-									
	ment return shown in Part X, line 6 for each year listed									
c	"Support" alternative test - enter									
	(1) Total support other than					$\downarrow$				
	gross investment income (interest, dividends, rents,									
	payments on secunites									
	loans (section 512(a)(5)), or royalities)									
	(2) Sapport from general			" '"						
	public and 5 or more exempt organizations as									
(	provided in section 4942									
`	(j)(3)(B)(iii)	·								
	port from an exempt organization									
	(4) Gross investment income.									
Pa	rt XV Supplemer	ntary Information (	Complete this par	t only if the found	ation had \$5,000	or more in assets at				
		uring the year - see								
1	Information Regarding									
а						eived by the foundation				
	before the close of any			more than \$5,000) (S	see section 507 (a)(2)	)				
		& MARGARET HEAR		<u> </u>		11. 1				
b	List any managers of ownership of a partner					lly large portion of the				
	ownership of a partner	ship of other entity) of	willer the louridation	in has a 10% of greater	interest					
	N/A									
2	Information Regarding	Contribution Grant	Gift Loan Scholars	hin etc Programs						
_	<del>_</del>	-								
	Unschotted requests to	ne toundation only l	makes contributions	s to preselected char	ritable organizations	and does not accept under other conditions,				
	complete items 2a, b, o			and, etc, to mainda	als of organizations	under other conditions,				
	The name, address, a	·		the person to whom an	plications should be a	idressed				
u	The name, address, a	na totophono nambor	or oman address or	aro porcon to mioni ap	piloddorio oriodia bo a					
b	The form in which app	lications should be sub	omitted and informat	on and materials they	should include					
-										
	Any submission deadli	nes <sup>·</sup>								
	•									
d	Any restrictions or li	mitations on awards	, such as by geog	raphical areas, charit	able fields, kınds o	f institutions, or other				
	factors									

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	· · · · · · · · · · · · · · · · · · ·
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATCH II				
				:
	İ	İ	i	
				1
		•		
	} [	}	1	i 
		1		
				1
		•		
		-		
	<u> </u>		 	<b> </b> 
		<u> </u>	<u> </u>	4.146.000
Total	<del> </del>	<u> </u>	<u>▶</u> 3a	4,146,900.
<b>b</b> Approved for future payment				 
	l	L		
Total			▶ 3ь	

Part XVI			IVITIES ated business income	Excluded by	y section 512, 513, or 514	(e)
•	amounts unless otherwise indicated	(a) Business code	(b)	(c) Exclusion code	(d) Amount	Related or exempt function income
-	n service revenue					(See instructions)
				<u> </u>		·····
		 		<u> </u>		<del></del>
f						
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments					
3 Interest	on savings and temporary cash investments					
4 Dividen	ds and interest from securities			14	1,495,588.	
5 Net rent	tal income or (loss) from real estate	T-1		<u> </u>	The state of the s	
a Debi	t-financed property					
b Not	debt-financed property			<u> </u>		
6 Net renta	al income or (loss) from personal property			<del></del>		
7 Other in	nvestment income	<u> </u>		10	2 160 456	
8 Gain or (	(loss) from sales of assets other than inventory			18	2,169,456.	<del>.</del>
9 Net inco	ome or (loss) from special events		'			
· · · · · · · · · · · · · · · · · · ·	profit or (loss) from sales of inventory					
	evenue a	<del> </del> -		<del> </del>		
				<del> </del>		
				<del> </del>		
	· · · · · · · · · · · · · · · · · · ·					
e				<del> </del>	3,665,044.	
	Add columns (b), (d), and (e)					3,665,044.
	heet in line 13 instructions to verify calci					
Part XVI	•					
Line No.	Explain below how each activit accomplishment of the foundation					
₩	accomplishment of the foundation	nis exemp	t purposes (other than	by providing	runus for such purposes	s) (See manuchons )
					<u></u>	
	1					
					,	. =-
			<u>-</u>			
			<del></del>			

