

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

**୭00** 

Dep	oartmer emal Re	it of the Tr evenue Se	easury rvice	Note.	. The foundation	on may b	e able to use a copy of thi	s return to sati	sfy state repo	orting requirements	<u> </u>
Fo	r cal	endar	vear 2009.	or tax	x year begin	ning	12/01 , <b>2009</b> , and ending 11/30 , <b>2</b>				
_			nat apply		Initial return		Initial return o	of a former pu	iblic charity		Final return
_					Amended r		— —	s change	ſ	Name change	•
_		· · ·	Name of fo	undati		Ctarri	7,00,00	o change		A Employer identific	cation number
			Hame of ic	undan	1011					Lampioyer racination	Accommon to the second
ι		e IRS			NDAMION					20	0420020
	lab				NDATION		<del> </del>		I B		0429029
•	Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite					B Telephone number (see p	age 10 of the instructions)				
	or type.										
S		ecific	15760 v	JENT	URA BLVD	,			1700		8) 849-3140
	•	tions.	City or tow	n, state	e, and ZIP cod	е				C If exemption application pending, check here	on is
			1							D 1 Foreign organization	<b>►</b>
			ENCINO.	, CA	91436					2. Foreign organization	
Н	Che	ck type	of organiz	ation	X Secti	on 501(d	c)(3) exempt private for	undation		85% test, check he computation	
Γ	$\neg$		•		mpt charitable	•	Other taxable pri		on		
亡			t value of a				unting method X C		rual	E If private foundation s under section 507(b)(	<b>- 1</b> 1
•			m Part II, d			1	ther (specify)				
		<b>▶</b> \$	4,				column (d) must be or	cash basis		_ F If the foundation is in under section 507(b)(	a 60-month termination
F			•		and Expens		· .i			,	(d) Disbursements
		total c	f amounts II	n colun	nns (b), (c), an	d (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for chantable
		may n	ot necessar	ily equ	ial the amount: Fof the instruct	in ions) i	books	incon	ie	ıncome	purposes (cash basis only)
٦							20,000.		+		(Gasir Dasis Utily)
	1		rf th	e found	eceived (attach schilation is not requ	ured to	20,000.			•	
	2	Check	► Ll atta	ch Sch	В		103.		103.	103.	ATCH 1
	3				orary cash inves			<del></del> ,			
	4	Divider	nds and inte	rest fro	om securities		97,218.	<u> </u>	97,218.	97,218.	ATCH 2
	5 a	Gross	rents								
Ì	b Net rental income or (loss)										
ē					of assets not on I		-236,394.				
Revenue	D		ales price for on line 6a	an ——	804	<u>,973.</u>					
ě	7	Capital	gain net ind	come (1	from Part IV, li	ne 2) .					
Ľ	8	Net sh	ort-term cap	ıtal gaı	ın						
	9										
	10 a		ales less retui wances								
	ь		ost of goods s								
	С	Gross	profit or (los	s) (atta	ach schedule)						
	11				nedule)						
	12				h 11		-119,073.		97,321.	97,321.	
_	13				rectors, trustees,		0.				
ļ	14				and wages .						
Š	15		n plans, em								
Operating and Administrative Expenses	l		ees (attach								
ě					schedule) ATC	н 3	8,692.	<del> </del>	0.	0.	8,692
ŭ					attach schedul		3,352.				
<u>ĕ</u>				ices (i	audui Schedul	c)	-				
rat	17	Interes				* * *	111.		0.	0.	111
ist	18	•			page 14 of the inst	•	111	<u> </u>		<u></u>	***
Ē	19	Depre		rische	edule) and dep	letion .					
βĞ	20	Occup	areation 1	<u>. I.V.</u>	ان برسساس						
ģ	21	Travet	conference	s, and	meetings			<b> </b>		•	
ā	22	Pentin	g and public	attons	[있] [102						
ij	23	Other .	expenses (a	ttach s	schedule)						
īat	24	†otal c	perating ar	ıd adır	ninistrative ex	penses.			_	_	
þ		Add lir	<b>60</b>	gh 23.	<u>. Ul</u>		8,803.		0.	0.	8,803
J	25		outions, gifts		ts paid		977,900.				977,900
_	26	Total ex	penses and dis	bursem	ents Add lines 2	4 and 25	986,703.		0.	0.	98 <u>6,703</u>
	27		ct line 26 fro								
	a	Excess	of revenue ove	r expens	ses and disbursen	nents	-1,105,776.				
	Ь	Net in	vestment in	come	(if negative, e	nter -0-)			97,321.		
	1				negative ente					97,321.	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 14415C L323 6/15/2011 12:47:47 PM V 09-9.4

