

Form **990-PF**Department of the Treasury  
Internal Revenue Service**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.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------------|----------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>THE PAUL G. ALLEN FAMILY FOUNDATION</b>                                                                                                                                                                                                  |                                                                                                                                                                                | <b>A Employer identification number</b><br>94-3082532                                                                        |                                           |              |                |                |             |                                                                                                                                                            |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>505 FIFTH AVENUE SOUTH</b>                                                                                                                                                | Room/suite<br>900                                                                                                                                                              | <b>B Telephone number</b><br>206-342-2000                                                                                    |                                           |              |                |                |             |                                                                                                                                                            |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>SEATTLE, WA 98104</b>                                                                                                                                                              |                                                                                                                                                                                | <b>C</b> If exemption application is pending, check here ...▶                                                                |                                           |              |                |                |             |                                                                                                                                                            |
| <b>G</b> Check all that apply: <table border="0"> <tr> <td>Initial return</td> <td>Initial return of a former public charity</td> </tr> <tr> <td>Final return</td> <td>Amended return</td> </tr> <tr> <td>Address change</td> <td>Name change</td> </tr> </table> |                                                                                                                                                                                | Initial return                                                                                                               | Initial return of a former public charity | Final return | Amended return | Address change | Name change | <b>D 1.</b> Foreign organizations, check here .....▶<br><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation .....▶ |
| Initial return                                                                                                                                                                                                                                                    | Initial return of a former public charity                                                                                                                                      |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
| Final return                                                                                                                                                                                                                                                      | Amended return                                                                                                                                                                 |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
| Address change                                                                                                                                                                                                                                                    | Name change                                                                                                                                                                    |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br>Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation                                                            |                                                                                                                                                                                | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ...▶                             |                                           |              |                |                |             |                                                                                                                                                            |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>\$ 1,165,461,201.                                                                                                                                                    | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br>Other (specify) _____<br>(Part I, column (d), must be on cash basis.) | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...▶ <input type="checkbox"/> |                                           |              |                |                |             |                                                                                                                                                            |

| <b>Part I Analysis of Revenue and Expenses</b><br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) |                                                                                                | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>Revenue</b>                                                                                                                                             | 1 Contributions, gifts, grants, etc., received .....                                           | 0.                                 |                           | N/A                     |                                                             |
|                                                                                                                                                            | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 3 Interest on savings and temporary cash investments .....                                     | 18,229,916.                        | 18,229,916.               |                         |                                                             |
|                                                                                                                                                            | 4 Dividends and interest from securities .....                                                 | 4,642,655.                         | 4,642,655.                |                         |                                                             |
|                                                                                                                                                            | 5a Gross rents .....                                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                            | b Net rental income or (loss) .....                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 6a Net gain or (loss) from sale of assets not on line 10 .....                                 | 21,646,530.                        |                           |                         |                                                             |
|                                                                                                                                                            | b Gross sales price for all assets on line 6a 500,914,545.                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 7 Capital gain net income (from Part IV, line 2) .....                                         |                                    | 21,503,417.               |                         |                                                             |
|                                                                                                                                                            | 8 Net short-term capital gain .....                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 9 Income modifications .....                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 10a Gross sales less returns and allowances .....                                              |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold ...                                                                                                                             |                                                                                                |                                    |                           |                         |                                                             |
| c Gross profit or (loss) .....                                                                                                                             |                                                                                                |                                    |                           |                         |                                                             |
| 11 Other income .....                                                                                                                                      | 699,013.                                                                                       | 10,996.                            |                           | STATEMENT 1             |                                                             |
| 12 <b>Total.</b> Add lines 1 through 11 .....                                                                                                              | 45,218,114.                                                                                    | 44,386,984.                        |                           |                         |                                                             |
| <b>Operating and Administrative Expenses</b>                                                                                                               | 13 Compensation of officers, directors, trustees, etc. ....                                    | 0.                                 | 0.                        |                         | 0.                                                          |
|                                                                                                                                                            | 14 Other employee salaries and wages .....                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 15 Pension plans, employee benefits .....                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 16a Legal fees STMT 2 .....                                                                    | 81,580.                            | 15,659.                   |                         | 63,296.                                                     |
|                                                                                                                                                            | b Accounting fees STMT 3 .....                                                                 | 26,301.                            | 0.                        |                         | 22,670.                                                     |
|                                                                                                                                                            | c Other professional fees STMT 4 .....                                                         | 647,299.                           | 633,360.                  |                         | 0.                                                          |
|                                                                                                                                                            | 17 Interest .....                                                                              | 305.                               | 305.                      |                         | 0.                                                          |
|                                                                                                                                                            | 18 Taxes STMT 5 .....                                                                          | 130,000.                           | 0.                        |                         | 0.                                                          |
|                                                                                                                                                            | 19 Depreciation and depletion .....                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 20 Occupancy .....                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 21 Travel, conferences, and meetings .....                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 22 Printing and publications .....                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 23 Other expenses .....                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....           | 885,485.                           | 649,324.                  |                         | 85,966.                                                     |
|                                                                                                                                                            | 25 Contributions, gifts, grants paid .....                                                     | 63,034,071.                        |                           |                         | 63,153,244.                                                 |
|                                                                                                                                                            | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....                          | 63,919,556.                        | 649,324.                  |                         | 63,239,210.                                                 |
| 27 Subtract line 26 from line 12:                                                                                                                          |                                                                                                |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements ...                                                                                                    | -18,701,442.                                                                                   |                                    |                           |                         |                                                             |
| b <b>Net investment income</b> (if negative, enter -0-) .....                                                                                              |                                                                                                | 43,737,660.                        |                           |                         |                                                             |
| c <b>Adjusted net income</b> (if negative, enter -0-) .....                                                                                                |                                                                                                |                                    | N/A                       |                         |                                                             |

Form **990-PF**Department of the Treasury  
Internal Revenue Service**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.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------------|----------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>THE PAUL G. ALLEN FAMILY FOUNDATION</b>                                                                                                                                                                                                  |                                                                                                                                                                                | <b>A Employer identification number</b><br>94-3082532                                                                        |                                           |              |                |                |             |                                                                                                                                                            |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>505 FIFTH AVENUE SOUTH</b>                                                                                                                                                | Room/suite<br>900                                                                                                                                                              | <b>B Telephone number</b><br>206-342-2000                                                                                    |                                           |              |                |                |             |                                                                                                                                                            |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>SEATTLE, WA 98104</b>                                                                                                                                                              |                                                                                                                                                                                | <b>C</b> If exemption application is pending, check here ...▶                                                                |                                           |              |                |                |             |                                                                                                                                                            |
| <b>G</b> Check all that apply: <table border="0"> <tr> <td>Initial return</td> <td>Initial return of a former public charity</td> </tr> <tr> <td>Final return</td> <td>Amended return</td> </tr> <tr> <td>Address change</td> <td>Name change</td> </tr> </table> |                                                                                                                                                                                | Initial return                                                                                                               | Initial return of a former public charity | Final return | Amended return | Address change | Name change | <b>D 1.</b> Foreign organizations, check here .....▶<br><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation .....▶ |
| Initial return                                                                                                                                                                                                                                                    | Initial return of a former public charity                                                                                                                                      |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
| Final return                                                                                                                                                                                                                                                      | Amended return                                                                                                                                                                 |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
| Address change                                                                                                                                                                                                                                                    | Name change                                                                                                                                                                    |                                                                                                                              |                                           |              |                |                |             |                                                                                                                                                            |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br>Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation                                                            |                                                                                                                                                                                | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ...▶                             |                                           |              |                |                |             |                                                                                                                                                            |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>\$ 1,165,461,201.                                                                                                                                                    | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br>Other (specify) _____<br>(Part I, column (d), must be on cash basis.) | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...▶ <input type="checkbox"/> |                                           |              |                |                |             |                                                                                                                                                            |

| <b>Part I Analysis of Revenue and Expenses</b><br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) |                                                                                                | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>Revenue</b>                                                                                                                                             | 1 Contributions, gifts, grants, etc., received .....                                           | 0.                                 |                           | N/A                     |                                                             |
|                                                                                                                                                            | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 3 Interest on savings and temporary cash investments .....                                     | 18,229,916.                        | 18,229,916.               |                         |                                                             |
|                                                                                                                                                            | 4 Dividends and interest from securities .....                                                 | 4,642,655.                         | 4,642,655.                |                         |                                                             |
|                                                                                                                                                            | 5a Gross rents .....                                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                            | b Net rental income or (loss) .....                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 6a Net gain or (loss) from sale of assets not on line 10 .....                                 | 21,646,530.                        |                           |                         |                                                             |
|                                                                                                                                                            | b Gross sales price for all assets on line 6a 500,914,545.                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 7 Capital gain net income (from Part IV, line 2) .....                                         |                                    | 21,503,417.               |                         |                                                             |
|                                                                                                                                                            | 8 Net short-term capital gain .....                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 9 Income modifications .....                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 10a Gross sales less returns and allowances .....                                              |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold ...                                                                                                                             |                                                                                                |                                    |                           |                         |                                                             |
| c Gross profit or (loss) .....                                                                                                                             |                                                                                                |                                    |                           |                         |                                                             |
| 11 Other income .....                                                                                                                                      | 699,013.                                                                                       | 10,996.                            |                           | STATEMENT 1             |                                                             |
| 12 <b>Total.</b> Add lines 1 through 11 .....                                                                                                              | 45,218,114.                                                                                    | 44,386,984.                        |                           |                         |                                                             |
| <b>Operating and Administrative Expenses</b>                                                                                                               | 13 Compensation of officers, directors, trustees, etc. ....                                    | 0.                                 | 0.                        |                         | 0.                                                          |
|                                                                                                                                                            | 14 Other employee salaries and wages .....                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 15 Pension plans, employee benefits .....                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 16a Legal fees STMT 2 .....                                                                    | 81,580.                            | 15,659.                   |                         | 63,296.                                                     |
|                                                                                                                                                            | b Accounting fees STMT 3 .....                                                                 | 26,301.                            | 0.                        |                         | 22,670.                                                     |
|                                                                                                                                                            | c Other professional fees STMT 4 .....                                                         | 647,299.                           | 633,360.                  |                         | 0.                                                          |
|                                                                                                                                                            | 17 Interest .....                                                                              | 305.                               | 305.                      |                         | 0.                                                          |
|                                                                                                                                                            | 18 Taxes STMT 5 .....                                                                          | 130,000.                           | 0.                        |                         | 0.                                                          |
|                                                                                                                                                            | 19 Depreciation and depletion .....                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 20 Occupancy .....                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 21 Travel, conferences, and meetings .....                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 22 Printing and publications .....                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 23 Other expenses .....                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                            | 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....           | 885,485.                           | 649,324.                  |                         | 85,966.                                                     |
|                                                                                                                                                            | 25 Contributions, gifts, grants paid .....                                                     | 63,034,071.                        |                           |                         | 63,153,244.                                                 |
|                                                                                                                                                            | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....                          | 63,919,556.                        | 649,324.                  |                         | 63,239,210.                                                 |
| 27 Subtract line 26 from line 12:                                                                                                                          |                                                                                                |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements ...                                                                                                    | -18,701,442.                                                                                   |                                    |                           |                         |                                                             |
| b <b>Net investment income</b> (if negative, enter -0-) .....                                                                                              |                                                                                                | 43,737,660.                        |                           |                         |                                                             |
| c <b>Adjusted net income</b> (if negative, enter -0-) .....                                                                                                |                                                                                                |                                    | N/A                       |                         |                                                             |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)                                                                   |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                                                                                                                                                                                                                           | (c) Date acquired<br>(mo., day, yr.)                                                      | (d) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                                                                                        |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>b CVI CREDIT VALUE FUND B II LP</b>                                                                                                                                                                      |                                            | P                                                                                                                                                                                                                                                                                          |                                                                                           |                                  |
| <b>c</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>d</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>e</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| (e) Gross sales price                                                                                                                                                                                       | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                                                                                                                                                                                                                            | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                            |                                  |
| <b>a</b> 500,914,545.                                                                                                                                                                                       |                                            | 479,411,900.                                                                                                                                                                                                                                                                               | 21,502,645.                                                                               |                                  |
| <b>b</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            | 772.                                                                                      |                                  |
| <b>c</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>d</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>e</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.                                                                                                                |                                            |                                                                                                                                                                                                                                                                                            | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |                                  |
| (i) FMV as of 12/31/69                                                                                                                                                                                      | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>a</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            | 21,502,645.                                                                               |                                  |
| <b>b</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            | 772.                                                                                      |                                  |
| <b>c</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>d</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>e</b>                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                            |                                                                                           |                                  |
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                      |                                            | <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;">           { If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7 .....         </div> <div style="margin-left: 10px;"> <b>2</b> </div> </div> |                                                                                           | 21,503,417.                      |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 ..... |                                            | <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;">           .....         </div> <div style="margin-left: 10px;"> <b>3</b> </div> </div>                                                                                    |                                                                                           | N/A                              |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.****1** Reserved