Par	t XVII	Information R Organizations	egarding Tr	ansfers to a	nd Transact	ions and	Relationshi	ps With	Noncha	ritable	Ex	empt
1	ın se	ne organization direct ection 501(c) (other lizations?	-		•	_				٠ -	Yes	No
а	-	fers from the reporting	na foundation	to a noncharita	able exempt or	nanization o	of					,
		ash	•		•	-				1a(1)	`	·X
		ther assets										Х
b	Other	transactions								_ 1	}	دريو
	(1) Sa	ales of assets to a no	ncharitable ex	empt organizat	ion					16(1)		Х
	(2) Po	urchases of assets from	om a nonchar	itable exempt o	rganization					1b(2)		X
		ental of facilities, equ	•									X
		eimbursement arrang										X
		oans or loan guarante								$\overline{}$		X
_		erformance of service			_					$\overline{}$		X
		ng of facilities, equipm answer to any of th									air m	
u		of the goods, other										
		in any transaction of										
(a) L		(b) Amount involved	<del></del>	f noncharitable ex			escription of trans					
		N/A				N/A						
					,							
									<del></del>			
							<del></del>					
											-	
		<del> </del>		····				··				
	descri	foundation directly bed in section 501(c)	(other than s	ection 501(c)(3						Ye	s X	] No
<u>b</u>	If "Yes	s," complete the follo										
		(a) Name of organization	n	(b) I	ype of organization			(c) Description	on of relations	nıp		
				+			· · · · · · · · · · · · · · · · · · ·					
				+		-						
				1	-				-			
				<u> </u>			·					
Sign	corre	er penalties of perjury, I declared, and complete Declaration of				ich preparer has	any knowledge	o the best of		e and be		
Here		nature of officer or trustee	VV W	Date	127/60	PRES Title	IDENT		with the pre See instruction	parer st		
	<u> </u>	I Denot China		10	va a atla-		D-4	<del></del>		T14.		
Paid		Print/Type preparer's na		Preparer's s	signature		10 Date (1/2)	Chec	^ "	TIN 2012E	600	6
	arer	BRIAN KUEHNIS	EHNIS & A	P P P P P P P P P P P P P P P P P P P	CDAS - TD		10/ 72/5		employed 1 ► 46-46	20125		<u> </u>
_	Only			S BLVD., S	CPAS LLP	<del></del>		Firm's EIN	▶ 40-46	,0 /43	, ,	
J36	Jilly	1	DWOOD CIT		O11D 214	94	063	Dhono no	650-36	2-36	01	
		1 1/15						Phone no		m 990		2019)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CA	APITAL GAI	NS AND LO	SSES FOR	R TAX ON I	INVEST	VI	ENT INCOM	<u> </u>
Kind of P			Descr			0 0	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL SHORT-	S CORPORAT	TION, AND OT OR LOSS	HER		-305,583.	
		PARTNERSHIP, ESTATES OR	S CORPORA!	rion, and or			836,603.	
17384993.		MS #3318 (S/ 16413840.	T COVERED)				VAR 968,015.	VAR
13986950.		MS #3318 (L/ 13548958.	T COVERED)				VAR 434,578.	VAR
782,701.		BLACKSTONE 6 580,317.	BOUB				س <u>م</u> م 202,384.	מַעַיי
664,820.		CARBON BLACE 47,819.	C INC				VAR 617,001.	10/08/2019
1,400,888.		ALPHABET INC	:				VAR 1,400,888.	12/10/2019
2,767,487.		FACEBOOK 24,433.					VAR 2,743,054.	12/10/2019
TOTAL GAIN(LC	oss)	• • • • • • • • • • • • • • • • • • • •			••••		6,896,940.	
	_							

