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### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

F	or ca	lendar	year 2009,	or tax year be	ginning					, 200	09,	and end	ding						20
G	Che	eck all t	hat apply:	Initial ret	urn			Initial retu	rn	of a forme	rр	ublic cha	arity				Final		
				Amende	d return			Add	ire	ss change		[	1	iam	e cha	ange	_		
			Name of fou	ındatıon		-								A E	mploy	yer identi	fication nu	nber	
1	Jse t	he IRS																	
	lai	oel.	SKETCH	FOUNDATION	Ī											95	-45054	87	
		rwise,	Number and	street (or P O bo	x number	ıf mail	ıs not	delivered to s	ree	t address)		Room/s	uıte	Вт	elephon	ne number (se	e page 10 of t	he instructi	ons)
	•	int																	
•		ype. pecific	1800 CE	NTURY PARK	EAST	, S	UITI	E 600								(3	10) 20	5-06	577
		ctions.	City or town	, state, and ZIP o	ode							C	exem	ption applic	ation is		<b>&gt;</b>		
															•	•	ations, check	here .	▶□
			LOS ANGI	ELES, CA 9	0067								. Fore	ıgn organız	ations meetin	g the			
H	Che	ck type	of organiza	ition <sup>.</sup> X Sec	tion 501	(c <u>)(</u> 3	) exe	mpt priva	te f	oundation							here and atta		ightharpoons
1	s	ection 4	1947(a)(1) no	nexempt chantal						ivate found	dati	ion		E #	Bewat	la foundate	on status was	torminat	ad —
ı	Fair	marke	t value of all	assets at end	J Acco	ountii	ng m	ethod: X	C	ash 🔙 A	CC	rual					b)(1)(A), chec		- 1
	of y	ear (fro	m Part II, col			Other								FH	the fo	oundation i	s in a 60-mon	th terms	ation
		▶ \$		69,490.			ımn (	d) must be	or	cash basi	s.)						o)(1)(B), chec		. 1 1
L	art	Analy	sis of Reve	nue and Exper	ses (The	۱ ،	a) Re	evenue and		(b) Net in	31/0	etmont	Ι,	a) Ad	ineto	d not	, , ,		ments
				olumns (b), (c), a equal the amour		`	expe	enses per		inc			١ '	•	com	ed net e		chariti urpose	
_				e 11 of the instru		<u> </u>		ooks					<u> </u>					1 basis	
	1	Contribut	ion <u>s, gift</u> s, grants,	etc , received (attach s	chedule) .			87,23	1.			<u> </u>	·	٠		3.3	+	,	*
	2	Check 3	attach	oundation is not re	quirea to	\$ 30		7 vr		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>,</b> '	in wife .		`		?' \$ ? (h)	1865		<u> </u>
į	3	Interest	on savings and	temporary cash inv	estments			1,59	5.			1,595.	<u> </u>				CATC		<u> </u>
į	4	Divider	ids and intere	est from securities		<u></u>											ATC	H 2	\$ 30 M
	5 a	Gross r	ents			<u></u>							ļ				1. 3	<u> </u>	· / · *
	b	Net rent	al income or (lo	ss)		ير. در	74, ¥	ِ (جُارِ ا		<u> </u>	<u> </u>	, , , , , , , , , , , , , , , , , , ,	. 25	લ્લું હ	<u> </u>		\$7.70	<u> </u>	,, e <sup>2</sup>
e				sale of assets not o	n line 10		5 3 E F					· 5. 2	1883	***		• • •	(名數约。)	, , ,	<u> </u>
e	D	assets o	ales pnce for all n line 6a			72.4	: 3 3 <b>(</b> : 3 3 <del>(</del> : 3 4 <del>(</del>	., "	3	* •		f . 7.		<b>%</b> }\	٠,٠>	يخ		٠٠,	
ş	7	Capital	gain net inco	me (from Part IV	, line 2) .	1,13	*> 20	\$ ~ · · ·					\$ 2	<u>4</u> ,	1 1		36/2.11	<u> </u>	s -
•	8	Net sho	ort-term capita	algaın		1/4,		,		3" , . * <u> </u>		3					23		<u>, , , , , , , , , , , , , , , , , , , </u>
	9		modifications les less returns	s · · · · · · ·		-	- 5"			1		<u> </u>					12 4 95		• •
	10 a	and alion	wances · · ·	• •		<u> </u>			,	<u> </u>		, `		<u> ۲۰ کې د</u>		· · · · · ·	1 : 4		1× 4, _
			st of goods sold		<del></del>	<u></u>	, , , , , ,	A.	_	**	•			ÿ :			3 3 7		*
ļ				(attach schedule		-			-			- `					2 7881	<del>, ,</del>	
				n schedule)		$\vdash$		88,82	6			1,595.	-				3 S.		
┥	12			rough 11		<del>                                     </del>			_		_	1,000.	<del></del>				->- 35 37.		
ļ				rs, directors, trustee		$\vdash$		REC	=	<del>VED-</del>		<del> </del>					-	-	
2				ries and wages		H	-	IVLO			SC	1					<del>                                     </del>		
<b>"</b> !	15			byee benefits			8	NOV 1	. 8	2010	ဗို						<del> </del>		
취				hedule) ach schedule)			쓂	MOAT			8		<del> </del> -			· · ·	<del> </del>		<del>-</del>
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<u>[</u>		-			•		1	OGD		N, UT		1	<del> </del>				<u> </u>		
51	18			(see page 14 of the m	4.4	<del>                                     </del>	<u> </u>	43				436.	1				<b> </b>		
Ξ1	19		-	schedule) and d													1877		<del></del>
=!	20		-		-		•	18,16	3.								£7°		
ΙĮ	21			and meetings												_	1		
=				ions						-									
ادد				ch schedule) Al				76	8.							<del></del>	1		
5 I				administrative e								· ·							
3				23	•			19,36	7			436.							
7			_	grants paid			-	137,13	1.			•				, , ,		13	37,131
- 1				sements. Add lines				156,49	8.			436.				·· · · · ·		1.	37,131
╛	27		t line 26 from			ار . السامة	<u> </u>			-	•	<del> </del>				3	7.5	,	- , .
-	а	Excess of	revenue over ext	enses and disburser	nents			-67,67	2.		•					**	1 ,		÷, • ,
	ь	Net inv	estment inco	me (if negative, e	nter -0-)	7						1,159.	1				,` ^		
	С	Adjuste	ed net income	(if negative, ent	er-0-)	9"		Ç.			,					-0-			

