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DLN: 93491227009109

OMB No 1545-0052

2017

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year beginning 10-01-2	2017 , ar	nd ending 09-30-				
		indation ucks Foundation		91-1795425	entification numbe	r		
	VIVEK '		-)   D /	91-1/93425				
		I street (or P O $$ box number If mail is not delivered to street addres $$ H AVENUE $$ S	ss) Room/suite	<b>B</b> Telephone nu	mber (see instruction	ns)		
Cıtv	or town	, state or province, country, and ZIP or foreign postal code		(206) 318-8602	2			
		A 98134	<b>C</b> If exemption	C If exemption application is pending, check here				
G Ch	neck al	I that apply $\Box$ Initial return $\Box$ Initial return of	a former public charity	<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🛴		
		$\square$ Final return $\square$ Amended retur	n		ganizations meeting			
		$\square$ Address change $\square$ Name change			k here and attach co	· -		
l Ch	neck ty	pe of organization 🗹 Section 501(c)(3) exempt private	e foundation		undation status was t n 507(b)(1)(A), chec			
	Section	1 4947(a)(1) nonexempt charitable trust	ble private foundation					
		xet value of all assets at end from Part II, col (c),	☐ Cash ☑ Accru		ation is in a 60-mont <mark>l</mark> n 507(b)(1)(B), chec			
		* 48,873,755	et he on cash hasis )	ander seeds	507 (5)(1)(5), circo	ix nore		
			T Te on cash basis )		T	T		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		equal the amounts in column (a) (see instructions)	expenses per books	ıncome	income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach	1,899,449			(,		
		schedule)						
	2	Check ► ☐ If the foundation is <b>not</b> required to attach						
	3	Sch B	130,823	130,823				
	4	Dividends and interest from securities	·	·				
	5a	Gross rents						
	ь	Net rental income or (loss)	_					
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	ь	Gross sales price for all assets on line 6a						
Sev	7	Capital gain net income (from Part IV, line 2)		0				
_	8	Net short-term capital gain						
	9	Income modifications						
	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)						
	12	Total. Add lines 1 through 11	2,030,272	130,823				
	13	Compensation of officers, directors, trustees, etc	0					
	14	Other employee salaries and wages						
es	15	Pension plans, employee benefits						
ŠL	16a	Legal fees (attach schedule)						
×	Ь	Accounting fees (attach schedule)						
e L	c	Other professional fees (attach schedule)	354,720	14,189	0	340,531		
Operating and Administrative Expenses	17	Interest						
<u> </u>	18	Taxes (attach schedule) (see instructions)	1,104	0	0	С		
	19	Depreciation (attach schedule) and depletion						
€	20	Occupancy						
7	21	Travel, conferences, and meetings						
ਰ	22	Printing and publications						
<u> </u>	23	Other expenses (attach schedule)						
ir al	24	Total operating and administrative expenses.			_			
<u>ಹ</u>	35	Add lines 13 through 23	355,824		0	340,531		
_	25	Contributions, gifts, grants paid	16,350,126			16,350,126		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	16,705,950	14,189	0	16,690,657		
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	-14,675,678					
	ь	Net investment income (If negative, enter -0-)		116,634				
	c	Adjusted net income(If negative, enter -0-)						
or	Paper	work Reduction Act Notice, see instructions.	•	Cat No 11289)	. For	m <b>990-PF</b> (2017)		

	2	Savings and temporary cash investments	63,256,932	48,873,755	48,873,755
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable	0		
	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 ▶			
23	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	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)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	63,256,932	48,873,755	48,873,755
	17	Accounts payable and accrued expenses	1,083	2,331	
	18	Grants payable	6,072,646	6,364,636	
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ıat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe >)			
	23	Total liabilities(add lines 17 through 22)	6,073,729	6,366,967	
		Foundations that follow SFAS 117, check here ▶ ✓			
e s		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	49,786,806	39,501,443	
Sa le	25	Temporarily restricted	7,396,397	3,005,345	
_	26	Permanently restricted	· ·		
Fund					
or F		Foundations that do not follow SFAS 117, check here			
	27	and complete lines 27 through 31.			
Net Assets	27	Capital stock, trust principal, or current funds			
As	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
et	29	Retained earnings, accumulated income, endowment, or other funds	F7 102 202	42 506 700	
Z	30	Total net assets or fund balances (see instructions)	57,183,203	42,506,788	