| (a)<br>Reserved | (b)<br>Reserved | (c)<br>Reserved | (d)<br>Reserved |
|-----------------|-----------------|-----------------|-----------------|
| Reserved        |                 |                 |                 |
| Reserved        |                 |                 |                 |
| Reserved        |                 |                 |                 |
| Reserved        |                 |                 |                 |
| Reserved        |                 |                 |                 |

|                         |          |  |
|-------------------------|----------|--|
| <b>2</b> Reserved ..... | <b>2</b> |  |
| <b>3</b> Reserved ..... | <b>3</b> |  |
| <b>4</b> Reserved ..... | <b>4</b> |  |
| <b>5</b> Reserved ..... | <b>5</b> |  |
| <b>6</b> Reserved ..... | <b>6</b> |  |
| <b>7</b> Reserved ..... | <b>7</b> |  |
| <b>8</b> Reserved ..... | <b>8</b> |  |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

|                                                                                                                                                                                                                                        |    |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|----------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |          |          |
| b Reserved                                                                                                                                                                                                                             |    | 1        | 607,953. |
| c All other domestic foundations enter 1.39% 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-)                                                                                                                           |    | 2        | 0.       |
| 3 Add lines 1 and 2                                                                                                                                                                                                                    |    | 3        | 607,953. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                                                                                                         |    | 4        | 0.       |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                       |    | 5        | 607,953. |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |          |          |
| a 2020 estimated tax payments and 2019 overpayment credited to 2020                                                                                                                                                                    | 6a | 565,703. |          |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                | 6b | 0.       |          |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                  | 6c | 185,000. |          |
| d Backup withholding erroneously withheld                                                                                                                                                                                              | 6d | 0.       |          |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                  | 7  | 750,703. |          |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                                  | 8  | 106.     |          |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                          | 9  |          |          |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                             | 10 | 142,644. |          |
| 11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 142,644. <b>Refunded</b>                                                                                                                                   | 11 | 0.       |          |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                         |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | X  |
| c Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.                                                                                                                                                                          |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.                                                                                                                                                                                                   |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                                 |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                    | X   |    |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                  | X   |    |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                       | X   |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .                                                                                                                                                                   |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?            | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                                                                                                                                                                                                             | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. WA                                                                                                                                                                                                                                        |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation                                                                                                                           | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV                                                                                           |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                           |     | X  |

**Part 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 X |     |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions   | 12   | X   |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                       | 13 X |     |
| Website address <b>WWW.PGAFAMILYFOUNDATION.ORG</b>                                                                                                                                           |      |     |
| 14 The books are in care of <b>JOYCE LEE</b> Telephone no. <b>206-342-2000</b>                                                                                                               |      |     |
| Located at <b>505 FIFTH AVENUE S, #900, SEATTLE, WA</b> ZIP+4 <b>98104</b>                                                                                                                   |      |     |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year       | 15   | N/A |
| 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16   | X   |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country                                                             |      |     |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                 | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| 1a 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?                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (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)?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions                                                                                                                                                                                                                                                                              | 1b X                                                                |    |
| Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?                                                                                                                                                                                                                                                                                                         | 1c X                                                                |    |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                  |                                                                     |    |
| a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| If "Yes," list the years                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |    |
| 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.)                                                                                                                                                                                       | N/A                                                                 |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) | N/A                                                                 |    |
| 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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?                                                                                                                                                                                                                                                               | 4b                                                                  | X  |

Form 990-PF (2020)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5a** During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☒ Yes ☐ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructionsOrganizations relying on a current notice regarding disaster assistance, check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **SEE STATEMENT 10** ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **N/A****8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ☐ Yes ☒ No**Yes No****5b** ☐ ☒**6b** ☐ ☒**7b** ☐ ☒**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE STATEMENT 9      |                                                           | 0.                                        | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

**Total** number of other employees paid over \$50,000 ☐ 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000          | (b) Type of service | (c) Compensation |
|----------------------------------------------------------------------|---------------------|------------------|
| ALLEN & CO<br>711 FIFTH AVENUE, NEW YORK, NY 10022                   | MANAGEMENT FEES     | 451,202.         |
| NORTHERN TRUST COMPANY<br>50 SOUTH LASALLE STREET, CHICAGO, IL 60603 | CUSTODIAN FEES      | 182,159.         |
|                                                                      |                     |                  |
|                                                                      |                     |                  |
|                                                                      |                     |                  |
|                                                                      |                     |                  |

Total number of others receiving over \$50,000 for professional services 0

**Part IX-A** Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1 N/A                                                                                                                                                                                                                                                  |          |
|                                                                                                                                                                                                                                                        |          |
| 2                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
| 3                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
| 4                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |

**Part IX-B** Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| 1 N/A                                                                                                             |        |
|                                                                                                                   |        |
| 2                                                                                                                 |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| 3                                                                                                                 |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
|                                                                                                                   |        |

**Total.** Add lines 1 through 3 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                   |           |                |
|----------|-------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:       |           |                |
| <b>a</b> | Average monthly fair market value of securities .....                                                             | <b>1a</b> | 936,114,906.   |
| <b>b</b> | Average of monthly cash balances .....                                                                            | <b>1b</b> | 187,025,143.   |
| <b>c</b> | Fair market value of all other assets .....                                                                       | <b>1c</b> | 1,426,634.     |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) .....                                                                       | <b>1d</b> | 1,124,566,683. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | <b>1e</b> | 0.             |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets .....                                                        | <b>2</b>  | 0.             |
| <b>3</b> | Subtract line 2 from line 1d .....                                                                                | <b>3</b>  | 1,124,566,683. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | <b>4</b>  | 16,868,500.    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | <b>5</b>  | 1,107,698,183. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 .....                                                        | <b>6</b>  | 55,384,909.    |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

|           |                                                                                                                 |           |             |
|-----------|-----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Minimum investment return from Part X, line 6 .....                                                             | <b>1</b>  | 55,384,909. |
| <b>2a</b> | Tax on investment income for 2020 from Part VI, line 5 .....                                                    | <b>2a</b> | 607,953.    |
| <b>b</b>  | Income tax for 2020. (This does not include the tax from Part VI.) .....                                        | <b>2b</b> |             |
| <b>c</b>  | Add lines 2a and 2b .....                                                                                       | <b>2c</b> | 607,953.    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | <b>3</b>  | 54,776,956. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions .....                                                 | <b>4</b>  | 98,725.     |
| <b>5</b>  | Add lines 3 and 4 .....                                                                                         | <b>5</b>  | 54,875,681. |
| <b>6</b>  | Deduction from distributable amount (see instructions) .....                                                    | <b>6</b>  | 0.          |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | <b>7</b>  | 54,875,681. |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                         |           |             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                              |           |             |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....                                                     | <b>1a</b> | 63,239,210. |
| <b>b</b> | Program-related investments - total from Part IX-B .....                                                                                | <b>1b</b> | 0.          |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | <b>2</b>  |             |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                    |           |             |
| <b>a</b> | Suitability test (prior IRS approval required) .....                                                                                    | <b>3a</b> |             |
| <b>b</b> | Cash distribution test (attach the required schedule) .....                                                                             | <b>3b</b> |             |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | <b>4</b>  | 63,239,210. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | <b>5</b>  | 0.          |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....                                                             | <b>6</b>  | 63,239,210. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                                         | (a)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2020 from Part XI, line 7 .....                                                                                                                       |               |                            |             | 54,875,681. |
| <b>2</b> Undistributed income, if any, as of the end of 2020:                                                                                                                           |               |                            |             |             |
| <b>a</b> Enter amount for 2019 only .....                                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Total for prior years:                                                                                                                                                         |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                                                                               |               |                            |             |             |
| <b>a</b> From 2015 ..... 11,025,804.                                                                                                                                                    |               |                            |             |             |
| <b>b</b> From 2016 ..... 8,009,978.                                                                                                                                                     |               |                            |             |             |
| <b>c</b> From 2017 ..... 3,147,602.                                                                                                                                                     |               |                            |             |             |
| <b>d</b> From 2018 ..... 1,296,750.                                                                                                                                                     |               |                            |             |             |
| <b>e</b> From 2019 .....                                                                                                                                                                |               |                            |             |             |
| <b>f</b> Total of lines 3a through e .....                                                                                                                                              | 23,480,134.   |                            |             |             |
| <b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 63,239,210.                                                                                                      |               |                            |             |             |
| <b>a</b> Applied to 2019, but not more than line 2a ...                                                                                                                                 |               |                            | 0.          |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...                                                                                      |               | 0.                         |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....                                                                                            | 0.            |                            |             |             |
| <b>d</b> Applied to 2020 distributable amount .....                                                                                                                                     |               |                            |             | 54,875,681. |
| <b>e</b> Remaining amount distributed out of corpus .....                                                                                                                               | 8,363,529.    |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....                                        | 0.            |                            |             | 0.          |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                         |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....                                                                                                                        | 31,843,663.   |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....                                                                                                         |               | 0.                         |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed ..... |               | 0.                         |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....                                                                                                         |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...                                                                                  |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....                                                              |               |                            |             | 0.          |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....       | 0.            |                            |             |             |
| <b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....                                                                                                 | 11,025,804.   |                            |             |             |
| <b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....                                                                                              | 20,817,859.   |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                           |               |                            |             |             |
| <b>a</b> Excess from 2016 ... 8,009,978.                                                                                                                                                |               |                            |             |             |
| <b>b</b> Excess from 2017 ... 3,147,602.                                                                                                                                                |               |                            |             |             |
| <b>c</b> Excess from 2018 ... 1,296,750.                                                                                                                                                |               |                            |             |             |
| <b>d</b> Excess from 2019 ...                                                                                                                                                           |               |                            |             |             |
| <b>e</b> Excess from 2020 ... 8,363,529.                                                                                                                                                |               |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

|                                                                                                                                                                                               | Tax year | Prior 3 years |          |          | (e) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                                               | (a) 2020 | (b) 2019      | (c) 2018 | (d) 2017 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed <span style="float: right;">▶</span>                     |          |               |          |          |           |
| <b>b</b> 85% of line 2a <span style="float: right;">▶</span>                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed <span style="float: right;">▶</span>                                                                            |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities <span style="float: right;">▶</span>                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c <span style="float: right;">▶</span>                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                                                           |          |               |          |          |           |
| <b>a</b> "Assets" alternative test - enter:                                                                                                                                                   |          |               |          |          |           |
| <b>(1)</b> Value of all assets <span style="float: right;">▶</span>                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) <span style="float: right;">▶</span>                                                                                     |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed <span style="float: right;">▶</span>                             |          |               |          |          |           |
| <b>c</b> "Support" alternative test - enter:                                                                                                                                                  |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) <span style="float: right;">▶</span> |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) <span style="float: right;">▶</span>                                      |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization <span style="float: right;">▶</span>                                                                                         |          |               |          |          |           |
| <b>(4)</b> Gross investment income <span style="float: right;">▶</span>                                                                                                                       |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                                             | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution<br>**                                                                    | Amount      |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|
| Name and address (home or business)                                                                                                   |                                                                                                           |                                |                                                                                                           |             |
| <b>a</b> <i>Paid during the year</i>                                                                                                  |                                                                                                           |                                |                                                                                                           |             |
| ALIMA USA<br>ONE WHITEHALL STREET, 2ND FL<br>NEW YORK, NY 10004                                                                       |                                                                                                           | PC                             | TO SUPPORT THE INTEGRATED TRANSIT CENTER FOR EBOLA-SUSPECTED PATIENTS IN THE                              | 279,252.    |
| AMERICAN FRIENDS OF THE ROYAL FOUNDATION OF THE DUKE AND DUCHESS OF CAMBRIDGE<br>2ND FLOOR, 1150 WALNUT AVENUE<br>CAMBRIDGE, MA 02461 |                                                                                                           | PC                             | TO SUPPORT THE EARTHSHOT PRIZE PROGRAM                                                                    | 1,346,700.  |
| AMERICAN HEART ASSOCIATION<br>710 SECOND AVENUE, SUITE 900<br>SEATTLE, WA 98104                                                       |                                                                                                           | PC                             | TO SUPPORT BIOSCIENCE RESEARCH IN RELATION TO ADVANCING OUR UNDERSTANDING OF BRAIN HEALTH AND COGNITIVE   | 3,750,000.  |
| AMERICAN RIVERS<br>1025 VERMONT AVENUE, NW SUITE 720<br>WASHINGTON, DC 20005                                                          |                                                                                                           | PC                             | TO SUPPORT A DAM REMOVAL IN THE NORTHWEST: REMOVING THE MIDDLE FORK NOOKSACK DIVERSION DAM                | 2,397,225.  |
| AMERICAN RIVERS<br>1025 VERMONT AVENUE, NW SUITE 720<br>WASHINGTON, DC 20005                                                          |                                                                                                           | PC                             | TO SUPPORT THE CHINOOK FOCUSED DAM REMOVAL                                                                | 599,656.    |
| <b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ► 3a                                                                               |                                                                                                           |                                |                                                                                                           | 63,153,244. |
| <b>b</b> <i>Approved for future payment</i>                                                                                           |                                                                                                           |                                |                                                                                                           |             |
| BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY<br>485 BROADWAY STREET, UNIVERSITY HALL<br>REDWOOD CITY, CA 94063          |                                                                                                           | PC                             | TO SUPPORT DISTINCT IMMUNE-METABOLIC NICHEs IN INFLAMMATORY BOWEL DISEASE                                 | 1,000,000.  |
| CHILDREN'S HOSPITAL OF PHILADELPHIA<br>3615 CIVIC CENTER BOULEVARD 1211B ARC<br>PHILADELPHIA, PA 19104-4318                           |                                                                                                           | PC                             | TO SUPPORT DECODING THE 3D IMMUNO-METABOLIC CIRCUITRY                                                     | 1,000,000.  |
| FRED HUTCHINSON CANCER RESEARCH CENTER<br>1100 FAIRVIEW AVE. N<br>SEATTLE, WA 98109                                                   |                                                                                                           | PC                             | TO SUPPORT THE SEATTLE COVID-19 COHORT STUDY: NOVEL COMPREHENSIVE INVESTIGATIONS OF HUMAN IMMUNE RESPONSE | 1,000,000.  |
| <b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ► 3b                                                                               |                                                                                                           |                                |                                                                                                           | 13,953,605. |