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Form 990-PF (2009)

:	art	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
_	,	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	137,162.	69,490.	69,490
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶	1/81 Carrier 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	مدد مدددکستان میشاند کرد.	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	torne (1) to the	1. 2.4 / 1.5 / 1.5
	İ	Less: allowance for doubtful accounts ▶		parameter and the second secon	The Parish washing as and a second
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·
	•	disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)	1/3 4/3/1/3/3/	5 78 3 3 3 4 1 A 1 1 1	K 4 7 2 3 5 3 7 7 7 7 8
	'	Less: allowance for doubtful accounts			۰ الكناء الثاء استشاعطه الماسان الماسان الماسان
sts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩	1	Investments - U S. and state government obligations (attach schedule) .			
		Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule)		<del></del>	
		Investments - land, buildings, and equipment basis	Kin Limina it in it		
		Less. accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment, basis	2 / 1/2	2、127で発彰。4、	200 1 - 0 12 11 11
		Less: accumulated depreciation (attach schedule)	l i		
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			·
	' -	instructions. Also, see page 1, item I)	137,162.	69,490.	69,490
_	17	Accounts payable and accrued expenses			111 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	18			<del></del>	17 · Charles (4)
m	l l		t I	<del></del>	
Labilities	19				1. Jan 1 1 1/2 1 1/2
豆	20	Loans from officers, directors, trustees, and other disqualified persons			
삠	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe	_	-	
					13 法人会
_	23	Total liabilities (add lines 17 through 22)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Foundations that follow SFAS 117, check here ▶			
	ĺ	and complete lines 24 through 26 and lines 30 and 31.			
8	24	Unrestricted			(**)
ä	25	Temporarily restricted			
Bai	26	Permanently restricted			
힏	24 25 26 27	Foundations that do not follow SFAS 117.			
Ē		check here and complete lines 27 through 31. ▶ X			[ ] 1
ō	27	Capital stock, trust principal, or current funds			,
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
ŝ	29	Retained earnings, accumulated income, endowment, or other funds	137,162.	69,490.	
ĕ	30	Total net assets or fund balances (see page 17 of the	· <u>-</u> ·		A Committee of the contract of
Net Assets	30		137,162.	69,490.	
~	31	instructions)  Total liabilities and net assets/fund balances (see page 17			
	3.	· · · ·	137,162.	69,490.	,
		of the instructions)		07,470.	<u> </u>
-		Analysis of Changes in Net Assets or Fund		t agrae with	<del></del>
1		I net assets or fund balances at beginning of year - Part II	• • •	-	127 160
_					137,162
				2	-67,672
				33	
4	Add	lines 1, 2, and 3		4	69,490
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 6	69,490
_					Form 990-PF (2009)