63,256,932

48,873,755

57,183,203

-14,675,678

42,507,525

42,506,788

Form **990-PF** (2017)

737

1

2

3

4

5

6

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

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . .

Decreases not included in line 2 (itemize) ▶

31 Part III

2

3

4

5

instructions

Page **3** 

Part	Capital Gains	and Losses for Tax on Invest	ment Income				
	List and describe 2-story brick ward	(a) the kind(s) of property sold (e g , re ehouse, or common stock, 200 shs	eal estate, MLC Co )	(b) How acquired P—Purchase D—Donation	e Dai	(c) te acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a							
_							
_							
_							
_							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	<b>h)</b> r (loss) ) mınus (g)
a							
b							
С							
d							
e							
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col (ı) l (ʒ), ıf any	col	l (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a							
b							
С							
d							
e							
2	Capital gain net income	e or (net capital loss)	If gain, also enter in F If (loss), enter -0- in l 1222(5) and (6)		}		
	If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0		} 3		
Part	V Qualification (	Jnder Section 4940(e) for Re	educed Tax on Net	Investment	Income		
For op	tional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment in	come )		
if secti	on 4940(d)(2) applies, le	eave this part blank				_	
f "Yes,	" the foundation does no	e section 4942 tax on the distributa of qualify under section 4940(e) Do	not complete this part	·		Y	es 🗹 No
1		nount in each column for each year,	see instructions before	making any en	tries		
	(a) e period years Calendar (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		(col	<b>(d)</b> Distribution rati (b) divided by c	
	2016	10,088,754		19,531,734			0 516531
	2015	8,953,034		24,141,216			0 370861
	2014	9,095,424		19,896,443			0 457138
	2013	8,080,039		15,098,747			0 535146
	2012	7,954,757		13,230,821			0 601229
	<b>Fotal</b> of line 1, column (	•		<u> </u>	2		2 480905
r	number of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2017 fron	than 5 years	· . ·	3 4		0 496181 56,652,567
			•		5		28,109,927
	• • •	ent income (1% of Part I, line 27b)		<del></del>	6		1,166
		ent income (176 of Part 1, line 27b)		· · · · · · -	7		28,111,093
		ions from Part XII, line 4 ,		<u> </u>	8		16,690,657
I		eater than line 7, check the box in Pa				6 tax rate Se	

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

-orm	orm 990-PF (2017)								
Pa	rt VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors							
1	List all of	fficers, directors, trustees, foundation managers and their compensation (see instructions).							

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week  (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			compensation	
	-			
2 Compensation of five highest-pa	id employees (other than t	hose included on line :	1—see instructions). If no	ne, enter "NONE."
(a)	Title, and average		Contributions to	F
Name and address of each employee pa	aid hours per week	(c) Compensation	employee benefit plans and deferred	Expense account,  (e) other allowances
more than \$50,000	(b) devoted to position		(d) compensation	
<b>Total</b> number of other employees paid ov				
3 Five highest-paid independent co			I	
(a) Name and address of each person	n paid more than \$50,000	+	pe of service	(c) Compensation
POINT B INC		CONSULTING		131,902
PO BOX 45527 SAN FRANCISCO, CA 94145				
SMARTSIMPLE SOFTWARE LTD		SOFTWARE		66,444
33 W 19TH STREET SUITE 403				
NEW YORK, NY 10011				
SCHONFIELD CONSULTING		CONSULTING		51,013
1834 DELAWARE STREET BERKELEY, CA 94703				
		1		
Total number of others receiving over \$50		<del></del>		
Part IX-A Summary of Direct (				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con	eactivities during the tax year. Incl ferences convened, research paper	ude relevant statistical inforr s produced, etc	mation such as the number of	Expenses
1				
2				
3				
3				
4				
_				
Part IX-B Summary of Program	m-Related Investments	(see instructions)	<u> </u>	
Describe the two largest program-related inve	estments made by the foundation d	luring the tax year on lines 1	and 2	Amount
1 NONE				
2				
• 11 - 11				
All other program-related investments	See instructions			
3				
Total. Add lines 1 through 3 .				