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                            |  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income |  |
|----------------------------------------------------------------------------|--|---------------------------|---------------|--------------------------------------|---------------|---------------------------------------------|--|
|                                                                            |  | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                             |  |
| <b>1</b> Program service revenue:                                          |  |                           |               |                                      |               |                                             |  |
| <b>a</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>b</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>c</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>d</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>e</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>f</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>g</b> Fees and contracts from government agencies .....                 |  |                           |               |                                      |               |                                             |  |
| <b>2</b> Membership dues and assessments .....                             |  |                           |               |                                      |               |                                             |  |
| <b>3</b> Interest on savings and temporary cash<br>investments .....       |  |                           |               | 14                                   | 18,229,916.   |                                             |  |
| <b>4</b> Dividends and interest from securities .....                      |  |                           |               | 14                                   | 4,642,655.    |                                             |  |
| <b>5</b> Net rental income or (loss) from real estate:                     |  |                           |               |                                      |               |                                             |  |
| <b>a</b> Debt-financed property .....                                      |  |                           |               |                                      |               |                                             |  |
| <b>b</b> Not debt-financed property .....                                  |  |                           |               |                                      |               |                                             |  |
| <b>6</b> Net rental income or (loss) from personal<br>property .....       |  |                           |               |                                      |               |                                             |  |
| <b>7</b> Other investment income .....                                     |  |                           |               | 14                                   | 699,013.      |                                             |  |
| <b>8</b> Gain or (loss) from sales of assets other<br>than inventory ..... |  |                           |               | 18                                   | 21,646,530.   |                                             |  |
| <b>9</b> Net income or (loss) from special events .....                    |  |                           |               |                                      |               |                                             |  |
| <b>10</b> Gross profit or (loss) from sales of inventory .....             |  |                           |               |                                      |               |                                             |  |
| <b>11</b> Other revenue:                                                   |  |                           |               |                                      |               |                                             |  |
| <b>a</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>b</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>c</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>d</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>e</b> _____                                                             |  |                           |               |                                      |               |                                             |  |
| <b>12</b> Subtotal. Add columns (b), (d), and (e) .....                    |  |                           | 0.            |                                      | 45,218,114.   | 0.                                          |  |
| <b>13</b> Total. Add line 12, columns (b), (d), and (e) .....              |  |                           |               |                                      |               | 13 45,218,114.                              |  |

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]