L	Capital Gains	and Losses for Tax or	n inve	stment income	(b) How	(a) Data	1
	• •	d describe the kind(s) of property rick warehouse, or common stock		-	acquired P-Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
18	<del></del>	Tick Waterloade, or common stock	K, 200 3	13. MEO 00.)	D-Donation	(, 00), 1	
1					<del>-</del>	<del>                                     </del>	
					†		
_		<del>-</del>					
-						_	
		(f) Depreciation allowed		(g) Cost or other basis		(h) Gain or (lo	ess)
	(e) Gross sales price	(or allowable)	ļ	plus expense of sale		(e) plus (f) mini	us (g)
	1	·-					
_t	)				<u> </u>		
_(	;						
_(	3				1		
_6						·- · · · · · · · · · · · · · · · · · ·	
_(	Complete only for assets st	nowing gain in column (h) an	id owne	ed by the foundation on 12/31/69	- \*\*	Gains (Col (h) g	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col. (ı) over col (ı), ıf any	col.	(k), but not less to Losses (from co	
_ 8	a						
_t	)						
_(	·				ļ		
_	1			<del></del>	ļ		
_€					ļ <u>.</u>		
2	Capital gain net income or	(net capital loss)		pain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	. 2		
		or (loss) as defined in section	• ,	,	-		
J		line 8, column (c) (see page					
					'   3		
				ced Tax on Net Investment In			
_		· · · · · · · · · · · · · · · · · · ·		section 4940(a) tax on net inves		me )	
٧.	o. op.io.ia. aoo by aoiiio	, p					
lf	section 4940(d)(2) applies,	leave this part blank.					
		•					
				itable amount of any year in the t	oase peno	d?	Yes No
_		not qualify under section 494	<del>`-</del>	<del> </del>			
1		ount in each column for each	year;	see page 18 of the instructions b	efore mal		
	(a) Base penod years	(b)		(c)		(d) Distribution r	atio
_	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	s	Net value of nonchantable-use assets	ļ	(col (b) divided by	
_	2008				ļ. <u>.</u>		
_	2007				1		
_	2006						
_	2005				1		<del></del>
	2004				1 -		
2	Total of line 1 column (4)				2		
2	Average distribution ratio	for the 5-year base period	durido	the total on line 2 by 5, or by the	-		
3	_			than 5 years	3		
	number of years the found	adon has been in existence	11 1633	man 5 years	-		
4	Enter the net value of non-	charitable-use assets for 20	09 from	n Part X, line 5	4		
•	Lines the net value of them	Charles and appeter for Ed	00 11011				
5	Multiply line 4 by line 3				5		
_							
6	Enter 1% of net investmen	nt income (1% of Part I, line 2	?7b)		6		
		,	·· ·			· ·	
7	Add lines 5 and 6				7		
	• • • • •		- · · ·				
8	Enter qualifying distribution	ns from Part XII, line 4		Part VI, line 1b, and complete	8		
	If line 8 is equal to or gre	eater than line 7, check the	box in	Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
	Part VI instructions on page	e 16.					

conflict with the state law remain in the governing instrument?

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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

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.

Form 990-PF (2009)

x

X

T.X.

7

8ь

names and addresses

instructions) -\_\_\_\_\_

Х

X

4b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 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 2009?