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 set aside for specific charitable projects that satisfy the

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

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

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. . . . . . . . . .

3

4

5

2

3a 3h

4

5

16,690,657

16,690,657

Form **990-PF** (2017)

**b** Total for prior years

a From 2012. . . . .

d From 2015. . . . .

e From 2016. . . . .

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . . . .

f Total of lines 3a through e. . . . . . . .

d Applied to 2017 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2017 (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 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

**b** Excess from 2014. .

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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . . 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 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 16,690,657
 a Applied to 2016, but not more than line 2a
 b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

3 Excess distributions carryover, if any, to 2017

2015, 2014, 2013

7,302,836 7,325,102

8 100 602

7,746,334 9,113,215

7,325,102 8,100,602

7.746.334

9,113,215

13.860.362

(a)

Corpus

39.588.089

13,860,362

53,448,451

7.302.836

46,145,615

(b)

Years prior to 2016

(c)

2016

Page 9

2,830,295

2,830,295

Form **990-PF** (2017)

10111 330-F1 (2017)								
Part XIII	Undistributed Income (see instructions)							

GRANTS ARE TYPICALLY MADE FOR YOUTH, VETERANS AND REFUGEE EMPLOYMENT TRAINING PROGRAMS, AND ORGANIZATIONS TYPICALLY RECEIVE FUNDING ONE TIME PER CALENDAR YEAR GRANTS FOR WATER AND OTHER IMPROVEMENTS FOR COFFEE AND TEA FARMERS TEND TO BE MULTI-YEAR GRANTS GRANTS FOR DISASTER RELIEF AND OTHER CHARITABLE ORGANIZATIONS TEND TO BE MADE ON AN AD HOC

BASIS

Total	<u> </u>	 ▶ 3a	16,350,126
<b>b</b> Approved for future payment SEE STATEMENT SEE STATEMENT FOR FULL LIST OF ADDR SEE STATEMENT, WA 00000		SEE ATTACHED STATEMENT	6,364,636

3b

r gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exemp	
rogram	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function incom (See instruction:	
·							
	·						
	and contracts from government agencies rship dues and assessments.						
Intere	st on savings and temporary cash ments			14	130,823		
	ds and interest from securities						
	tal income or (loss) from real estate financed property.						
	ebt-financed property						
	ntal income or (loss) from personal property						
	nvestment income						
	ory						
	ome or (loss) from special events						
	profit or (loss) from sales of inventory revenue a						
				+			
	al Add columns (b), (d), and (e)				130,823		
Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	130,823		
Subtota Total. See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  Belationship of Activities to th	ations ) e Accomplish	ment of Exem	pt Purposes			
Subtota Total. See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
Subtota Total. See wo rt XVI e No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated the color of the foundation of the foundation of explain below how each activity for which the accomplishment of the foundation of explain below how each activity for which the accomplishment of the foundation of explain below how each activity for which the accomplishment of the foundation of explain the foundation of the f	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
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Subtotal. See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated to the second to the second to the second to the accomplishment of the foundation's expressions.	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
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Subtotal. See work XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated to the second to the second to the second to the accomplishment of the foundation's expressions.	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
Subtotal. See work XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated to the second to the second to the second to the accomplishment of the foundation's expressions.	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
Subtotal. See wort XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated to the second to the second to the second to the accomplishment of the foundation's expressions.	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
Subtota Fotal. See wort XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated to the second to the second to the second to the accomplishment of the foundation's expressions.	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		
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Subtota Total. (See wo rt XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated to the second to the second to the second to the accomplishment of the foundation's expressions.	ations ) e Accomplish income is report	ment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to		