**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                       | Amount             |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------|
| ARTSFUND<br>10 HARRISON STREET<br>SEATTLE, WA 98109                                                                             |                                                                                                                    | PC                                   | TO SUPPORT DATA MINING<br>AND 50TH ANNIVERSARY<br>AWARDS FOR COMMUNITY<br>ARTS ORGANIZATIONS              | 50,000.            |
| ARTSFUND<br>10 HARRISON STREET<br>SEATTLE, WA 98109                                                                             |                                                                                                                    | PC                                   | TO SUPPORT THE<br>COVID-19 ARTS<br>EMERGENCY RELIEF FUND                                                  | 100,000.           |
| BOARD OF TRUSTEES OF THE LELAND<br>STANFORD JUNIOR UNIVERSITY<br>485 BROADWAY STREET, UNIVERSITY HALL<br>REDWOOD CITY, CA 94063 |                                                                                                                    | PC                                   | TO SUPPORT DISTINCT<br>IMMUNE-METABOLIC<br>NICHEs IN INFLAMMATORY<br>BOWEL DISEASE                        | 500,000.           |
| CALIFORNIA INSTITUTE OF TECHNOLOGY<br>MC 202-31<br>PASADENA, CA 91125                                                           |                                                                                                                    | PC                                   | TO SUPPORT A NET NEW<br>CLIMATE MODEL<br>DEVELOPMENT PROJECT                                              | 250,000.           |
| CEDARS-SINAI MEDICAL CENTER<br>6500 WILSHIRE BLVD, #1150<br>LOS ANGELES, CA 90048-4920                                          |                                                                                                                    | PC                                   | TO SUPPORT SIMULATING<br>THE GUT-BRAIN AXIS<br>USING IPSC AND<br>ORGAN-CHIP TECHNOLOGY:<br>A NEW MODEL OF | 500,000.           |
| CHARITY BEGINS AT HOME<br>MFUWE LODGE, SOUTH LUANGWA NATIONAL<br>PARK MFUWE, ZAMBIA                                             |                                                                                                                    | PC                                   | TO SUPPORT COMMUNITY<br>DEVELOPMENT ACTIVITIES<br>IN MFUWE                                                | 300,000.           |
| CHILDREN'S HOSPITAL CORPORATION<br>300 LONGWOOD AVENUE<br>BOSTON, MA 02115                                                      |                                                                                                                    | PC                                   | TO SUPPORT THE<br>FUNCTIONAL GENETICS OF<br>HUMAN BRAIN EVOLUTION                                         | 2,500,000.         |
| CHILDREN'S HOSPITAL MEDICAL CENTER<br>3333 BURNET AVENUE<br>CINCINNATI, OH 45229                                                |                                                                                                                    | PC                                   | TO SUPPORT HUMAN IPSC<br>MODELS OF METABOLIC<br>AND DIGESTIVE DISEASES                                    | 500,000.           |
| CHILDREN'S HOSPITAL OF PHILADELPHIA<br>3615 CIVIC CENTER BOULEVARD 1211B ARC<br>PHILADELPHIA, PA 19104-4318                     |                                                                                                                    | PC                                   | TO SUPPORT DECODING<br>THE 3D<br>IMMUNO-METABOLIC<br>CIRCUITRY                                            | 500,000.           |
| CITY OF COLUMBUS, OHIO<br>DEPARTMENT OF PUBLIC SERVICE, 50 WEST<br>GAY STREET COLUMBUS, OH 43215                                |                                                                                                                    | GOV                                  | TO SUPPORT THE FOURTH<br>AND LAST PHASE OF THE<br>FOUNDATION'S PORTION<br>OF THE SMART CITY<br>CHALLENGE  | 25,000.            |
| <b>Total from continuation sheets</b>                                                                                           |                                                                                                                    |                                      |                                                                                                           | <b>54,780,411.</b> |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                               | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                    | Amount     |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------|
| COALITION FOR EPIDEMIC PREPAREDNESS<br>INNOVATIONS (CEPI)<br>MARCUS THRANESGATE 2, PO BOX 123<br>TORSHOV OSLO, NORWAY N-0412   |                                                                                                                    | PC                                   | TO PROVIDE PARTIAL<br>SUPPORT TO THE CONDUCT<br>OF A STUDY UNDER<br>PROTOCOL DRC-EB-001<br>FOR THE EVALUATION OF       | 1,000,000. |
| DANA-FARBER CANCER INSTITUTE<br>450 BROOKLINE AVENUE<br>BOSTON, MA 02215                                                       |                                                                                                                    | PC                                   | TO SUPPORT DEFINING<br>VULNERABILITIES OF<br>MINIMAL RESIDUAL<br>DISEASE IN LYMPHOMA                                   | 490,000.   |
| FRED HUTCHINSON CANCER RESEARCH<br>CENTER<br>1100 FAIRVIEW AVE. N<br>SEATTLE, WA 98109                                         |                                                                                                                    | PC                                   | TO SUPPORT DEVELOPING<br>IN SITU PROGRAMMING OF<br>CAR T-CELLS FOR<br>CLINICAL USE IN<br>LYMPHOMA PATIENTS             | 490,000.   |
| FRED HUTCHINSON CANCER RESEARCH<br>CENTER<br>1100 FAIRVIEW AVE. N<br>SEATTLE, WA 98109                                         |                                                                                                                    | PC                                   | TO SUPPORT THE SEATTLE<br>COVID-19 COHORT STUDY:<br>NOVEL COMPREHENSIVE<br>INVESTIGATIONS OF<br>HUMAN IMMUNE RESPONSE  | 1,500,000. |
| FRIENDS OF UNFPA<br>370 LEXINGTON AVE, STE 702<br>NEW YORK, NY 10017                                                           |                                                                                                                    | PC                                   | TO SUPPORT THE<br>PREVENTION OF EBOLA<br>VIRUS DISEASE THROUGH<br>STRENGTHENED<br>REPRODUCTIVE HEALTH                  | 500,000.   |
| FUNDAO D. ANNA DE SOMMER CHAMPALIMAUD<br>E DR. CARLOS MONTEZ CHAMPALIMAUD<br>AV BRASILIA<br>LISBOA, LISBOA, PORTUGAL 1400-038  |                                                                                                                    | NC                                   | TO SUPPORT THE<br>DECIPHERING PERIPHERAL<br>NEUROIMMUNE<br>ARCHITECTURE BY<br>INTERCELLULAR                            | 490,000.   |
| ICM - INSTITUT DU CERVEAU ET DE LA<br>MOELLE PINIRE<br>47 BOULEVARD DE L'HPITAL , HPITAL<br>PITI-SALPTRIRE PARIS, FRANCE 75013 |                                                                                                                    | NC                                   | TO SUPPORT THE STUDY<br>OF DEVELOPMENTAL NOISE<br>IN NEURAL CIRCUIT<br>DEVELOPMENT AND HOW IT<br>DETERMINES THE UNIQUE | 10,000.    |
| INTERNATIONAL MEDICAL CORPS<br>12400 WILSHIRE BLVD SUITE 1500<br>LOS ANGELES, CA 90025                                         |                                                                                                                    | PC                                   | TO SUPPORT WRAPAROUND<br>HEALTH SERVICES IN<br>EBOLA-AFFECTED<br>COMMUNITIES OF<br>MABALAKO HEALTH ZONE,               | 1,000,000. |
| INTERNEWS NETWORK<br>P.O. BOX 4448<br>ARCATA, CA 95518-4448                                                                    |                                                                                                                    | PC                                   | TO SUPPORT IMPROVING<br>THE INFORMATION ON<br>EBOLA MANAGEMENT IN<br>THE DEMOCRATIC<br>REPUBLIC OF CONGO               | 347,500.   |
| LONG LIVE THE KINGS<br>1326 5TH AVE., SUITE 450<br>SEATTLE, WA 98101                                                           |                                                                                                                    | PC                                   | TO SUPPORT THE SALISH<br>SEA MARINE SURVIVAL<br>PROJECT                                                                | 22,094.    |
| <b>Total from continuation sheets</b>                                                                                          |                                                                                                                    |                                      |                                                                                                                        |            |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                         | Amount      |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------|
| MERCY HOUSING NORTHWEST<br>2505 THIRD AVE., SUITE 204<br>SEATTLE, WA 98121                |                                                                                                                    | PC                                   | TO SUPPORT A HOUSING<br>AND SERVICES FACILITY<br>FOR HOMELESS FAMILIES                                      | 15,085,691. |
| MOTE MARINE LABORATORY<br>1600 KEN THOMPSON PKWY<br>SARASOTA, FL 34236                    |                                                                                                                    | PC                                   | TO SUPPORT THE FINAL<br>EXPERIMENTS THAT WILL<br>DEMONSTRATE THE<br>FEASIBILITY OF<br>ASSISTED GENE FLOW AS | 225,032.    |
| NATIONAL WILDLIFE FEDERATION<br>11100 WILDLIFE CENTER DRIVE<br>RESTON, VA 20190           |                                                                                                                    | PC                                   | TO SUPPORT<br>DEFORESTATION ADVOCACY<br>IN BRAZIL                                                           | 266,440.    |
| NEW VENTURE FUND<br>1201 CONNECTICUT AVENUE NW, SUITE 300<br>WASHINGTON, DC 20036         |                                                                                                                    | PC                                   | TO SUPPORT COALITION<br>COMMUNICATION AND<br>LITIGATION READINESS<br>FOR PROTECTION OF<br>PACIFIC NORTHWEST | 801,450.    |
| NORTHEASTERN UNIVERSITY<br>360 HUNTINGTON AVENUE<br>BOSTON, MA 02115                      |                                                                                                                    | PC                                   | TO SUPPORT TRACKING<br>PROTEOME DYNAMICS IN<br>SINGLE CELLS                                                 | 500,000.    |
| OREGON SHAKESPEAREAN FESTIVAL<br>ASSOCIATION<br>15 S. PIONEER STREET<br>ASHLAND, OR 97520 |                                                                                                                    | PC                                   | TO RENAME THE<br>ELIZABETHAN THEATRE<br>THE 'ALLEN ELIZABETHAN<br>THEATRE'                                  | 300,000.    |
| OUTDOORS FOR ALL FOUNDATION<br>6344 NE 74TH STREET, SUITE 102<br>SEATTLE, WA 98115        |                                                                                                                    | PC                                   | TO SUPPORT YOUTH<br>ACTIVITIES THROUGH THE<br>SPIRIT OF 12 PROGRAM<br>2017, 2018, AND 2019<br>SEASONS       | 28,279.     |
| PAMS FOUNDATION<br>5767 CHRISTINE DRIVE<br>EUREKA, CA 95503                               |                                                                                                                    | PC                                   | TO SUPPORT COMBATTING<br>ILLEGAL WILDLIFE<br>TRAFFICKING IN<br>TANZANIA                                     | 50,000.     |
| PHILANTHROPY NORTHWEST<br>2101 FOURTH AVENUE, SUITE 650<br>SEATTLE, WA 98121              |                                                                                                                    | PC                                   | TO SUPPORT THE<br>WASHINGTON FOOD FUND<br>RELATED TO THE<br>COVID-19 PANDEMIC                               | 1,000,000.  |
| PRESIDENT & FELLOWS OF HARVARD<br>COLLEGE<br>220 LONGWOOD AVE<br>BOSTON, MA 02115         |                                                                                                                    | PC                                   | TO SUPPORT BRAIN<br>VASCULATURE AT THE<br>NEURO-IMMUNE INTERFACE                                            | 490,000.    |
| <b>Total from continuation sheets</b>                                                     |                                                                                                                    |                                      |                                                                                                             |             |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                         | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|
| PRESIDENT AND FELLOWS OF HARVARD<br>COLLEGE<br>25 SHATTUCK STREET, SUITE 509<br>BOSTON, MA 02115-6027                                    |                                                                                                                    | PC                                   | TO SUPPORT REVERSE<br>ENGINEERING OF<br>BIOLOGICAL CIRCUITS<br>UNDERLYING AGING AND<br>DEVELOPMENT          | 490,000. |
| PRIDE FOUNDATION, THE<br>2014 E. MADISON ST. SUITE 300<br>SEATTLE, WA 98122                                                              |                                                                                                                    | PC                                   | TO SUPPORT THE CRISIS<br>COMMUNITY CARE FUND<br>RELATED TO COVID-19<br>PANDEMIC                             | 50,000.  |
| PROVINCIAL HEALTH SERVICES AUTHORITY<br>675 WEST 10TH AVENUE<br>VANCOUVER, CANADA Z 1L3                                                  |                                                                                                                    | NC                                   | TO SUPPORT THE<br>MICROENVIRONMENT<br>ARCHITECTURE AND<br>ECOSYSTEM OF HODGKIN<br>LYMPHOMA AT SINGLE        | 335,085. |
| PUGET SOUND RESTORATION FUND<br>382 WYATT WAY NE<br>BAINBRIDGE ISLAND, WA 98110                                                          |                                                                                                                    | PC                                   | TO SUPPORT<br>INVESTIGATION OF<br>SEAWEED CULTIVATION AS<br>AN OCEAN ACIDIFICATION<br>MITIGATION STRATEGY   | 50,072.  |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>C/O SPONSORED PROJECTS OFFICE, 2150<br>SHATTUCK AVE., SUITE 313 BERKELEY,<br>CA 94704-5940 |                                                                                                                    | PC                                   | TO SUPPORT ANTI-VIRAL<br>MACHINERY AND CELL<br>EDITING PLATFORMS                                            | 10,000.  |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>141 INNOVATION, STE. 250<br>IRVINE, CA 92697-7600                                          |                                                                                                                    | PC                                   | TO SUPPORT<br>BIOLUMINESCENT TOOLS<br>FOR NONINVASIVE,<br>REAL-TIME IMAGING OF<br>IMMUNOMETABOLISM          | 500,000. |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>11000 KINROSS AVE , SUITE 211<br>LOS ANGELES, CA 90024                                     |                                                                                                                    | PC                                   | TO SUPPORT RESEARCH ON<br>TAU ACCUMULATION AND<br>REMOVAL: ROLE OF GLIA<br>AND MEDIATORS OF<br>INFLAMMATION | 10,005.  |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>10899 WILSHIRE BLVD., SUITE 700<br>LOS ANGELES, CA 90095-1406                              |                                                                                                                    | PC                                   | TO SUPPORT THE<br>UNIVERSAL EPIGENETIC<br>AGING CLOCK PROJECT                                               | 10,000.  |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>10899 WILSHIRE BLVD, SUITE 700<br>LOS ANGELES, CA 90095-1406                               |                                                                                                                    | PC                                   | TO SUPPORT UNMASKING<br>AND EXPLOITING<br>ASTROCYTE BIOLOGY                                                 | 535,000. |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>9500 GILMAN DRIVE MC #0934<br>LA JOLLA, CA 92093-0934                                      |                                                                                                                    | PC                                   | TO SUPPORT EARLY<br>MANIFESTATIONS OF<br>SUBCELLUAR DEFECTS IN<br>NEURODEGENERATIVE<br>DISEASES             | 500,000. |
| <b>Total from continuation sheets</b>                                                                                                    |                                                                                                                    |                                      |                                                                                                             |          |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                         | Amount     |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------|------------|
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA, DAVIS<br>UC DAVIS SPONSORED PROGRAMS, 1850<br>RESEARCH PARK DRIVE, STE 300 DAVIS,<br>CA 95618 |                                                                                                                    | PC                                   | TO SUPPORT<br>INTERNATIONAL EV<br>POLICY COUNCIL (SMART<br>CITIES 2.0)                      | 16,174.    |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA, DAVIS<br>UC DAVIS SPONSORED PROGRAMS, 1850<br>RESEARCH PARK DRIVE, STE 300 DAVIS,<br>CA 95618 |                                                                                                                    | PC                                   | TO SUPPORT IN VIVO<br>ANALYSIS OF NUCLEAR<br>MECHANICS AND<br>MECHANOTRANSDUCTION           | 500,000.   |
| ROCKEFELLER PHILANTHROPY ADVISORS<br>6 WEST 48TH STREET, 10TH FLOOR<br>NEW YORK, NY 10036                                                 |                                                                                                                    | PC                                   | TO SUPPORT OCEANS 5                                                                         | 500,000.   |
| ROCKEFELLER PHILANTHROPY ADVISORS<br>6 WEST 48TH STREET, 10TH FLOOR<br>NEW YORK, NY 10036                                                 |                                                                                                                    | PC                                   | TO SUPPORT THE SHARK<br>CONSERVATION FUND                                                   | 1,000,000. |
| SALK INSTITUTE FOR BIOLOGICAL STUDIES<br>10010 N. TORREY PINES ROAD<br>LA JOLLA, CA 92037                                                 |                                                                                                                    | PC                                   | TO SUPPORT CRACKING<br>THE NUCLEAR CODES:<br>FINDING ORDER IN CHAOS                         | 490,000.   |
| SALMON-SAFE<br>1001 SE WATER AVENUE, STE 450<br>PORTLAND, OR 97214                                                                        |                                                                                                                    | PC                                   | TO SUPPORT THE<br>SALMON-SAFE PUGET<br>SOUND ACCELERATOR<br>WHICH SCALES UP<br>MARKET-BASED | 10,000.    |
| SEATTLE FOUNDATION<br>1601 5TH AVENUE, SUITE 1900<br>SEATTLE, WA 98101                                                                    |                                                                                                                    | PC                                   | TO SUPPORT BLACK<br>FUTURE CO-OP FUND                                                       | 250,000.   |
| SEATTLE FOUNDATION<br>1601 5TH AVENUE, SUITE 1900<br>SEATTLE, WA 98101                                                                    |                                                                                                                    | PC                                   | TO SUPPORT THE PLATE<br>FUND FOR COVID-19<br>RELIEF                                         | 100,000.   |
| SEATTLE FOUNDATION<br>1601 5TH AVENUE, SUITE 1900<br>SEATTLE, WA 98101                                                                    |                                                                                                                    | PC                                   | TO SUPPORT JOURNALISM<br>BY THE SEATTLE TIMES<br>FOCUSED ON THE<br>HOMELESS CRISIS          | 150,000.   |
| SEATTLE FOUNDATION<br>1601 5TH AVENUE, SUITE 1900<br>SEATTLE, WA 98101                                                                    |                                                                                                                    | PC                                   | TO SUPPORT THE<br>SEATTLE-BASED COVID-19<br>RESPONSE FUND                                   | 500,000.   |
| <b>Total from continuation sheets</b>                                                                                                     |                                                                                                                    |                                      |                                                                                             |            |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                             | Amount     |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------|------------|
| SOUTHERN CROSS UNIVERSITY<br>1 MILITARY ROAD<br>EAST LISMORE, AUSTRALIA 2480                             |                                                                                                                    | NC                                   | TO SUPPORT THE LARVAL<br>RESTORATION OF CORAL<br>REEFS                                          | 15,000.    |
| STATE OF WASHINGTON<br>416 SID SNYDER AVE SW<br>OLYMPIA, WA 98504                                        |                                                                                                                    | GOV                                  | TO SUPPORT THE PPE<br>PROJECT FOR COVID-19                                                      | 1,135,799. |
| THE COMMUNITY LEADERS ROUNDTABLE OF<br>SEATTLE<br>1416 SW 151ST STREET<br>BURIEN, WA 98166               |                                                                                                                    | PC                                   | TO SUPPORT THE GIFT OF<br>GIVE CAMPAIGN                                                         | 10,000.    |
| THE LEUKEMIA AND LYMPHOMA SOCIETY<br>3 INTERNATIONAL DRIVE<br>RYE BROOK, NY 10573-7501                   |                                                                                                                    | PC                                   | TO SUPPORT<br>PRE-TRANSLATIONAL<br>RESEARCH THAT CAN LEAD<br>TO FUTURE<br>TRANSLATIONAL WORK TO | 525,000.   |
| THE MUSEUM OF LANGUAGE ARTS<br>1300 I. ST., NW, STE 400E<br>WASHINGTON, DC 20005                         |                                                                                                                    | PC                                   | TO SUPPORT PROGRAM<br>ACTIVITIES & IN<br>RECOGNITION OF PATTY<br>ISACSON SABEE'S<br>SERVICE     | 25,000.    |
| THE TULALIP TRIBES<br>6406 MARINE DRIVE<br>TULALIP, WA 98271                                             |                                                                                                                    | GOV                                  | TO SUPPORT THE REMOVAL<br>OF THE PILCHUCK<br>DIVERSION DAM                                      | 200,000.   |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515 |                                                                                                                    | PC                                   | TO SUPPORT STATEWIDE<br>SURVEY OF WASHINGTON<br>COVID-19<br>SEROPREVALENCE AND<br>INFECTION     | 2,500,000. |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515 |                                                                                                                    | PC                                   | TO SUPPORT A STUDY ON<br>PREY, TOXIN, AND<br>VESSEL DISTURBANCE<br>IMPACTS ON ORCAS             | 99,186.    |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515 |                                                                                                                    | PC                                   | TO SUPPORT THE<br>XYLOTRON PROJECT FOR<br>IDENTIFYING WOOD<br>SPECIES                           | 642,628.   |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515 |                                                                                                                    | PC                                   | TO SUPPORT THE UW<br>MEDICINE EMERGENCY<br>RESPONSE FUND FOR<br>COVID-19                        | 2,000,000. |
| <b>Total from continuation sheets</b>                                                                    |                                                                                                                    |                                      |                                                                                                 |            |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                         | Amount     |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515                            |                                                                                                                    | PC                                   | TO SUPPORT THE ALLEN<br>DISCOVERY CENTER FOR<br>CELL LINEAGE TRACING                                        | 2,610,014. |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515                            |                                                                                                                    | PC                                   | TO SUPPORT, IMPLEMENT,<br>AND EVALUATE A<br>MEDICATION-FIRST MODEL<br>OF CARE FOR OPIOID USE<br>DISORDER    | 1,200,000. |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515                            |                                                                                                                    | PC                                   | TO SUPPORT SCALABLE<br>QUESTION ANSWERING AND<br>REASONING WITH<br>EXTERNAL KNOWLEDGE                       | 163,333.   |
| TRANSLATORS WITHOUT BORDERS<br>30 MAIN ST. SUITE 500<br>DANBURY, CT 06810                                                           |                                                                                                                    | PC                                   | TO SUPPORT<br>LANGUAGE-SENSITIVE<br>COMMUNITY ENGAGEMENT<br>IN THE EBOLA OUTBREAK<br>OF EASTERN DEMOCRATIC  | 232,250.   |
| TRUST FOR CONSERVATION INNOVATION<br>405 14TH STREET, SUITE 164<br>OAKLAND, CA 94612-2705                                           |                                                                                                                    | PC                                   | TO SUPPORT PHASE 1 OF<br>THE CARIBBEAN CORAL<br>DISEASE EMERGENCY<br>RESPONSE                               | 41,932.    |
| TRUSTEES OF PRINCETON UNIVERSITY<br>P.O BOX 36, 87 PROSPECT AVENUE - 2ND<br>FLOOR PRINCETON, NJ 08544-0036                          |                                                                                                                    | PC                                   | TO SUPPORT<br>QUANTITATIVE,<br>SPATIALLY-RESOLVED<br>ANALYSIS OF TISSUE<br>METABOLISM                       | 500,000.   |
| TRUSTEES OF THE UNIVERSITY OF<br>PENNSYLVANIA<br>3451 WALNUT STREET, ROOM P-221<br>FRANKLIN BUILDING PHILADELPHIA, PA<br>19104-6205 |                                                                                                                    | PC                                   | TO SUPPORT THE<br>RECONSTRUCTING<br>CONCUSSION PROJECT                                                      | 1,882,447. |
| TRUSTEES OF TUFTS COLLEGE<br>20 PROFESSORS ROW<br>MEDFORD, MA 02155                                                                 |                                                                                                                    | PC                                   | TO SUPPORT READING AND<br>WRITING THE<br>MORPHOGENETIC CODE                                                 | 1,750,000. |
| UNITED TRIBES OF BRISTOL BAY<br>P.O. BOX 1252<br>DILLINGHAM, AK 99576                                                               |                                                                                                                    | GOV                                  | TO SUPPORT COALITION<br>COMMUNICATION AND<br>LITIGATION READINESS<br>FOR PROTECTION OF<br>PACIFIC NORTHWEST | 95,000.    |
| UNIVERSITY OF CHICAGO<br>6054 SOUTH DREXEL AVENUE<br>CHICAGO, IL 60637                                                              |                                                                                                                    | PC                                   | TO SUPPORT<br>SPATIALLY-RESOLVED<br>PROTEOMIC MAPPING OF<br>COMPLEX TISSUES AT THE<br>SINGLE CELL LEVEL     | 499,997.   |
| <b>Total from continuation sheets</b>                                                                                               |                                                                                                                    |                                      |                                                                                                             |            |