Par	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)	
5a	During the year did the foundation pay or incur any amou	nt to:			2/3/6/3/2/2/2
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	. Yes X N	lo [编] [读法]
	(2) Influence the outcome of any specific public election	(see section 4955); o	or to carry on,		
	directly or indirectly, any voter registration drive?			Yes X N	
	(3) Provide a grant to an individual for travel, study, or oth			1 1 3 37 1	lo with spirit with
	(4) Provide a grant to an organization other than a chari				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (			Yes X N	
	(5) Provide for any purpose other than religious, charital			. — —	
	purposes, or for the prevention of cruelty to children o			. Yes X N	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans-				
_	Regulations section 53.4945 or in a current notice regard				5b
	Organizations relying on a current notice regarding disast	_			<b>26</b> (26)
c	If the answer is "Yes" to question 5a(4), does the founda				
·	because it maintained expenditure responsibility for the gr	•		Yes X N	
	If "Yes," attach the statement required by Regulations sect			. — —	
6.0	Did the foundation, during the year, receive any funds, d	• •	nav premiums		
va	on a personal benefit contract?	•		Yes N	
b	Did the foundation, during the year, pay premiums, direct			• — —	6b
_	If "Yes" to 6b, file Form 8870.	ary or maneous, on a	porsonal benefit contact	^	· · · · · · · · · · · · · · · · · · ·
7 a	At any time during the tax year, was the foundation a par	rty to a prohibited tax	shelter transaction?	Yes X N	
	If yes, did the foundation receive any proceeds or have a		=		7b X
	VIII Information About Officers, Directors				
	and Contractors				
1_	ist all officers, directors, trustees, foundation m	(b) Title, and average		(d) Contributions to	(e) Expense account,
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
CHR	ISTINE L. UDVAR-HAZY	RESIDENT			
180	CENTURY PARK EAST, SUITE 600		-0-	-0-	-0-
			•		
	ompensation of five highest-paid employees (otl	her than those inc	luded on line 1 - se	e page 23 of the ins	structions).
	none, enter "NONE."	<del></del>		(d) Contributions to	T
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
		devoted to position		compensation	Other anovarious
	NONE				
					<u></u>
				<u>.</u>	
Tota	number of other employees paid over \$50,000 .	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del> </del>	▶
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Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Emplo	
3 Five high	est-paid independent contractors for professional services (see pag	e 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		-	
		-	
		-	
		-	
		-	
Total numb	er of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistic ons and other beneficianes served, conferences convened, research papers produced, etc	al information such as the number	Expenses
1 NOT	APPLICABLE		
2			
		· · · · · · · · · · · · · · · · · · ·	
3			
4	·		
Part IX-B	Summary of Program-Related Investments (see page 23 of the	e instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1 NONE	<b> </b>		
2			
All other pro	gram-related investments. See page 24 of the instructions		
3 NONE			
	ines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<b>南</b> 东	
•	purposes:		
а	Average monthly fair market value of secunties	1a	
b	Average of monthly cash balances	1b	103,326.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	103,326.
е	Reduction claimed for blockage or other factors reported on lines 1a and	**	
	1c (attach detailed explanation) 1e	The state of the s	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	103,326.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,550.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	101,776.
6		6	5,089.
Pa	Minimum investment return. Enter 5% of line 5  Int XI  Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here   □ and do not complete this privation in the private of the instruction in the private of the pr	ate operating	
_			5,089.
1	Minimum investment return from Part X, line 6	1	5,069.
	Income tax for 2009. (This does not include the tax from Part VI.)	المُنْكُ مُن	1.0
	Add lines 2a and 2b	2c	12.
3	Distributable amount before adjustments. Subtract line 2c from line 1		5,077.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,077.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	F 077
	line 1	7	5,077.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<b>温</b> 套	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	137,131.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:	740	
a	Suitability test (prior IRS approval required)	3a	0.
b	Cook distribution took (attack the programmed askedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	137,131.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del></del>	,
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	12.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	137,119.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		<del></del> _
	qualifies for the section 4940(e) reduction of tax in those years.	notice the louistalk	J. 1