## 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

2019

Employer identification number

THE SAN SIMEON FUND,			20 1006503
C/O MR. WILLIAM R. HE  Organization type (check one)	ARST III		20-1986583
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treat	ted as a private fou	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated a	as a private foundat	aon
	501(c)(3) taxable private foundation		
Check if your organization is co	vered by the General Rule or a Special Rule.		
<b>Note:</b> Only a section 501(c)(7), instructions	(8), or (10) organization can check boxes for both the C	General Rule and a S	Special Rule See
General Rule			
	ling Form 990, 990-EZ, or 990-PF that received, during property) from any one contributor. Complete Parts I and the contributions.		
Special Rules			
regulations under sec 13, 16a, or 16b, and	escribed in section 501(c)(3) filing Form 990 or 990-Eastions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schithat received from any one contributor, during the year the amount on (i) Form 990, Part VIII, line 1h, or (ii) Fo	nedule A (Form 990 or, total contributions	or 990-EZ), Part II, line of the greater of <b>(1)</b>
contributor, during th	escribed in section $501(c)(7)$ , (8), or (10) filing Form 9 e year, total contributions of more than \$1,000 exclusival purposes, or for the prevention of cruelty to children	vely for religious, ch	aritable, scientific,
contributor, during the contributions totaled a during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 9 e year, contributions exclusively for religious, charitable more than \$1,000 If this box is checked, enter here the exclusively religious, charitable, etc., purpose Don't contribution of the contribution of t	e, etc., purposes, bu e total contributions omplete any of the presigious, charitable	t no such s that were received parts unless the , etc , contributions
Caution: An organization that is	n't covered by the General Rule and/or the Special Ru	les doesn't file Sche	dule B (Form 990,
	answer "No" on Part IV, line 2, of its Form 990, or che certify that it doesn't meet the filing requirements of Sch		
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF	Schedule	3 (Form 990, 990-EZ, or 990-PF) (2019)

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

Name of organization THE SAN SIMEON FUND, INC. Name of organization C/O MR. WILLIAM R. HEARST III

Employer (dentification number 20-1986583

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	WILLIAM R. & MARGARET HEARST III		Person X Payroll						
	765 MARKET STREET #34D	\$ 41,660.	Noncash (Complete Part II for						
	SAN FRANCISCO, CA 94103		noncash contributions)						
(a) No.	(b) Name, address, and ZIP ± 4	(c) Total contributions	(d) Type of contribution						
2	WILLIAM R. & MARGARET HEARST III		Person						
	765 MARKET STREET #34D	\$663,925.	Payroll X						
	SAN FRANCISCO, CA 94103		(Complete Part II for noncash contributions)						
(a) No.	( <u>h</u> ) Name, address, and ZIP + 4	(c) Total contributions	( <u>d)</u> Type of contribution						
3	WILLIAM R. & MARGARET HEARST III		Person						
	765 MARKET STRET #34D	\$4,135,811.	Payroll X						
	SAN FRANCISCO, CA 94103		(Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
			Person Payroll						
		\$	Noncash						
			(Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
			Person Payroll Noncash (Complete Part II for noncash contributions)						

Name of organization THE SAN SIMEON FUND, INC.

C/O MR. WILLIAM R. HEARST III

Employer identification number 20–1986583

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Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		<b>\$</b>	
(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
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
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(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
		<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization THE SAN SIMEON FUND, INC. C/O MR. WILLIAM R. HEARST III

Employer identification number 20-1986583

Part III 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, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$

	duplicate copies of Part III if addition	nai 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				
<u> </u>	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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		(e) Transfer of gift				
	Transferee's name, address, and	1.71D ± 4	Relationship of transferor to transferee			
-	Transferee's name, address, and	1ZIF T 4	Relationship of transferor to transferee			
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(a) No	<del></del>		·			
(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	1 ZIP + 4	Relationship of transferor to transferee			
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(a) No.	<del></del>		· · ·			
(a) No. from Part I	(b) Purpose of gift	(ċ) l'ise of gift	(d) Description of how gift is held			
<u> </u>		(e) Transfer of gift				
		(.,				
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
j <u>-</u>		i				
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## FORM 990PF, PART I - OTHER INCOME

NET	INVESTMENT	.06	-24.	.56.	44,532.	469.	11,426.	56,519.
REVENUE AND	EXPENSES PER BOOKS	.06	-24.	26.	44,532.	469.	11,426.	56,519.
								TOTALS
	DESCRIPTION	ORDINARY INCOME (K-1)	NET RENTAL INCOME (K-1)	ROYALTIE, 3 (K-1)	OTHER INCOME (K-1)	SECTION 1231 GAIN (K-1)	SECTION 1256 GAIN (K-1)	

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PART
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CHARITABLE PJRPOSES	13,500.	13,500.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	13,500.	13,500.
REVENUE AND EXPENSES PER BOOKS	27,000.	27,000.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

PORM 990PF, PART I - OTHER PROFESSIONAL FEES

RE'/ENUE
AND
EX PENSES
PER BOOKS

14,500.