Form 990-PF (2009) JSA \*\* ATCH 4

20-0429029

£ 1

Part J		Balance Sheets description column should be for end-of-year	Beginning of year	End of	nd of year		
	allu (I	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	70 573	34 170	74 130		
	2	Savings and temporary cash investments	70,573.	74,170.	74,170.		
	3	Accounts receivable					
- 1		Less allowance for doubtful accounts ▶			<del></del>		
	4	Pledges receivable					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 16 of the instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts					
S	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10 a	Investments - U S and state government obligations (attach schedule)					
i	ь	Investments - corporate stock (attach schedule) ATCH 5	3,745,332.	2,635,959.	4,421,710.		
	11 C	Investments - corporate bonds (attach schedule)			<del></del>		
		and equipment basis Less accumulated depreciation (attach schedule)					
	12	Investments - mortgage loans					
	13 14	Investments - other (attach schedule)  Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)					
	15	(attach schedule) Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item I)	3,815,905.	2,710,129.	4,495,880.		
_	17	Accounts payable and accrued expenses	5,025,000				
	18						
(D	19	Grants payable					
Liabilities	20	Deferred revenue					
≣	l	Loans from officers, directors, trustees, and other disqualified persons					
Ë	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe		-			
	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here					
	ļ	and complete lines 24 through 26 and lines 30 and 31.					
S	24	Unrestricted					
ances	25	Temporanily restricted					
		Permanently restricted					
or Fund Ba	-0	Foundations that do not follow SFAS 117,					
Š		check here and complete lines 27 through 31.					
Ē	27	Capital stock, trust principal, or current funds	2,899,842.	2,899,842.			
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	916,063.	-189,713.			
As	30	Total net assets or fund balances (see page 17 of the					
ě	••	instructions)	3,815,905.	2,710,129.			
_	31	Total liabilities and net assets/fund balances (see page 17					
	•	of the instructions)	3,815,905.	2,710,129.			
:	art II	Analysis of Changes in Net Assets or Fund					
		I net assets or fund balances at beginning of year - Part II, co		gree with			
•				1 4	3,815,905.		
2		a annual form Book Live 07-			-1,105,776.		
		lines 1 2 and 3			2,710,129.		
_		reases not included in line 2 (itemize)					
5		l net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b) II		2,710,129.		
<u>o</u> _	iota	Thet assets of fully balances at end of year time 4 minus line	oj - rait ii, widiiii (b), i	mc 00   <b>0</b>	Form 990-PF (2009)		