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Fon	m 990-PF (2009)		95-45	505487	Page 9
Pa	art XIII Undistributed Income (see pag	e 26 of the instruction	ns)	·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	Jan Carlotte		1 8 2 5 5 6 C	5,077.
2	Undistributed income, if any, as of the end of 2009	Marie		-112 - K 455-1137	
а	Enter amount for 2008 only		<del>''</del>	2 6, 2 35.0	7 7 7 1 3 5 5 7
b	Total for prior years 20 07 ,20 06 ,20 05	that is		12 11 13 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	66 G 25 61 725 4
3	Excess distributions carryover, if any, to 2009  From 2004   35, 741.	MACA CONTRACTOR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a	110111 2007			1	
þ			, ,		
C	045 650				
đ	122 661	1		74 \$ 2 4 50 5 (4 4 7 5 6)	致"在"点点。
e		1,094,649.		31. 5 3 3 72	The same of
f	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·	2		
4	Qualifying distributions for 2009 from Part XII, line 4: \$ 137,131.	Taller, a	, , , , , ,		
		The state of the s	x % 'T;	man man of the state of the sta	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
а	Applied to 2008, but not more than line 2a	7 % · · · · · · · · · · · · · · · · · ·	, , ,		1 3 1 3 1
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ď	Applied to 2009 distributable amount	34110 EV		・ ・ きをみぐ	5,077.
е	Remaining amount distributed out of corpus	132,054.	*	· 64 66.74.44	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Excess distributions carryover applied to 2009			1/3/2	
	(If an amount appears in column (d), the same	W. T. V. V. V.	6		
6	amount must be shown in column (a) ) Enter the net total of each column as	18. 8. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Now the state of the		
	indicated below:	33 0 V V V			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,226,703.			2.5
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed	CANCEL DES		, 3,44	,, ~ , , , , , , , , , , , , , , , , ,
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed	4 2			****
d	Subtract line 6c from line 6b. Taxable			400	Key - Y
_	amount - see page 27 of the instructions			15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.
е	Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page	s : , , ,			
	27 of the instructions	* 3 - 73 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,		(8)
f	Undistributed income for 2009. Subtract lines	The state of the s			
	4d and 5 from line 1. This amount must be	, " , " ,	•		
-	distributed in 2010	_ ^ .		W. 35 W.	
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		,		with the second
8	instructions)		· · · · · · · · · · · · · · · · · · ·	( hinto ( a)	
0	applied on line 5 or line 7 (see page 27 of the instructions)	35,741.	`.		
9	Excess distributions carryover to 2010.		, ,	7 1 255	· · · · · · · · · · · · · · · · · · ·
	Subtract lines 7 and 8 from line 6a	1,190,962.	* A.m.	" Company	(3)
	Analysis of line 9:		* *	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Excess from 2005	, ,	· .	10176	
	Excess from 2006	·	• •	10000000000000000000000000000000000000	77
	Excess from 2007 245, 652.	• .			,
	Excess from 2008 123, 661.	,			
<u>e</u>	Excess from 2009 132, 054.			\$ 1 P	

Form 990-PF (2009)

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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

N/A

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

N/A

c Any submission deadlines:

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

N/A

N/A

3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient Recipient s an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution  Remount  Purpose of grant or contribution  Amount						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount		
a Paid during the year						
3.000 000 000 0						
ATTACHMENT 5						
+						
Total			▶ 3a	137,131.		
b Approved for future payment						
				:		
•						
Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>				