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                            | Amount   |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|
| UNIVERSITY OF UTAH<br>75 E. 2000 S.<br>SALT LAKE CITY, UT 84112                             |                                                                                                                    | PC                                   | TO SUPPORT<br>NUCLEAR-ENDOPLASMIC<br>RETICULUM<br>COMMUNICATION DURING<br>NORMAL REMODELING AND                | 500,000. |
| US FUND FOR UNICEF<br>125 MAIDEN LANE<br>NEW YORK, NY 10038                                 |                                                                                                                    | PC                                   | TO SUPPORT<br>EBOLA-RELATED<br>INFECTION PREVENTION<br>AND CONTROL AT HEALTH<br>FACILITIES AND IN              | 300,000. |
| UT SOUTHWESTERN MEDICAL CENTER<br>6001 FOREST PARK RD., ROOM ND8.120D<br>DALLAS, TX 75390   |                                                                                                                    | GOV                                  | TO SUPPORT NUCLEAR<br>ORGANIZATION THROUGH<br>PHASE SEPARATION:<br>MECHANISMS, FUNCTIONS<br>AND DISEASE        | 490,000. |
| VAN ANDEL RESEARCH INSTITUTE<br>333 BOSTWICK AVE NE<br>GRAND RAPIDS, MI 49503-2518          |                                                                                                                    | PC                                   | TO SUPPORT DEFINING<br>INFECTION-INDUCED<br>METABOLIC<br>REPROGRAMMING: FROM<br>CELLS TO SYSTEMS               | 500,000. |
| WASHINGTON SPECIAL OLYMPICS<br>1809 SEVENTH AVE., STE. 1509<br>SEATTLE, WA 98101            |                                                                                                                    | PC                                   | TO SUPPORT YOUTH<br>ACTIVITIES THROUGH THE<br>SPIRIT OF 12 PROGRAM<br>(2019-2021 SEASONS)                      | 14,555.  |
| WASHINGTON UNIVERSITY<br>CAMPUS BOX 1034, 700 ROSEDALE AVENUE<br>SAINT LOUIS, MO 63112-1408 |                                                                                                                    | PC                                   | TO SUPPORT READING AND<br>WRITING CELL<br>HISTORIES: NEW GENOMIC<br>TECHNOLOGIES TO UNLOCK<br>CELL PROGRAMMING | 500,000. |
| YALE UNIVERSITY<br>47 COLLEGE ST., STE. 203<br>NEW HAVEN, CT 06510                          |                                                                                                                    | PC                                   | TO SUPPORT NEW MODELS<br>FOR NUCLEAR<br>HOMEOSTASIS:<br>INTEGRATING FORCE,<br>FLOW AND PRESSURE                | 500,000. |
| BIG BROTHERS BIG SISTERS OF PUGET<br>SOUND<br>1600 SOUTH GRAHAM STREET<br>SEATTLE, WA 98108 |                                                                                                                    | PC                                   | TO SUPPORT YOUTH<br>ACTIVITIES THROUGH THE<br>SPIRIT OF 12 PROGRAM<br>2017, 2018, AND 2019<br>SEASONS          | 20,448.  |
|                                                                                             |                                                                                                                    |                                      |                                                                                                                |          |
|                                                                                             |                                                                                                                    |                                      |                                                                                                                |          |
| <b>Total from continuation sheets</b>                                                       |                                                                                                                    |                                      |                                                                                                                |          |

**Part XV Supplementary Information****3 Grants and Contributions Approved for Future Payment (Continuation)**

| Recipient<br>Name and address (home or business)                                                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                         | Amount             |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|
| MOTE MARINE LABORATORY<br>1600 KEN THOMPSON PKWY<br>SARASOTA, FL 34236                                                                    |                                                                                                                    | PC                                   | TO SUPPORT THE FINAL<br>EXPERIMENTS THAT WILL<br>DEMONSTRATE THE<br>FEASIBILITY OF<br>ASSISTED GENE FLOW AS | 39,711.            |
| NEW VENTURE FUND<br>1201 CONNECTICUT AVENUE NW, SUITE 300<br>WASHINGTON, DC 20036                                                         |                                                                                                                    | PC                                   | TO SUPPORT COALITION<br>COMMUNICATION AND<br>LITIGATION READINESS<br>FOR PROTECTION OF<br>PACIFIC NORTHWEST | 438,550.           |
| NORTHEASTERN UNIVERSITY<br>360 HUNTINGTON AVENUE<br>BOSTON, MA 02115                                                                      |                                                                                                                    | PC                                   | TO SUPPORT TRACKING<br>PROTEOME DYNAMICS IN<br>SINGLE CELLS                                                 | 1,000,000.         |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>141 INNOVATION, STE. 250<br>IRVINE, CA 92697-7600                                           |                                                                                                                    | PC                                   | TO SUPPORT<br>BIOLUMINESCENT TOOLS<br>FOR NONINVASIVE,<br>REAL-TIME IMAGING OF<br>IMMUNOMETABOLISM          | 1,000,000.         |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA<br>9500 GILMAN DRIVE MC #0934<br>LA JOLLA, CA 92093-0934                                       |                                                                                                                    | PC                                   | TO SUPPORT EARLY<br>MANIFESTATIONS OF<br>SUBCELLUAR DEFECTS IN<br>NEURODEGENERATIVE<br>DISEASES             | 1,000,000.         |
| REGENTS OF THE UNIVERSITY OF<br>CALIFORNIA, DAVIS<br>UC DAVIS SPONSORED PROGRAMS, 1850<br>RESEARCH PARK DRIVE, STE 300 DAVIS,<br>CA 95618 |                                                                                                                    | PC                                   | TO SUPPORT IN VIVO<br>ANALYSIS OF NUCLEAR<br>MECHANICS AND<br>MECHANOTRANSDUCTION                           | 1,000,000.         |
| ROCKEFELLER PHILANTHROPY ADVISORS<br>6 WEST 48TH STREET, 10TH FLOOR<br>NEW YORK, NY 10036                                                 |                                                                                                                    | PC                                   | TO SUPPORT OCEANS 5                                                                                         | 2,500,000.         |
| THE UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>CORPORATE & FOUNDATION RELATIONS<br>SEATTLE, WA 98195-9515                                  |                                                                                                                    | PC                                   | TO SUPPORT STATEWIDE<br>SURVEY OF WASHINGTON<br>COVID-19<br>SEROPREVALENCE AND<br>INFECTION                 | 849,896.           |
| UNITED TRIBES OF BRISTOL BAY<br>P.O. BOX 1252, DILLINGHAM, ALASKA<br>99576 DILLINGHAM, AK 99576                                           |                                                                                                                    | GOV                                  | TO SUPPORT COALITION<br>COMMUNICATION AND<br>LITIGATION READINESS<br>FOR PROTECTION OF<br>PACIFIC NORTHWEST | 105,000.           |
| UNIVERSITY OF UTAH<br>75 E. 2000 S.<br>SALT LAKE CITY, UT 84112                                                                           |                                                                                                                    | PC                                   | TO SUPPORT<br>NUCLEAR-ENDOPLASMIC<br>RETICULUM<br>COMMUNICATION DURING<br>NORMAL REMODELING AND             | 1,000,000.         |
| <b>Total from continuation sheets</b>                                                                                                     |                                                                                                                    |                                      |                                                                                                             | <b>10,953,605.</b> |

### 3 Grants and Contributions Approved for Future Payment (Continuation)

| Recipient                                                                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                   | Amount     |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|------------|
| Name and address (home or business)                                                         |                                                                                                                    |                                      |                                                                                                       |            |
| VAN ANDEL RESEARCH INSTITUTE<br>333 BOSTWICK AVE NE<br>GRAND RAPIDS, MI 49503-2518          |                                                                                                                    | PC                                   | TO SUPPORT DEFINING<br>INFECTION-INDUCED<br>METABOLIC<br>REPROGRAMMING: FROM<br>CELLS TO SYSTEMS      | 1,000,000. |
| YALE UNIVERSITY<br>47 COLLEGE ST., STE. 203<br>NEW HAVEN, CT 06510                          |                                                                                                                    | PC                                   | TO SUPPORT NEW MODELS<br>FOR NUCLEAR<br>HOMEOSTASIS:<br>INTEGRATING FORCE,<br>FLOW AND PRESSURE       | 1,000,000. |
| BIG BROTHERS BIG SISTERS OF PUGET<br>SOUND<br>1600 SOUTH GRAHAM STREET<br>SEATTLE, WA 98108 |                                                                                                                    | PC                                   | TO SUPPORT YOUTH<br>ACTIVITIES THROUGH THE<br>SPIRIT OF 12 PROGRAM<br>2017, 2018, AND 2019<br>SEASONS | 20,448.    |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
|                                                                                             |                                                                                                                    |                                      |                                                                                                       |            |
| <b>Total from continuation sheets .....</b>                                                 |                                                                                                                    |                                      |                                                                                                       |            |