P6	(a) List and	describe the kind(s) of property sold (ck warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<u>1a</u>	SEE PART IV SCHED	ULE				
<u>b</u>						
С						
_d						
<u>e</u>	·				l	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_a						
<u>b</u>						
<u>_c</u>						
<u>d</u>						
<u>e</u>						
_C	omplete only for assets show	ving gain in column (h) and owner	d 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 (i) over col (j), if any	col	(k), but not less t Losses (from co	
a						
b				ļ		<u> </u>
_c						
_d					·	
е				<u> </u>		
_	Constal ages not manne as (		If gain, also enter in Part I, line 7			
2	Capital gain net income or (r	net capital loss)	If (loss), enter -0- in Part I, line 7	2		236,394.
		or (loss) as defined in sections 12		1		
	If gain, also enter in Part I, Ii	ne 8, column (c) (see pages 13 a	nd 17 of the instructions)			
	If (loss), enter -0- in Part I, lii	ne 8		3		
Р	art V Qualification Un	der Section 4940(e) for Redu	iced Tax on Net Investment Inc	ome		
Wa		·	itable amount of any year in the base	period?	🗆	] Yes ☒ No
			see page 18 of the instructions before	makına	any entries	
<u> </u>	(a)		1	Inaking	(d)	
_	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	ľ	Distribution ra (col (b) divided by	
_	2008	2,994,165.	3,769,372.		(cor (b) divided by	0.794341
	2007	860,787.	6,419,670.			0.134086
	2006	338,438.	5,486,008.			0.061691
_	2005	136,077.				0.037925
	2004	26,000.				0.009028
	2004	20,000.	2,013,010.	<del>                                     </del>	<del></del>	0.003020
2	Total of line 1, column (d)			2		1.037071
3	• • • • • • • • • • • • • • • • • • • •					1.03/0/1
J	=	or the 5 year bace period divide		1		
	number of years the lound	or the 5-year base period - divide	the total on line 2 by 5, or by the			0 207414
			the total on line 2 by 5, or by the	3		0.207414
4	Enter the net value of nonc	or the 5-year base period - divide	the total on line 2 by 5, or by the than 5 years	3 4	4,	0.207414
<b>4</b> <b>5</b>	Enter the net value of noncommultiply line 4 by line 3	or the 5-year base period - divide ation has been in existence if less charitable-use assets for 2009 from	the total on line 2 by 5, or by the than 5 years		4,	
	Multiply line 4 by line 3 .	or the 5-year base period - divide ation has been in existence if less sharitable-use assets for 2009 from	the total on line 2 by 5, or by the than 5 years	4	4,	343,029.
5	Multiply line 4 by line 3  Enter 1% of net investment	or the 5-year base period - divide ation has been in existence if less charitable-use assets for 2009 from the company of the	the total on line 2 by 5, or by the than 5 years  m Part X, line 5	5	4,	343,029. 900,805.
5	Multiply line 4 by line 3  Enter 1% of net investment  Add lines 5 and 6	or the 5-year base period - divide ation has been in existence if less charitable-use assets for 2009 from the company of the	the total on line 2 by 5, or by the than 5 years  m Part X, line 5	5 6 7		343,029. 900,805. 973. 901,778.

Form 9	99-PF (2009) 20-0429029		Pi	age 4
Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		9	73.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% $\mathcal J$ 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			
3	Add lines 1 and 2 3		9	73.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		9	73 <u>.</u>
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			0.0
7	Total credits and payments Add lines 6a through 6d		5,4	92.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		4 5	1.0
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		4,5	19.
	Enter the amount of line 10 to be Credited to 2010 estimated tax   4,519. Refunded 11			
	t VII-A Statements Regarding Activities	ГТ	· ·	<del></del>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		Λ
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	,		Х
	of the instructions for definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ŀ		
_	published or distributed by the foundation in connection with the activities  Did the foundation file Form 1120-POL for this year?	1c		Х
4	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	'-		
u	(1) On the foundation \$\\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers   \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4ь		Χ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T	i l	ĺ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	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?	6		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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► CA,	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	
	(or designate) of each state as required by General Instruction G?If "No," attach explanation	_8b	Х	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			Х
	27)? If "Yes, "complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			Х
	names and addresses	10	n DE	
		-UIII <b>3</b> 2	0-PF	(2005)

Form **990-PF** (2009)

N/A

2b

3ь

3a Did the foundation hold more than a 2% direct or indirect interest in any business