Part X	VI-A Analysis of Income-Produ	cing Activ	vities			
Enter gro	oss amounts unless otherwise indicated	Unrel	ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt function income
1 Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions.)
a _						,
b						
c _						
d _						
е _						
f _						
_	ees and contracts from government agencies					
	bership dues and assessments			14	1,595.	
	st on savings and temporary cash investments			14	1,393.	
	ends and interest from securities		1984 - 199 <b>2 - 1992 - 1992</b>	   <b>数</b> などとなる。	18 20 PM	7-3356 TANK SAM
			A A STATE OF THE S	500 1 2 2 3	1613 and 137 1792 829 176 250	
	Debt-financed property					
	lot debt-financed property	t		<del> </del>		<u> </u>
	ntal income or (loss) from personal property .r investment income					
	or (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
		<del>-</del>		<b> </b>		
	s profit or (loss) from sales of inventory			<del>                                     </del>		
b	revenue. a					
-						
				<b></b>		
e			-			
	otal. Add columns (b), (d), and (e)	<b>100</b>			1,595.	
	. Add line 12, columns (b), (d), and (e)					1,595.
	ksheet in line 13 instructions on page 28					
Part X	VI-B Relationship of Activities	to the Ac	complishment of Exc	empt Purp	oses	
Line No						
•	the accomplishment of the fo	oundation's	exempt purposes (ot	her than t	by providing funds for	such purposes). (See
	page 29 of the instructions.)					
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Form	n 990-PF	(2009)							95-45	05487				Р	age 13
Pa	rt XVI	_	Information Exempt Orga		Transfers	To and	Transa	actions	and F	Relations	ships V	Vith N	lone	hari	table
_	Did 4		<del></del>			6 46	6-11						Y (3.52)	T.,	Τ
1			ganization directl 501(c) of the C										A 17 0		
			s? om the reporting f						3000011	027, TOIG	ung to p	JiitiCai		12 x 1 4	
а													34	DE T	-,
													1a(1)	<u> </u>	X
	(2) O	ther as	sets										1a(2)	175 1700	X
t	Other												1	130	
			assets to a noncl										1b(1)		X
			es of assets from										1b(2)		X
	(3) R	ental o	f facilities, equipm	nent, or other ass	ets								1b(3)		X
	(4) R	eimbu	rsement arrangeme	ents									1b(4)		X
			r loan guarantees										1b(5)	_	X
			ance of services of										1b(6)		Х
c			acilities, equipmer										1 c		Х
d			wer to any of										the	fair	market
			e goods, other		•		•			• •	•				
			ny transaction or				-								
			,	• • • • • • • • • • • • • • • • • • •			(-, -			3,		,	000		
(a)	Line no	(b)	Amount involved	(c) Name of	noncharitable e	xempt organiz	ation	(d) De	scription o	f transfers, to	ransactions,	and shar	ng arra	ngeme	ents
		N,	'A					N/A	<u> </u>						
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2 a	ls the	found	dation directly or	indirectly affilia	ited with or	related to	one or r	more tay	evemnt o	rganizatio	ne decrit	ned in			
2.4			c) of the Code (oth								iis uesun	٦ ٦	Ye	~ L	X No
<b>.</b>					30 1(C)(3)) OI II	1 36011011 32	<i>.</i>			• • • • •		٠ ١	—''	≈	-) 140
U	II TES		nplete the following Name of organization		(b)	Type of organ	nization	· · · · · · · · · · · · · · · · · · ·		(a) Do	escription o	fmlotions	, b.o.		
		(a)			(15)	Type or organ	IIIZAUOI1			(6) 06	escription o	relations	errith		
											-				
								i							
- 1	Under p	penaltie	s of perjury, I deck	are that I have ex	amined this ret	um, including	accompa	anying sche	edules and	statements	, and to th	e best o	f my k	nowled	lge and
	Dellei, I	/ IS (IU	e, correct, and comp	piete Declaration	or preparer (our	er than taxpa	iyer or nat	uciary) is b	based on a	ii intormatio	n of which	preparer	r nas a	пу кло	wieage
	<b>\</b>	_	MI					11-	15-10	M	Mon	nage	<b>~</b>		
<b>ф</b>	Sig	nature	of officer or trustee					Date		Title	• • • • • • • • • • • • • • • • • • •	-0	<del>`</del>		
₽Ϊ						_	Date				Pre	parer's	identıf	yina	
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Sign Here	Paid Preparer's Use Only	Prepa		xchoud!	)ohim		11-	8-10	self-e	mployed P		je 30 of t 10354		uctions	5)
8	Paid reparer' Use Only	signa'		MILLE	R, KAPIA	N, ARAS		0., LI	 .D	T=:-	<del>- \-</del>	2036			
-	무물회		s name (or yours if		LANKERSH			о., ы	16	<sup>EIN</sup>	▶ 95-	2030	دىن		
ı	_	>#II-€	mployed), address,	, 7 4123 1	「よりとはんだんだけ」	דוז סף∧ח	•			1					