orm 99	0-PF (2	.017)								Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ransfers To a	ınd Transac	tions and	l Relation	nships With Nonch	aritable		
		anization directly or in ode (other than sectio						n described in section 5 organizations?	501	Yes	No
a Tran	sfers fr	om the reporting foun	dation to a n	oncharitable exe	empt organizat	ion of					
(1)	Cash.								1a(1)	Yes	
(2)	Other	assets							1a(2)		No
<b>b</b> Othe	er trans	actions									
(1)	Sales	of assets to a nonchar	ıtable exemp	t organization.					1b(1)		No
(2)	Purcha	ases of assets from a r	noncharitable	exempt organiz	ation				. 1b(2)		No
(3)	Rental	of facilities, equipmen	nt, or other a	ssets					. 1b(3)		No
(4)	Reımb	ursement arrangemen	its						1b(4)		No
(5)	Loans	or loan guarantees.							1b(5)		No
(6)	Perforn	nance of services or m	embership o	r fundraısıng solı	ıcıtatıons				1b(6)		No
	-	facilities, equipment, r							1c		No
of th	ne good ny trans	s, other assets, or ser	vices given b ingement, sh	y the reporting f	foundation If t I) the value of	the foundat the goods,	other asset	vays show the fair mar d less than fair market is, or services received	value	ngomon	ate.
la(1)	INO	· ·	<del>  ` '                                  </del>	FEE RESEARC	npt organization			transfers, transactions, and E GRANTS MADE	i silaring arra	ingemen	its
-u(±)		3,0,333	WORLD COL	TEE RESEARCE		D13/13   E1	( REST ONS	2 310 11713 117132			
desc	ribed in	dation directly or indirent in section 501(c) of the mplete the following s (a) Name of organization	Code (other	than section 50		section 527			. Yes	<b>✓</b>	No
								<del></del>			
	of my		, it is true, c					ng schedules and state than taxpayer) is based 			
Sign Here	-	****			2019-08-12	<u> </u>	*****	r 	lay the IRS d eturn with the prepa elow		
	' S	ignature of officer or t	rustee	Γ	Date	, 	Title	<u>(</u>	see instr )? [	✓ Yes	□No
		Print/Type preparer's	s name	Preparer's Sign	ature	Date		Check if self- employed ▶ □	N P00560	0072	

Paid

SUE ROBISON 2019-08-13 Preparer Firm's name ► KPMG LLP Fırm's EIN ▶ **Use Only** Firm's address ► 1918 Eighth Avenue Suite 2900

Seattle, WA 98101

Phone no (206) 913-4000

Form 990PF Part VII-A Line 8a									
Enter the states to which the foundation it is registered				GA, HI, IL, KS, KY, ME, MD, , RI, SC, TN, UT, VA, WA, W					
Form 990PF Part VIII Line 1 - L	ist all officers, direc	tors,	trustees, foundation	managers and their	compensation				
(a) Name and address	Title, and aver hours per we (b) devoted to pos	ek	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances				
LUCY HELM	DIRECTOR		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
JOHN KELLY	DIRECTOR		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
CLIFF BURROWS	VICE		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	PRESIDENT/DIRECT 1 0	OR							
JOHN CULVER	Director		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
VIVEK VARMA	PRESIDENT/DIRECT	OR	0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
MATT RYAN	DIRECTOR		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
JILL WALKER	Treasurer		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
Krıs Engskov	director		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
Virginia Tenpenny	Executive Director		0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								
Paul Mutty	SECRETARY/DIRECT	ΓOR	0	0	0				
2401 UTAH AVENUE S SEATTLE, WA 98134	1 0								



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491227009109 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