20-0429029 Form 990-PF (2009) Page 6 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 X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Х Х (3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . . (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 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 page 22 of the instructions)? 5h n/la Organizations 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? 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 Χ b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b 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? Х b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average hours per week (c) Compensation (If not paid, enter -0-) (d) Contributions to employee benefit plans nd deferred compensatio (e) Expense account, other allowances (a) Name and address devoted to position 0 0 Ο. ATTACHMENT Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE." (d) Contributions to (b) Title, and average employee benefit plans and deferred (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position compensation NONE Total number of other employees paid over \$50,000

20-0429029 Form 990-PF (2009)

Part'VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Emplo	yees,
3 Five high	est-paid independent contractors for professional services (see page 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 number	r of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	ation's four largest direct charitable activities during the tax year. Include relevant statistical information is and other beneficianes served, conferences convened, research papers produced, etc	such as the number	Expenses
1 N/A,	THE FOUNDATION MAKES GRANTS TO VARIOUS NON-PROFIT		
ORGAN	IZATIONS, FOCUSING ON THOSE THAT BENEFIT CONSERVATION	N,	
EDUCA	TION, AND PUBLIC HEALTH.		0
2			
3			
4			
Part IX-B		tions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE			
2			· · · · · · · · · · · · · · · · · · ·
All other prog	ram-related investments. See page 24 of the instructions	<u> </u>	<u> </u>
3 NONE	<b></b>		
Total. Add li	nes 1 through 3		

Form **990-PF** (2009)

Pa	rt X 'Minimum Investment Return (All domestic foundations must complete this part Foreig see page 24 of the instructions.)	n foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	4,358,817.
b	Average of monthly cash balances	1b	50,350.
Ç	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	4,409,167.
е	Reduction claimed for blockage or other factors reported on lines 1a and	-	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,409,167.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	66,138.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,343,029.
6	Minimum investment return. Enter 5% of line 5	6	217,151.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this page 25.	e operating art )	
1	Minimum investment return from Part X, line 6	1	217,151.
	Tax on investment income for 2009 from Part VI, line 5 2a 973.		
 b		1	
c	Add by a Carad Ob	2c	973.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	216,178.
4	Recoveries of amounts treated as qualifying distributions	4	·
5	Add lines 3 and 4	5	216,178.
6	,	6	
7	Deduction from distributable amount (see page 25 of the instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	<del></del>	<u> </u>
•	line 1	7	216,178.
			210/2101
Pa	Qualifying Distributions(see page 25 of the instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 1	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	986,703.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	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		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	986,703.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	973.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	985,730.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the foun	dation

Form **990-PF** (2009)

Form 990-PF (2009) 20-0429029 Page 9

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
_	Databath and the 2000 for Dat VI	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,	Corpus	T Cars prior to 2000	2000	216,178.
_	line 7				210,170.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
	Total for pnor years 20 07 , 20 06 , 20 05				
3	Excess distributions carryover, if any, to 2009				
	From 2004				
	110111 2000				
	From 2007 471,180. From 2008 2,807,088.				
-		2 270 260			
	Total of lines 3a through e	3,278,268.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$986,703.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				216,178.
	Remaining amount distributed out of corpus	770,525.			
5	Excess distributions carryover applied to 2009		•		
6	(If an amount appears in column (d), the same amount must be shown in column (a))  Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,048,793.			
b	Prior years' undistributed income Subtract				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable				
е	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions		. ,		
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				
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				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9	Excess distributions carryover to 2010.	4,048,793.			
40	Subtract lines 7 and 8 from line 6a	4,040,755.			
	Analysis of line 9 Excess from 2005				
	E ( 2000				
	5 f 2007				
	0 007 000				
	Excess from 2008			-	
	170,323.		l	.1	