Form 990-PF (2009)

and ZIP code

NORTH HOLLYWOOD, CA

91602-2828 Phone no. 818-769-2010

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization		Employer identification number
SKETCH FOUNDATION		95-4505487
Organization type (check o	ne).	93-4303467
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(03 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) instructions.	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ y one contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% supply and 170(b)(1)(A)(vi), and received from any one contributor, during the second of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-	he year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received te contributions of more than \$1,000 for use exclusively for religious, class, or the prevention of cruelty to children or animals. Complete Parts	haritable, scientific, literary, or
the year, contribut aggregate to more year for an <i>exclusi</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received tions for use exclusively for religious, charitable, etc., purposes, but the e than \$1,000. If this box is checked, enter here the total contributions vely religious, charitable, etc., purpose. Do not complete any of the par anization because it received nonexclusively religious, charitable, etc.,	ese contributions did not that were received during the rts unless the <b>General Rule</b> , contributions of \$5,000 or more
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not ust answer "No" on Part IV, line 2 of its Form 990, or check the box or PF, to certify that it does not meet the filing requirements of Schedule	n line H of its Form 990-EZ,
For Privacy Act and Paperwork Refor Form 990, 990-EZ, or 990-PF.	duction Act Notice, see the Instructions Sc	chedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

SKETCH FOUNDATION

Employer identification number 95-4505487

Part I Contributors	(see instructions)
---------------------	--------------------

			T
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEVEN & CHRISTINE HAZY  1800 CENTURY PARK EAST, SUITE 600  LOS ANGELES, CA 90067	\$\\$\\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

ATTACHMENT 1

# PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF,

SKETCH FOUNDATION

	NET	INVESTMENT	INCOME	1,595.	1,595.
REVENUE	AND	EXPENSES	PER BOOKS	1,595.	1,595.
					TOTAL
			DESCRIPTION	WELLS FARGO	

ATTACHMENT 2

### FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

AMERICAN INTL GROUP AIG-J.P. MORGAN

TOTAL

ATTACHMENT 3

## - TAXES PART I FORM 990PF,

SKETCH FOUNDATION

NET INVESTMENT INCOME	376. 50. 10.	436.
REVENUE AND EXPENSES PER BOOKS	376. 50. 10.	436.
		TOTALS
DESCRIPTION	IRS DEPT OF JUSTICE RRF FRANCHISE TAX BOARD	

DESCRIPTION

OFFICE SUPPLIES

MISCELLANEOUS

BANK SERVICE CHARGES

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES

PER BOOKS

40.

814.

-86.

TOTALS

768.

CONDAILON
UNETCH

95-4505487

# FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 5

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CAMP KESEM UCLA PO BOX 1113 LAFAYETTE, CA 94549	NONE	GENERAL	7,000
ETTIE LEE YOUTH & FAMILY SERVICES 5146 N NAINE AVENUE, BOX 339 BALDWIN PARK, CA 91706	NONE	GENERAL	25,000.
HILLSIDES 940 AVENUE 64 PASADENA, CA 91105	NONE	GENERAL	15,000.
HOUSE OF RUTH, INC. PO BOX 459 CLAREMONT, CA 91711	NONE	GENERAL	12,456.
LUNG CANCER FOUNDATION OF AMERICA 155 FRANKLIN STREET NEW ULM, MN 56073	NONE	GENERAL	500.
MIRACLE FLIGHTS FOR KIDS 2764 N GREEN VALLEY PARKWAY #115 GREEN VALLEY, NV 89014	NONE	GENERAL	5,000

7CL09T F173 11/5/2010

14-2010953

ATTACHMENT 5 (CONT'D)

14-2010953

# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATIONAL INSTITUTE FOR TRANSPLANTATION 2200 W. 3RD STREET, STE 100 LOS ANGELES, CA 90057	NONE	GENERAL	5,000
PACIFIC LODGE YOUTH SERVICES 4900 SERRANIA AVENUE WOODLAND HILLS, CA 91364	NONE	GENERAL	25,000.
THE WONDER OF READING 5371 WILSHIRE BLVD., STE 210 LOS ANGELES, CA 90036	NONE	GENERAL	25,000.
USC WESTSIDE CENTER FOR DIABETES 150 N. ROBERTSON STE 210 BEVERLY HILLS, CA 90211	NONE		2,500.
VIRGINIA M. WOOLF FOUNDATION 1602 259TH STREET, UNIT E HARBOR CITY, CA 90710	NONE	GENERAL	4,175.
SCOTT NEWMAN CENTER 23440 HAWTHORNE BLVD STE 250 TORRANCE, CA 90505	NONE	GENERAL	5,000.