## Name: The Starbucks Foundation EIN: 91-1795425

Note: To cap	Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.									
TY 2017 Expenditure Responsibility Statement										
				e Starbucks Foundation -1795425						
Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification	

DLN: 93491227009109

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

Name	Address	0,4110 2 410	Amount	Siam aiposs	Expended By Grantee	By Grantee?	By Grantee	Verification	
WORLD COFFEE RESEARCH	10940 SW BARNES ROAD 334 PORTLAND, OR 97225	2018-09-11	470,243	STRENGTHEN COMMUNITIES IN PUERTO RICO BY ADDRESSING THE ISSUES CAUSED BY HURRICANE MARIA	96,486	NO	2/11/2019	2018-10-24	GRANT ACTIVITIES REMAIN TRUE TO THE PURPOSE OF THE GRANT, AS REPORTED
WORLD COFFEE RESEARCH	10940 SW BARNES ROAD 334 PORTLAND, OR 97225	2017-12-01	108,710	STRENGTHEN COMMUNITIES IN PUERTO RICO BY ADDRESSING THE ISSUES CAUSED BY HURRICANE MARIA	108,710	NO	1/15/2018, 2/28/2018, 8/15/2018		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491227009109				
TY 2017 Other Decreases Schedule						
Name:	The Starbucks Foundation					
EIN:	91-1795425					
Description		Amount				
UNREALIZED LOSS		737				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491227009109	
TY 2017 Other Professional Fees Schedule					
Name: The Starbucks Foundation					
<b>EIN:</b> 91-1795425					
Category	Amount	Net Investment	Adjusted Net	Disbursements	

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

14,189

354,720

PROFESSIONAL FEES

340,531

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	l: 93491227009109	
TY 2017 Taxes Schedule					
Name:	: The Starbuc	ks Foundation			
<b>EIN:</b> 91-1795425					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
NET INVESTMENT INCOME TAX	1,104	0	0	0	

efile GRAPHIC print - I	O NOT PROCESS As Filed Data -			DLN: 93491227009109		
Schedule B	Schedul	e of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .			2017		
Name of the organizat	on		Employer id	dentification number		
			91-1795425			
Organization type (che	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) org	ganization				
	4947(a)(1) nonexempt charita	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private foun	ndation				
	4947(a)(1) nonexempt charita	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foun	ndation				
	tion filing Form 990, 990-EZ, or 990-PF property) from any one contributor Cor					
Special Rules						
under sections t received from a	on described in section 501(c)(3) filing F 09(a)(1) and 170(b)(1)(A)(vi), that check y one contributor, during the year, total o e 1h, or (ii) Form 990-EZ, line 1 Comple	ked Schedule A (Form 990 or 990-E contributions of the greater of <b>(1)</b> \$	Z), Part II, line 13,	16a, or 16b, and that		
during the year,	on described in section 501(c)(7), (8), o otal contributions of more than \$1,000 e he prevention of cruelty to children or ai	exclusively for religious, charitable,	scientific, literary, d			
during the year, If this box is che purpose Don't o	on described in section 501(c)(7), (8), o contributions exclusively for religious, chiked, enter here the total contributions the marked any of the parts unless the <b>Gen</b> ole, etc., contributions totaling \$5,000 or	naritable, etc., purposes, but no suc hat were received during the year fo neral Rule applies to this organization	h contributions tota or an <i>exclusively</i> re on because it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	n that isn't covered by the General Rule it <b>must</b> answer "No" on Part IV, line 2, c orm 990PF, Part I, line 2, to certify that i	of its Form 990, or check the box or	line H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 99	ct Notice, see the Instructions -PF	Cat No 30613X S	Schedule B (Form 990	ı, 990-EZ, or 990-PF) (2017)		

Name of organization Employer identification number 91-1795425 The Starbucks Foundation Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person STARBUCKS COFFEE COMPANY **Payroll** 2401 UTAH AVE S \$1,899,149 Noncash SEATTLE, WA98134 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (C) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)