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
	If the foundation has			•		
	foundation, and the ruling	•			<b>•</b>	
ь	Check box to indicate whe	•	_		4942()	)(3) or 4942(j)(5)
-	STIGGIC BOX to indicate with	Tax year	livate operating retination	Pnor 3 years	10120	1 10120/01
2 a		· · · · · · · · · · · · · · · · · · ·	#1,000	<del></del>		(e) Total
	justed net income from Part  I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each					
	year listed					
h	85% of line 2a					
		·····			1	
С	Qualifying distributions from Part					
	XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					···-
	directly for active conduct of					
	exempt activities Subtract line					
,	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section		1			
_	4942(j)(3)(B)(i)				· <del> </del>	
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general					Î
	public and 5 or more					
	exempt organizations as provided in section 4942			İ		
	(j)(3)(B)(III)			-		ļ
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplement	ary Information (C	complete this part	only if the found	lation had \$5,000	or more in assets
	at any time	during the year - se	e page 28 of the in	structions.)	40,000	
<del>-</del>	Information Regarding					
٠.		-		- 45 00/ -4 45 4-4-		
а	List any managers of before the close of any	the foundation who i	have contributed more	e than 2% of the tota	a) contributions receiv	ed by the foundation
	before the close of any	y tax year (but only if the	ney have contributed i	nore man \$5,000) (3	see section 507(u)(z) )	
	DAN A. EMM	ETT				
h	List any managers of	the foundation who	own 10% or more o	f the stock of a corn	oration (or an equally	/ large portion of the
-	ownership of a partner					raige portion or the
	Ownership of a partier	ship of other entity) o	William the loundation	i nasa 1070 or greate	i interest	
	N/A					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if	the foundation only	makes contributions	to preselected char	itable organizations a	and does not accept
	unsolicited requests	for funds if the foun	dation makes oifts o	rants etc (see page	e 28 of the instruction	ons) to individuals or
	organizations under of				0 20 07 110 110110010	mo, to marriadale of
	<del>.</del>	<u></u>				
а	The name, address, ar	nd telephone number of	f the person to whom a	pplications should be	addressed	
	ATTACHM	ENT 7				
	The form in which appl		mitted and information	and materials they she	ould include	
~	is in tillion uppi					
	NI / D					
	N/A					
C	Any submission deadli	nes				
	N/A					
	Any restrictions or I	imitations on awards	such as by geogra	anhical areas charitr	able fields kinds of	institutions or other
u	factors	iiiiialiona on awalus	, such as by geogra	apinoai aicas, chank	abic ficials, Killus UI	modulono, or other
	N / 7\					

Form 990-PF (2009)	20-0429029 Page <b>11</b>					
Part XV Supplementary Information (co	ontinued)					
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or App	roved for F	uture Payment	<del></del>		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution			
a Paid during the year						
ATTACHMENT 8						
·						
•						
•						
		1		•		
Takal		<u> </u>	▶ 3a	977,900.		
b Approved for future payment	T	<u> </u>		311,300.		
2 / pp. o roa ro. rotaro paymon						
	}					
Total			▶ 3b			

inter gross a	amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
_						are moducione y
_						· · · · · ·
c						
. —						<del></del>
е —						
f	· · · · · · · · · · · · · · · · · · ·					
g Fees	and contracts from government agencies				-	
_	ship dues and assessments					
	a savings and temporary cash investments			14	103.	
	s and interest from securities			14	97,218.	
	al income or (loss) from real estate					
a Debt	-financed property		-			
b Not	debt-financed property		•			
	income or (loss) from personal property .					
	restment income		,			
	oss) from sales of assets other than inventory			18	-236,394.	
Net incor	me or (loss) from special events		<u> </u>			
	ofit or (loss) from sales of inventory					
Other rev	venue a	ļ				
c						
d						
е						
Subtotal	Add columns (b), (d), and (e)				-139,073.	
ine No	Relationship of Activities			Exempt Purp		
_	Explain below how each activithe accomplishment of the fo			ed in column	(e) of Part XVI-A con-	
▼	Explain below how each activi			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the fo			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
_	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	
	Explain below how each activithe accomplishment of the for page 29 of the instructions )			ed in column	(e) of Part XVI-A con-	