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95-4505487

FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 5 (CONT'D)

PURPOSE OF GRANT OR CONTRIBUTION	2,500.	3,000.
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE
RECIPIENT NAME AND ADDRESS	WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	WESTSIDE GUILD OF CHILDREN'S HOSPITAL - LA 4650 SUNSET BLVD LOS ANGELES, CA 90027

137,131. TOTAL CONTRIBUTIONS PAID

ATTACHMENT 5 PAGE 22

14-2010953

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7CL09T F173 11/5/2010

(Rev. April 2009)

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue S		► File a separate application for each return.	
<ul><li>If you are fi</li><li>If you are fi</li></ul>	iling for a	n Automatic 3-Month Extension, complete only Part I and check this box	ye 2 of this form). viously filed Form 8868.
Part I Auto	matic 3	Month Extension of Time. Only submit original (no copies needed).	
		o file Form 990-T and requesting an automatic 6-month extension - check this b	oox and complete
Part I only			▶ 📖
All other corpo		(including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 eturns.	004 to request an extension of
Electronic Filir one of the ret electronically in returns, or a co	ng <i>(e-file)</i> turns not if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month auto- ed below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and con the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form
Type or		Exempt Organization	Employer identification number
print		ETCH FOUNDATION	95-4505487
' t		street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for	18	00 CENTURY PARK EAST, SUITE 600	
filing your return See	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions	
instructions.	LO	S ANGELES, CA 90067	
Check type of	f return t	o be filed (file a separate application for each return):	
Form 990	)	Form 990-T (corporation)	rm 4720
Form 990	-BL	Form 990-T (sec. 401(a) or 408(a) trust) For	rm 5227
Form 990	-EZ	Form 990-T (trust other than above)	rm 6069
X Form 990-	-PF	Form 1041-A For	rm 8870
<ul> <li>If the organ</li> <li>If this is for</li> <li>for the whole gnames and Elb</li> </ul>	nization de a Group group, che Ns of all r	poes not have an office or place of business in the United States, check this box.  Return, enter the organization's four digit Group Exemption Number (GEN)  eck this box.  If it is for part of the group, check this box.  an embers the extension will cover,  utomatic 3-month (6 months for a corporation required to file Form 08/15, 2010  to file the exempt organization return for the organization	. If this is nd attach a list with the m 990-T) extension of time
	ganızatio	n's return for:	
► X	calendar	year 2009 or beginning, and ending	··
			Change in accounting period
-	•	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, $\frac{1}{2}$	1 1
		dits See instructions.	3a \$ 0.
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	
		prior year overpayment allowed as a credit.	3b \$ 400.
		tract line 3b from line 3a Include your payment with this form, or, if required	
	•	n or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	
instruction			3c \$ 0.
-	-	g to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	O and Form 8879-EO
for payment ins		· · · · · · · · · · · · · · · · · · ·	
For Privacy Ad	ct and Pa	perwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

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•							_
Form 8868 (Re					ad abada Abia ba		Page 2
		Not Automatic) 3-Month Ext					. ▶ X
•	•	ve already been granted an			n a previously lile	u rom 8808.	
		-Month Extension, complet			ricinal (no co	nian nanda	<del></del>
Part II		matic) 3-Month Extens	ion of Time. On	ily file the c			
Type or	Name of Exempt Organization				Employer identif		,
print	SKETCH FOUNDATI			1025	95-45054	8 /	
File by the	1	or suite no. If a P.O. box, see inst			For IRS use only		
extended due date for		ARK EAST, SUITE 600					
filing the return. See		tate, and ZIP code. For a foreign	address, see instructio	ns 💮 💮			
instructions	LOS ANGELES, CA	A 90067		1			
Check typ	e of return to be filed (File	a separate application for e	each return).				
Forr	n 990 🛂	Form 990-PF		L_I	Form 1041-A	Form	n 6069
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Forr	n 990-EZ	Form 990-T (trust other	than above)		Form 5227		
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8a If this	application is for Form 9	990-BL, 990-PF, 990-T, 472	0 or 6069 enter	the tentative	tay less any	TT	
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	ILLER, KAPLAN, AR					Form <b>8868</b> (R	lev 4-2009)
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