**Part XV**   **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - ALIMA USA

TO SUPPORT THE INTEGRATED TRANSIT CENTER FOR EBOLA-SUSPECTED PATIENTS

IN THE KASANGA HEALTH ZONE, NORTH-KIVU, DRC

NAME OF RECIPIENT - AMERICAN HEART ASSOCIATION

TO SUPPORT BIOSCIENCE RESEARCH IN RELATION TO ADVANCING OUR

UNDERSTANDING OF BRAIN HEALTH AND COGNITIVE IMPAIRMENT

NAME OF RECIPIENT - CEDARS-SINAI MEDICAL CENTER

TO SUPPORT SIMULATING THE GUT-BRAIN AXIS USING IPSC AND ORGAN-CHIP

TECHNOLOGY: A NEW MODEL OF PARKINSON'S DISEASE

NAME OF RECIPIENT - COALITION FOR EPIDEMIC PREPAREDNESS INNOVATIONS

(CEPI)

TO PROVIDE PARTIAL SUPPORT TO THE CONDUCT OF A STUDY UNDER PROTOCOL

DRC-EB-001 FOR THE EVALUATION OF A HETEROLOGOUS, TWO-DOSE PREVENTIVE

EBOLA VACCINE FOR EFFECTIVENESS AND SAFETY IN THE DEMOCRATIC REPUBLIC

OF CONGO

NAME OF RECIPIENT - FRED HUTCHINSON CANCER RESEARCH CENTER

TO SUPPORT THE SEATTLE COVID-19 COHORT STUDY: NOVEL COMPREHENSIVE

INVESTIGATIONS OF HUMAN IMMUNE RESPONSE TO SARS-COV-2 INFECTION

NAME OF RECIPIENT - FRIENDS OF UNFPA

TO SUPPORT THE PREVENTION OF EBOLA VIRUS DISEASE THROUGH STRENGTHENED

REPRODUCTIVE HEALTH SERVICES IN NORTH KIVU AND ITURI PROVINCE IN THE

DRC

**Part XV** **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - FUNDAO D. ANNA DE SOMMER CHAMPALIMAUD E DR. CARLOS

MONTEZ CHAMPALIMAUD

TO SUPPORT THE DECIPHERING PERIPHERAL NEUROIMMUNE ARCHITECTURE BY

INTERCELLULAR LABELLING PROJECT

NAME OF RECIPIENT - ICM - INSTITUT DU CERVEAU ET DE LA MOELLE PINIRE

TO SUPPORT THE STUDY OF DEVELOPMENTAL NOISE IN NEURAL CIRCUIT

DEVELOPMENT AND HOW IT DETERMINES THE UNIQUE BEHAVIOR OF INDIVIDUALS

NAME OF RECIPIENT - INTERNATIONAL MEDICAL CORPS

TO SUPPORT WRAPAROUND HEALTH SERVICES IN EBOLA-AFFECTED COMMUNITIES OF

MABALAKO HEALTH ZONE, NORTH KIVU, DRC

NAME OF RECIPIENT - MOTE MARINE LABORATORY

TO SUPPORT THE FINAL EXPERIMENTS THAT WILL DEMONSTRATE THE FEASIBILITY

OF ASSISTED GENE FLOW AS A VIABLE OPTION IN GLOBAL CORAL REEF

RESTORATION

NAME OF RECIPIENT - NEW VENTURE FUND

TO SUPPORT COALITION COMMUNICATION AND LITIGATION READINESS FOR

PROTECTION OF PACIFIC NORTHWEST BIODIVERSITY BY PREVENTING OPENING OF

PEBBLE MINE IN BRISTOL BAY

NAME OF RECIPIENT - PROVINCIAL HEALTH SERVICES AUTHORITY

TO SUPPORT THE MICROENVIRONMENT ARCHITECTURE AND ECOSYSTEM OF HODGKIN

LYMPHOMA AT SINGLE CELL RESOLUTION

NAME OF RECIPIENT - SALMON-SAFE

**Part XV** **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

TO SUPPORT THE SALMON-SAFE PUGET SOUND ACCELERATOR WHICH SCALES UP

MARKET-BASED ENVIRONMENTAL INNOVATION TO RECOVER PUGET SOUND WATER

QUALITY AND HABITAT

NAME OF RECIPIENT - THE LEUKEMIA AND LYMPHOMA SOCIETY

TO SUPPORT PRE-TRANSLATIONAL RESEARCH THAT CAN LEAD TO FUTURE

TRANSLATIONAL WORK TO ENABLE TREATMENT AND CURES FOR BLOOD CANCER

NAME OF RECIPIENT - TRANSLATORS WITHOUT BORDERS

TO SUPPORT LANGUAGE-SENSITIVE COMMUNITY ENGAGEMENT IN THE EBOLA

OUTBREAK OF EASTERN DEMOCRATIC REPUBLIC OF CONGO

NAME OF RECIPIENT - UNITED TRIBES OF BRISTOL BAY

TO SUPPORT COALITION COMMUNICATION AND LITIGATION READINESS FOR

PROTECTION OF PACIFIC NORTHWEST BIODIVERSITY BY PREVENTING OPENING OF

PEBBLE MINE IN BRISTOL BAY

NAME OF RECIPIENT - UNIVERSITY OF UTAH

TO SUPPORT NUCLEAR-ENDOPLASMIC RETICULUM COMMUNICATION DURING NORMAL

REMODELING AND PATHOLOGICAL ALTERATION OF THESE ORGANELLES

NAME OF RECIPIENT - US FUND FOR UNICEF

TO SUPPORT EBOLA-RELATED INFECTION PREVENTION AND CONTROL AT HEALTH

FACILITIES AND IN COMMUNITIES IN NORTH KIVU

**Part XV** **Supplementary Information****3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - FRED HUTCHINSON CANCER RESEARCH CENTER

TO SUPPORT THE SEATTLE COVID-19 COHORT STUDY: NOVEL COMPREHENSIVE

INVESTIGATIONS OF HUMAN IMMUNE RESPONSE TO SARS-COV-2 INFECTION

NAME OF RECIPIENT - MOTE MARINE LABORATORY

TO SUPPORT THE FINAL EXPERIMENTS THAT WILL DEMONSTRATE THE FEASIBILITY

OF ASSISTED GENE FLOW AS A VIABLE OPTION IN GLOBAL CORAL REEF

RESTORATION

NAME OF RECIPIENT - NEW VENTURE FUND

TO SUPPORT COALITION COMMUNICATION AND LITIGATION READINESS FOR

PROTECTION OF PACIFIC NORTHWEST BIODIVERSITY BY PREVENTING OPENING OF

PEBBLE MINE IN BRISTOL BAY

NAME OF RECIPIENT - UNITED TRIBES OF BRISTOL BAY

TO SUPPORT COALITION COMMUNICATION AND LITIGATION READINESS FOR

PROTECTION OF PACIFIC NORTHWEST BIODIVERSITY BY PREVENTING OPENING OF

PEBBLE MINE IN BRISTOL BAY

NAME OF RECIPIENT - UNIVERSITY OF UTAH

TO SUPPORT NUCLEAR-ENDOPLASMIC RETICULUM COMMUNICATION DURING NORMAL

REMODELING AND PATHOLOGICAL ALTERATION OF THESE ORGANELLES

# Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

▶ Attach to the corporation's tax return.

FORM 990-PF

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2020**

|                                                    |                                                     |
|----------------------------------------------------|-----------------------------------------------------|
| Name<br><b>THE PAUL G. ALLEN FAMILY FOUNDATION</b> | Employer identification number<br><b>94-3082532</b> |
|----------------------------------------------------|-----------------------------------------------------|

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

|                                                                                                                                                                                                                                      |    |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 Total tax (see instructions) .....                                                                                                                                                                                                 | 1  | 607,953.   |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....                                                                                                                                          | 2a |            |
| 2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....                                                         | 2b |            |
| 2c Credit for federal tax paid on fuels (see instructions) .....                                                                                                                                                                     | 2c |            |
| d Total. Add lines 2a through 2c .....                                                                                                                                                                                               | 2d |            |
| 3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....                                                                           | 3  | 607,953.   |
| 4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 ..... | 4  | 7,025,443. |
| 5 Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....                                                                           | 5  | 607,953.   |

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☒ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

|                                                                                                                                                                                                                                                                                                                     | (a)         | (b)      | (c)      | (d)      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|----------|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....              | 9 07/15/20  | 07/15/20 | 09/15/20 | 12/15/20 |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column ..... | 10 105,419. | 91,373.  | 13,763.  | 363,745. |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....                                                                                                                                                                            | 11 435,703. |          |          | 130,000. |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>                                                                                                                                                                                                                                  |             |          |          |          |
| 12 Enter amount, if any, from line 18 of the preceding column .....                                                                                                                                                                                                                                                 | 12          | 330,284. | 238,911. | 225,148. |
| 13 Add lines 11 and 12 .....                                                                                                                                                                                                                                                                                        | 13          | 330,284. | 238,911. | 355,148. |
| 14 Add amounts on lines 16 and 17 of the preceding column .....                                                                                                                                                                                                                                                     | 14          |          |          |          |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....                                                                                                                                                                                                                                                  | 15          | 435,703. | 330,284. | 238,911. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....                                                                                                                                                                                                                      | 16          |          | 0.       | 0.       |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....                                                                                                                                           | 17          |          |          | 8,597.   |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....                                                                                                                                                                                  | 18          | 330,284. | 238,911. | 225,148. |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

|                                                                                                                                                                                                                                                                                                                                        | (a)          | (b)                    | (c) | (d)  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|-----|------|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.<br>Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions ..... | <b>19</b>    |                        |     |      |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....                                                                                                                                                                                                                                     | <b>20</b>    |                        |     |      |
| <b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....                                                                                                                                                                                                                                                          | <b>21</b>    |                        |     |      |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...                                                                                                                                                                                                                               | <b>22</b> \$ | \$                     | \$  | \$   |
| <b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....                                                                                                                                                                                                                                                         | <b>23</b>    |                        |     |      |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...                                                                                                                                                                                                                               | <b>24</b> \$ | \$                     | \$  | \$   |
| <b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....                                                                                                                                                                                                                                                          | <b>25</b>    |                        |     |      |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...                                                                                                                                                                                                                               | <b>26</b> \$ | \$                     | \$  | \$   |
| <b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....                                                                                                                                                                                                                                                         | <b>27</b>    | SEE ATTACHED WORKSHEET |     |      |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...                                                                                                                                                                                                                               | <b>28</b> \$ | \$                     | \$  | \$   |
| <b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....                                                                                                                                                                                                                                                          | <b>29</b>    |                        |     |      |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....                                                                                                                                                                                                                                     | <b>30</b> \$ | \$                     | \$  | \$   |
| <b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....                                                                                                                                                                                                                                                         | <b>31</b>    |                        |     |      |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....                                                                                                                                                                                                                                     | <b>32</b> \$ | \$                     | \$  | \$   |
| <b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....                                                                                                                                                                                                                                                          | <b>33</b>    |                        |     |      |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....                                                                                                                                                                                                                                     | <b>34</b> \$ | \$                     | \$  | \$   |
| <b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....                                                                                                                                                                                                                                                        | <b>35</b>    |                        |     |      |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....                                                                                                                                                                                                                                     | <b>36</b> \$ | \$                     | \$  | \$   |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....                                                                                                                                                                                                                                                                           | <b>37</b> \$ | \$                     | \$  | \$   |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....                                                                                                                                                                   | <b>38</b>    |                        |     | 106. |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
See instructions.