14,500.

14,500.

CHAE:ITABLE PUE:POSES

TOTALS

AUDITING FEES

DESCRIPTION

14,500.

ATTACHMENT 3

58660F G58V

FORM 990PF, PART I - INTEREST EXPENSE

NET INVESTMENT INCOME	70,881.	70,881.
RE'/ENUE AND EXPENSES PER BOOKS	70,881.	70,881.
DESCRIPTION	INVESTMENT INTEREST (K-1)	TOTALS

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION

FEDERAL TAXES

25,000.

TOTALS

25,000.

	NET	INVESTMENT	INCOME	411,240.	30,181.		.06		239,122.		.680,639
REVENUE	AND	EXPENSES	PER BOOKS	411,240.	30,181.	160.	.06	132.	239,122.	.9	680,931.
			DESCRIPTION	NANAGEMENT FEES-MORGAN STANLEY	FOREIGN TAX	FILING FEES	SERVICE CHARGES	NONDEDUCTIBLE EXPENSES	OTHER DEDUCTIBLE (K-1)	FOYALTY DEDUCT [ONS (K-1)	TOTALS

160.

160.

CHARITABLE PURPOSES

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PART	
90PF,	
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FORM	

ENDING <u>FMV</u>	42,530,553.	42, 530, 553
ENDING BOOK VALUE	35,737,492.	35,737,492.
		TOTALS
DESCRIP'LION	VARIOUS - MS	

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ENDING FMV	6,710,630.	6,710,630
ENDING BOOK VALUE	6,513,623.	6,513,623.
		TOTALS
DESCRIP'[ION	BONDS - MS	

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GOODE DART II	
GOODE DART II	
DART TT	

ENDING <u>FMV</u>	8,760,375. 4,812,824. 474,296	14,047,495
ENDING BOOK VALUE	6, 299, 687. 4, 015, 604. 475, 185.	10,790,476.
DESCRIPTION	RENAISSANCE INST EQUITIES FUND RENAISSANCE INST DIVERSIFIED A BOND CAPITAL FUND LP	TOTALS

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AZ ;TATE UNIVERSITY FOUNDAT: ON	NONE	SCIENTIFIC RESEARCH - DEVELOPMENT OF NEW EARTH	600,009
1001 SOUTH MCALLISTER AVENUI.	22	IMAGING TECHNOLOGY	
TEM.'E, AZ 85201			
WGB! EDUCATIONAL FOUNDATION	NONE	MASTERPIECE TRUST AND NOVA TEAM	425,000.
ONE GUEST STREET	26		
BOSTON, MA 02135			
CEN'TER FOR INVESTIGATIVE REI'ORTING	NONE	GENERAL CHARITABLE PURPOSE	625,000.
140) 65TH, SUITE 200	PC		
EMENYVILLE, CA 94608			
UNI/ERSITY OF CHICAGO	NONE	FIELD AND LABORATORY RESEARCH, TRAINING AND	250,000
1027 EAST 57TH STREET	PC	OUTREACH	
ANA'FOMY BUILDING			
CHICAGO, IL 60637			
THE THACHER SCHOOL	NONE	C+T BUILDING	500,000
502, THACHER ROAD	24		
oja., ca 93023			
COMMON SENSE MEDIA	NONE	GENERAL CHARITABLE PURPOSE	946,900
650 TOWNSEND STREET, SUITE / 35	25		
SAN FRANCISCO, CA 94103			

FOFM 990PE, PART XV - GRANT; AND CONTRIBUTIONS PAID DURING THE YEAR

			ATT, CHMENT 11 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NAN'TUCKET COTTAGE HOSPITAL 57 PROSPECT STREET NAN'TUCKET, MA 02554	NONE PC	NEW MRI SULTE	300,000
THE PACIFIC CREST SCHOOL 600 NW BRIGHT STREET SEA'TTLE, WA 98107	NONE PC	GENERAL FUND	200,000

4, 146, 900	
TOTAL CONTRIBUTIONS PAID	