|                                                                                                                                                                    |     | (a)            | (b)            | (c)            | (d)             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|----------------|----------------|-----------------|
|                                                                                                                                                                    |     | First 3 months | First 5 months | First 8 months | First 11 months |
| 1 Enter taxable income for the following periods.                                                                                                                  |     |                |                |                |                 |
| a Tax year beginning in 2017 .....                                                                                                                                 | 1a  |                |                |                |                 |
| b Tax year beginning in 2018 .....                                                                                                                                 | 1b  |                |                |                |                 |
| c Tax year beginning in 2019 .....                                                                                                                                 | 1c  |                |                |                |                 |
| 2 Enter taxable income for each period for the tax year beginning in 2020. See the instructions for the treatment of extraordinary items                           | 2   |                |                |                |                 |
| 3 Enter taxable income for the following periods.                                                                                                                  |     | First 4 months | First 6 months | First 9 months | Entire year     |
| a Tax year beginning in 2017 .....                                                                                                                                 | 3a  |                |                |                |                 |
| b Tax year beginning in 2018 .....                                                                                                                                 | 3b  |                |                |                |                 |
| c Tax year beginning in 2019 .....                                                                                                                                 | 3c  |                |                |                |                 |
| 4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a .....                                                                         | 4   |                |                |                |                 |
| 5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b .....                                                                         | 5   |                |                |                |                 |
| 6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c .....                                                                         | 6   |                |                |                |                 |
| 7 Add lines 4 through 6 .....                                                                                                                                      | 7   |                |                |                |                 |
| 8 Divide line 7 by 3.0 .....                                                                                                                                       | 8   |                |                |                |                 |
| 9a Divide line 2 by line 8 .....                                                                                                                                   | 9a  |                |                |                |                 |
| b Extraordinary items (see instructions) .....                                                                                                                     | 9b  |                |                |                |                 |
| c Add lines 9a and 9b .....                                                                                                                                        | 9c  |                |                |                |                 |
| 10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return ...                                        | 10  |                |                |                |                 |
| 11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a .....                                                           | 11a |                |                |                |                 |
| b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b .....                                                             | 11b |                |                |                |                 |
| c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c .....                                                             | 11c |                |                |                |                 |
| 12 Add lines 11a through 11c .....                                                                                                                                 | 12  |                |                |                |                 |
| 13 Divide line 12 by 3.0 .....                                                                                                                                     | 13  |                |                |                |                 |
| 14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) ..... | 14  |                |                |                |                 |
| 15 Enter any alternative minimum tax (trusts only) for each payment period. See instructions .....                                                                 | 15  |                |                |                |                 |
| 16 Enter any other taxes for each payment period. See instr.                                                                                                       | 16  |                |                |                |                 |
| 17 Add lines 14 through 16 .....                                                                                                                                   | 17  |                |                |                |                 |
| 18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....                                                 | 18  |                |                |                |                 |
| 19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- .....                                                                        | 19  |                |                |                |                 |

**Part II** **Annualized Income Installment Method**

|                                                                                                                                                               |            | (a)                      | (b)                      | (c)                      | (d)                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                                                                               |            | First <u>2</u><br>months | First <u>3</u><br>months | First <u>6</u><br>months | First <u>9</u><br>months |
| <b>20</b> Annualization periods (see instructions) .....                                                                                                      | <b>20</b>  |                          |                          |                          |                          |
| <b>21</b> Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....                                 | <b>21</b>  | 4,937,907.               | 6,873,552.               | 12,481,481.              | 16,975,603.              |
| <b>22</b> Annualization amounts (see instructions) .....                                                                                                      | <b>22</b>  | 6.000000                 | 4.000000                 | 2.000000                 | 1.333330                 |
| <b>23a</b> Annualized taxable income. Multiply line 21 by line 22 .....                                                                                       | <b>23a</b> | 29,627,442.              | 27,494,208.              | 24,962,962.              | 22,634,081.              |
| <b>b</b> Extraordinary items (see instructions) .....                                                                                                         | <b>23b</b> | 708,900.                 | 821,202.                 | -4,765,834.              | 18,682,479.              |
| <b>c</b> Add lines 23a and 23b .....                                                                                                                          | <b>23c</b> | 30,336,342.              | 28,315,410.              | 20,197,128.              | 41,316,560.              |
| <b>24</b> Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return ..... | <b>24</b>  | 421,675.                 | 393,584.                 | 280,740.                 | 574,300.                 |
| <b>25</b> Enter any alternative minimum tax (trusts only) for each payment period (see instructions) .....                                                    | <b>25</b>  |                          |                          |                          |                          |
| <b>26</b> Enter any other taxes for each payment period. See instr. ....                                                                                      | <b>26</b>  |                          |                          |                          |                          |
| <b>27</b> Total tax. Add lines 24 through 26 .....                                                                                                            | <b>27</b>  | 421,675.                 | 393,584.                 | 280,740.                 | 574,300.                 |
| <b>28</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....                                     | <b>28</b>  |                          |                          |                          |                          |
| <b>29</b> Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....                                                            | <b>29</b>  | 421,675.                 | 393,584.                 | 280,740.                 | 574,300.                 |
| <b>30</b> Applicable percentage .....                                                                                                                         | <b>30</b>  | 25%                      | 50%                      | 75%                      | 100%                     |
| <b>31</b> Multiply line 29 by line 30 .....                                                                                                                   | <b>31</b>  | 105,419.                 | 196,792.                 | 210,555.                 | 574,300.                 |

**Part III** **Required Installments**

|                                                                                                                                                                                                                              |           | 1st<br>installment | 2nd<br>installment | 3rd<br>installment | 4th<br>installment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|--------------------|--------------------|--------------------|
| <b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.                                                                                                                                   |           |                    |                    |                    |                    |
| <b>32</b> If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 ..... | <b>32</b> | 105,419.           | 196,792.           | 210,555.           | 574,300.           |
| <b>33</b> Add the amounts in all preceding columns of line 32. See instructions .....                                                                                                                                        | <b>33</b> |                    | 105,419.           | 196,792.           | 210,555.           |
| <b>34</b> <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- .....                                                                                        | <b>34</b> | 105,419.           | 91,373.            | 13,763.            | 363,745.           |
| <b>35</b> Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....                                               | <b>35</b> | 151,988.           | 151,989.           | 151,988.           | 151,988.           |
| <b>36</b> Subtract line 38 of the preceding column from line 37 of the preceding column .....                                                                                                                                | <b>36</b> |                    | 46,569.            | 107,185.           | 245,410.           |
| <b>37</b> Add lines 35 and 36 .....                                                                                                                                                                                          | <b>37</b> | 151,988.           | 198,558.           | 259,173.           | 397,398.           |
| <b>38</b> <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....                                                                      | <b>38</b> | 105,419.           | 91,373.            | 13,763.            | 363,745.           |

Form 2220 (2020)

\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

| Name(s)<br><b>THE PAUL G. ALLEN FAMILY FOUNDATION</b> |               |                                |                                   |                              | Identifying Number<br><b>94-3082532</b> |
|-------------------------------------------------------|---------------|--------------------------------|-----------------------------------|------------------------------|-----------------------------------------|
| (A)<br>*Date                                          | (B)<br>Amount | (C)<br>Adjusted<br>Balance Due | (D)<br>Number Days<br>Balance Due | (E)<br>Daily<br>Penalty Rate | (F)<br>Penalty                          |
|                                                       |               | -0-                            |                                   |                              |                                         |
| 07/15/20                                              | 105,419.      | 105,419.                       |                                   |                              |                                         |
| 07/15/20                                              | 91,373.       | 196,792.                       |                                   |                              |                                         |
| 07/15/20                                              | -435,703.     | -238,911.                      |                                   |                              |                                         |
| 09/15/20                                              | 13,763.       | -225,148.                      |                                   |                              |                                         |
| 12/15/20                                              | 363,745.      | 138,597.                       |                                   |                              |                                         |
| 12/15/20                                              | -130,000.     | 8,597.                         | 16                                | .000081967                   | 11.                                     |
| 12/31/20                                              | 0.            | 8,597.                         | 135                               | .000082192                   | 95.                                     |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
|                                                       |               |                                |                                   |                              |                                         |
| Penalty Due (Sum of Column F). .....                  |               |                                |                                   |                              | 106.                                    |

\* Date of estimated tax payment, withholding credit date or installment due date.

| FORM 990-PF                           | OTHER INCOME                |                                   | STATEMENT 1                   |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| DESCRIPTION                           | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
| CVI CREDIT VALUE FUND B II LP         | 0.                          | 1,521.                            |                               |
| MISCELLANEOUS INCOME                  | 9,475.                      | 9,475.                            |                               |
| DEFERRED EXCISE TAX                   | 689,538.                    | 0.                                |                               |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 699,013.                    | 10,996.                           |                               |

| FORM 990-PF                | LEGAL FEES                   |                                   |                               | STATEMENT 2                   |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| LEGAL FEES                 | 81,580.                      | 15,659.                           |                               | 63,296.                       |
| TO FM 990-PF, PG 1, LN 16A | 81,580.                      | 15,659.                           |                               | 63,296.                       |

| FORM 990-PF                  | ACCOUNTING FEES              |                                   |                               | STATEMENT 3                   |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| ACCOUNTING FEES              | 26,301.                      | 0.                                |                               | 22,670.                       |
| TO FORM 990-PF, PG 1, LN 16B | 26,301.                      | 0.                                |                               | 22,670.                       |

| FORM 990-PF                  | OTHER PROFESSIONAL FEES      |                                   |                               | STATEMENT 4                   |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| INVESTMENT CUSTODIAN FEES    | 182,159.                     | 182,159.                          |                               | 0.                            |
| EXTERNAL MANAGEMENT FEES     | 451,201.                     | 451,201.                          |                               | 0.                            |
| CONSULTING FEES              | 13,939.                      | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C | 647,299.                     | 633,360.                          |                               | 0.                            |

## FORM 990-PF

## TAXES

## STATEMENT 5

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| TAX EXPENSES - EXCISE TAX   | 130,000.                     | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 130,000.                     | 0.                                |                               | 0.                            |

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 6

| DESCRIPTION                             | BOOK VALUE   | FAIR MARKET VALUE |
|-----------------------------------------|--------------|-------------------|
| AIRBUS SE                               | 5,660,093.   | 5,660,093.        |
| ALPHABET INC-CL C                       | 7,629,437.   | 7,629,437.        |
| AMAZON.COM INC                          | 9,109,633.   | 9,109,633.        |
| BOOKING HOLDINGS INC                    | 5,173,948.   | 5,173,948.        |
| CHARTER COMMUNICATIONS INC-A            | 8,841,616.   | 8,841,616.        |
| COMCAST CORP-CLASS A                    | 5,482,245.   | 5,482,245.        |
| FACEBOOK INC-CLASS A                    | 4,318,113.   | 4,318,113.        |
| LABORATORY CRP OF AMER HLDGS            | 5,614,316.   | 5,614,316.        |
| LOWE'S COS INC                          | 6,656,671.   | 6,656,671.        |
| MICROSOFT CORP                          | 301,911,576. | 301,911,576.      |
| MOODY'S CORP                            | 8,183,317.   | 8,183,317.        |
| O'REILLY AUTOMOTIVE INC                 | 3,695,687.   | 3,695,687.        |
| SCHWAB (CHARLES) CORP                   | 5,273,131.   | 5,273,131.        |
| UNITEDHEALTH GROUP INC                  | 7,418,285.   | 7,418,285.        |
| VISA INC-CLASS A SHARES                 | 7,173,250.   | 7,173,250.        |
| KOPERNIK INTERNATIONAL-I                | 43,128,508.  | 43,128,508.       |
| ALIBABA GROUP HOLDING-SP ADR            | 4,481,216.   | 4,481,216.        |
| KOPP CP 01/12/21 MONEY MARKET           | 16,499,450.  | 16,499,450.       |
| AAPL 2.5 02/09/22                       | 32,995,555.  | 32,995,555.       |
| ANTHOL 6 08/15/23                       | 13,153,670.  | 13,153,670.       |
| ANZNS 2.875 01/25/22 144A               | 15,400,892.  | 15,400,892.       |
| AVGO 3.125 10/15/22 144A                | 14,897,404.  | 14,897,404.       |
| AXP 2.5 08/01/22                        | 36,102,627.  | 36,102,627.       |
| BA 2.3 08/01/21                         | 10,092,740.  | 10,092,740.       |
| BAC V2.881 04/24/23                     | 15,481,322.  | 15,481,322.       |
| BMJ 2.75 02/15/23 144A                  | 8,380,494.   | 8,380,494.        |
| C 2.75 04/25/22                         | 15,450,733.  | 15,450,733.       |
| CHTR 4.464 07/23/22                     | 5,272,498.   | 5,272,498.        |
| DELL 3.375 06/01/23                     | 10,504,500.  | 10,504,500.       |
| GS V2.908 06/05/23                      | 15,531,107.  | 15,531,107.       |
| HON 1.85 11/01/21                       | 10,699,038.  | 10,699,038.       |
| KMI 3.5 09/01/23                        | 11,952,083.  | 11,952,083.       |
| MSFT 1.55 08/08/21                      | 12,722,130.  | 12,722,130.       |
| NFLX 5.375 02/01/21 144A                | 18,920,834.  | 18,920,834.       |
| PFE 3.2 09/15/23 5YR                    | 21,648,198.  | 21,648,198.       |
| PYPL 2.2 09/26/22                       | 11,368,171.  | 11,368,171.       |
| T 3 06/30/22                            | 8,799,029.   | 8,799,029.        |
| TFC 2.85 04/01/21 BKNT                  | 15,062,888.  | 15,062,888.       |
| UNP 4.163 07/15/22                      | 5,247,855.   | 5,247,855.        |
| USB 3.45 11/16/21 BKNT                  | 15,386,920.  | 15,386,920.       |
| VZ 2.45 11/01/22                        | 7,235,214.   | 7,235,214.        |
| XPO 6.5 06/15/21 144A                   | 31,229,234.  | 31,229,234.       |
| HNDA F 06/11/21 MTN                     | 4,476,128.   | 4,476,128.        |
| INTC F 05/11/22                         | 4,015,590.   | 4,015,590.        |
| PNC F 12/09/22                          | 4,011,912.   | 4,011,912.        |
| TFC F 03/09/23 BKNT                     | 5,294,440.   | 5,294,440.        |
| NIELSEN FINANCE 1ST LIEN TLB4 4/17      | 16,822,851.  | 16,822,851.       |
| US FOODS 1ST LIEN TLB (6/18)            | 13,552,355.  | 13,552,355.       |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 867,958,904. | 867,958,904.      |

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 7

| DESCRIPTION                            | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
|----------------------------------------|---------------------|------------|----------------------|
| CVI CREDIT VALUE FUND B II LP          | FMV                 | 18,695.    | 18,695.              |
| FALCON EDGE GLOBAL LTD                 | FMV                 | 1,426,634. | 1,426,634.           |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                     | 1,445,329. | 1,445,329.           |

## FORM 990-PF

## OTHER ASSETS

## STATEMENT 8

| DESCRIPTION                      | BEGINNING OF<br>YR BOOK VALUE | END OF YEAR<br>BOOK VALUE | FAIR MARKET<br>VALUE |
|----------------------------------|-------------------------------|---------------------------|----------------------|
| INTEREST RECEIVABLE              | 5,055,264.                    | 3,030,187.                | 3,030,187.           |
| DIVIDENDS RECEIVABLE             | 399,362.                      | 0.                        | 0.                   |
| OTHER RECEIVABLES                | 50,000.                       | 50,000.                   | 50,000.              |
| TO FORM 990-PF, PART II, LINE 15 | 5,504,626.                    | 3,080,187.                | 3,080,187.           |

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 9

| NAME AND ADDRESS                                                            | TITLE AND<br>AVRG HRS/WK           | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|-----------------------------------------------------------------------------|------------------------------------|-------------------|---------------------------------|--------------------|
| JO LYNN ALLEN<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104     | CHAIR/DIRECTOR & PRESIDENT<br>1.00 | 0.                | 0.                              | 0.                 |
| DANIELLE HARPER<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104   | VICE PRESIDENT<br>1.00             | 0.                | 0.                              | 0.                 |
| SUSAN DRAKE<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104       | VICE PRESIDENT<br>1.00             | 0.                | 0.                              | 0.                 |
| ALISON IVEY<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104       | VP & SECRETARY<br>1.00             | 0.                | 0.                              | 0.                 |
| ALLEN D. ISRAEL<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104   | ASSISTANT SECRETARY<br>1.00        | 0.                | 0.                              | 0.                 |
| MARILYN VALENTINE<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104 | DIRECTOR<br>1.00                   | 0.                | 0.                              | 0.                 |
| THOMAS DANIEL<br>505 FIFTH AVENUE SOUTH, SUITE 900<br>SEATTLE, WA 98104     | DIRECTOR<br>1.00                   | 0.                | 0.                              | 0.                 |

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

|    |    |    |
|----|----|----|
| 0. | 0. | 0. |
|----|----|----|

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 10

GRANTEE'S NAME

BC CANCER, A PART OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

GRANTEE'S ADDRESS675 WEST 10TH AVENUE  
VANCOUVER, BRITISH COLUMBIA, CANADA, V5Z 1L3GRANT AMOUNT

1,500,000.

DATE OF GRANT

12/13/18

AMOUNT EXPENDED

532,423.

PURPOSE OF GRANTMICROENVIRONMENT ARCHITECTURE AND ECOSYSTEM OF HODGKIN LYMPHOMA AT SINGLE  
CELL RESOLUTION.DATES OF REPORTS BY GRANTEE

6/28/2019 6/29/2020

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATIONTHE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE  
INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE  
REPORT WAS MADE.

GRANTEE'S NAME

CHAMPALIMAUD FOUNDATION

GRANTEE'S ADDRESSAV BRASILIA  
, LISBOA, PORTUGAL, 1400-038GRANT AMOUNT

1,500,000.

DATE OF GRANT

12/18/18

AMOUNT EXPENDED

800,179.

PURPOSE OF GRANT

DECIPHERING PERIPHERAL NEUROIMMUNE ARCHITECTURE BY INTERCELLULAR LABELLING.

DATES OF REPORTS BY GRANTEE

3/31/2020, 4/14/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

GRANTEE'S NAME

EUROPEAN MOLECULAR BIOLOGY LABORATORY

GRANTEE'S ADDRESS

MEYERHOFSTRAE 1, 69117 HEIDELBERG  
, HEIDELBERG, GERMANY, 69117

GRANT AMOUNT

1,496,661.

DATE OF GRANT

02/07/18

AMOUNT EXPENDED

888,005.

PURPOSE OF GRANT

SYSTEMATIC MAPPING OF EPIGENETIC MARKS TO THE 3D ARCHITECTURE OF THE HUMAN  
GENOME IN SINGLE CELLS.

DATES OF REPORTS BY GRANTEE

3/25/2019 3/19/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE  
INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE  
REPORT WAS MADE.

GRANTEE'S NAME

ICM - INSTITUT DU CERVEAU ET DE LA MOELLE PINIRE

GRANTEE'S ADDRESS

47 BOULEVARD DE L'HPITAL HPITAL PITI-SALPTRYRE  
PARIS, ILE DE, FRANCE, 75013

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 1,499,400.          | 07/21/16             | 1,499,400.             |

PURPOSE OF GRANT

TO SUPPORT THE STUDY OF DEVELOPMENTAL NOISE IN NEURAL CIRCUIT DEVELOPMENT  
AND HOW IT DETERMINES THE UNIQUE BEHAVIOR OF INDIVIDUALS.

DATES OF REPORTS BY GRANTEE

2/1/2017, 1/31/2018, 2/12/2019 6/2/2020

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE  
INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE  
REPORT WAS MADE.

GRANTEE'S NAME

LEIBNIZ-INSTITUT FOR ZOO AND WILDLIFE RESEARCH

GRANTEE'S ADDRESSRUDOWER CHAUSSEE 17  
BERLIN, GERMANYGRANT AMOUNT

355,430.

DATE OF GRANT

05/03/17

AMOUNT EXPENDED

355,430.

PURPOSE OF GRANT

DEEP LEARNING APPLIED TO ANIMAL LINGUISTICS.

DATES OF REPORTS BY GRANTEE

12/1/2018, 5/22/2020 3/31/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATIONTHE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE  
INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE  
REPORT WAS MADE.

GRANTEE'S NAME

SOUTHERN CROSS UNIVERSITY

GRANTEE'S ADDRESS

1 MILITARY ROAD  
EAST LISMORE, NSW, AUSTRALIA, 2480

GRANT AMOUNT

150,000.

DATE OF GRANT

12/19/19

AMOUNT EXPENDED

59,508.

PURPOSE OF GRANT

LARVAL RESTORATION OF CORAL REEFS.

DATES OF REPORTS BY GRANTEE

3/24/2020 5/2/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

GRANTEE'S NAME

THE H. CLUB CREATIVE FOUNDATION

GRANTEE'S ADDRESS

24 ENDELL STREET  
LONDON, UNITED KINGDOM, WC2H 9HQ

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 135,978.            | 08/15/19             | 59,901.                |

PURPOSE OF GRANT

CREATIVE PROGRAMS FOR YOUTH.

DATES OF REPORTS BY GRANTEE

3/11/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

GRANTEE'S NAME

WILDLIFE CRIME PREVENTION

GRANTEE'S ADDRESSPLOT 2374, THE VILLAGE, LEOPARDS HILL ROAD  
, LUSAKA, ZAMBIA, 10101

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 1,371,790.          | 02/06/17             | 1,354,893.             |

PURPOSE OF GRANT

DETECTION DOG UNIT TO COMBAT WILDLIFE CRIME IN ZAMBIA.

DATES OF REPORTS BY GRANTEE

5/23/2017, 4/18/2018, 4/3/2019, 5/11/2020 5/1/2021

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

GRANTEE'S NAME

ISTITUTO SCIENTIFICO ROMAGNOLO PER LO STUDIO E LA CURA DEI TUMORI

GRANTEE'S ADDRESS

VIA PIERO MARONCELLI 40  
, MELDOLA, ITALY, 47014

GRANT AMOUNT

250,000.

DATE OF GRANT

04/01/16

AMOUNT EXPENDED

250,000.

PURPOSE OF GRANT

EXPRESSION OF A PLANT VIRUS VECTOR IN MAMMALS THAT IS TARGETED TO  
ANTI-CANCER THERAPY.

DATES OF REPORTS BY GRANTEE

1/26/2017, 1/31/18, 1/31/19, 1/31/2020

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE  
INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE  
REPORT WAS MADE.

GRANTEE'S NAME

LILONGWE WILDLIFE TRUST

GRANTEE'S ADDRESSPO BOX 2140  
LILONGWE, MALAWI, 2140

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 464,500.            | 12/09/16             | 464,500.               |

PURPOSE OF GRANTLITIGATION, LEGISLATION AND LAW ENFORCEMENT SUPPORT: A MULTI-FACETED  
APPROACH TO COMBATTING ELEPHANT KILLING AND IVORY TRADE IN MALAWI.DATES OF REPORTS BY GRANTEE

5/22/17, 6/27/18, 7/1/18, 11/11/2019 9/22/2020

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATIONTHE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE  
INFORMATION FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE  
REPORT WAS MADE.

## GENERAL EXPLANATION

STATEMENT 11

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VII-A, LINE 11 - SCHEDULE OF CONTROLLED ENTITIES

## EXPLANATION:

NAME OF CONTROLLED ENTITY: ALLEN INSTITUTE FOR ARTIFICIAL INTELLIGENCE  
EMPLOYER ID NO: 27-5430153  
ADDRESS: 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104  
EXCESS BUSINESS HOLDING: NO

NAME OF CONTROLLED ENTITY: WILD LIVES FOUNDATION  
EMPLOYER ID NO: 81-1612906  
ADDRESS: PO BOX 91302, SEATTLE, WA 98111  
EXCESS BUSINESS HOLDING: NO

NAME OF CONTROLLED ENTITY: LIVING COMPUTER MUSEUM  
EMPLOYER ID NO: 46-0979323  
ADDRESS: 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104  
EXCESS BUSINESS HOLDING: NO

NAME OF CONTROLLED ENTITY: FUND FOR ART, SCIENCE, AND TECHNOLOGY  
EMPLOYER ID NO: 82-2857118  
ADDRESS: 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104  
EXCESS BUSINESS HOLDING: NO

NAME OF CONTROLLED ENTITY: FLYING HERITAGE & COMBAT ARMOR MUSEUM  
EMPLOYER ID NO: 82-2836435  
ADDRESS: 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104  
EXCESS BUSINESS HOLDING: NO

NAME OF CONTROLLED ENTITY: VULCAN Warbirds, INC.  
EMPLOYER ID NO: 91-2068986  
ADDRESS: 3407 109TH ST SW, EVERETT, WA 98204  
EXCESS BUSINESS HOLDING: NO

NAME OF CONTROLLED ENTITY: 3151 RAINIER, LLC  
EMPLOYER ID NO: 82-1070329  
ADDRESS: 505 FIFTH AVENUE SOUTH, SUITE 900, SEATTLE, WA 98104  
EXCESS BUSINESS HOLDING: NO

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

THE PAUL G. ALLEN FAMILY FOUNDATION

94-3082532

Name and title of officer or person subject to tax

SUSAN DRAKE

VICE PRESIDENT

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                                                        |                                                                                 |                    |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|
| <b>1a</b> Form 990 check here ▶ <input type="checkbox"/>               | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> .....    |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> .....    |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>          | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> .....    |
| <b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> 607,953. |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>              | <b>b</b> Balance due (Form 8868, line 3c) .....                                 | <b>5b</b> .....    |
| <b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>             | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                         | <b>6b</b> .....    |
| <b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>              | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                          | <b>7b</b> .....    |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize DELOITTE TAX, LLP to enter my PIN 12498  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91245812498

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                      |                                                                                                               |                                      |
|----------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Type or print</b> | Name of exempt organization or other filer, see instructions.                                                 | Taxpayer identification number (TIN) |
|                      | THE PAUL G. ALLEN FAMILY FOUNDATION                                                                           | 94-3082532                           |
|                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br>505 FIFTH AVENUE SOUTH, NO. 900     |                                      |
|                      | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>SEATTLE, WA 98104 |                                      |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

JOYCE LEE

- The books are in the care of ► 505 FIFTH AVENUE S, #900 - SEATTLE, WA 98104  
Telephone No. ► 206-342-2000 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year 2020 or  
 ► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                               |           |    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 737,893. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 552,893. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 185,000. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.