Form	990-PF (2009)						2	20-042	9029				Pa	ige 13
Pa		Information l Exempt Orga		ransfers T	o and T	ransa	ctions a	and Re	elation	ships	With N	lonc	harit	able
1	in section 5	ganization directly 501(c) of the Co 32 m the reporting fou	ode (other than	section 501(	c)(3) orgar	nızatıons)							Yes	No
а		m tne reporting tou										1a(1)		х
		sets										1a(2)		Х
b	Other transac													
	(1) Sales of	assets to a noncha	antable exempt on	ganization								1b(1)		Х
	(2) Purchase	es of assets from a	nonchantable ex	empt organizati	on							1b(2)		Х
	(3) Rental of	f facilities, equipme	ent, or other asset	s								1b(3)		X
	(4) Reimbur	sement arrangeme	ents									1b(4)		X
		loan guarantees									• • • • •	1b(5)		X
	• •	ance of services or		-	-							1b(6) 1c		X
	-	cilities, equipment, ver to any of t	-										fair i	
		e goods, other												
		ny transaction or												
(a)	Line no (b)	Amount involved	(c) Name of n	oncharitable exer	npt organizati	on	(d) Desc	cription of t	ransfers, tr	ansactio	ns, and shan	ng arrar	ngemen	ıts
<u> </u>	N/		, , ,		<u> </u>		N/A	•						
					**									
							<del></del>							
					<del></del>									
			-	. —		İ								
													•	
		- <del></del>												
			<u> </u>					-						
2a		dation directly or					nore tax-e	exempt o	rganızatıc	ons des	cribed in		es 🗔	No E
t		nplete the following  Name of organization		(b) 7	Type of organi	ration			(c) [	escentio	n of relations	hin		
	(a)	Name of organization	······································	(5)	Type of organi	IZALIUI1	-		(6) 6	escriptio	II OI TEIALIONS	птр		
						,,								
			·				1-							
_									·					
_		es of pegruny, I decl	lare that I have ex	amined this retui	m, including	accompar	nying sched	dules and	statement	s, and t	o the best of	of my k	nowled	lge and
	belief, it is tru	ue, cometi and com	plete Declaration	of preparer (othe	r than taxpay	yer or fidu	ciary) is ba	ased on all	1 information	on of w	nich prepare	r has a	ny kno	wledge
	1 V	14/2					17/11	/11		Pres	ident			
ē	Signature	of officer or trustee					Date	/	Trt	le				
He			_			Date		. Check	: ıf		Preparer's number (S	identif	ying ature c	nri
Sign Here	S ≥ Prepa	arer's				11.	اررے		nployed I	<b>-</b>	page 30 of t	he instr	uctions	)
Ś	Paid Preparer's Use Only Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidual Sidua			NICE CART	TNI C 1771	IO/I	<u> </u>				P00230 5-4345			
	Firm'	's name (or yours if employed), address		OUSE CARL					EI	N 💌 🖰	,5-4345	J 2 0		
	I I	ZIP code	ENCING		טפ טישנ.	וג מני		436	PF	none no	818-8	49-3	140	
	<del></del>	<u> </u>	LICIN	, 011			<u> </u>		1.,					(2009)

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identification number
EMMETT FOUNDATION		20.042000
Organization type (check on	e)	20-0429029
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	'n
	501(c)(3) taxable private foundation	
• -	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or none contributor. Complete Parts I and II	nore (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support te and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	contribution of the greater
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any e contributions of more than \$1,000 for use exclusively for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II, and	le, scientific, literary, or
the year, contribution aggregate to more year for an exclusion applies to this organization.	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions than \$1,000. If this box is checked, enter here the total contributions that were evely religious, charitable, etc., purpose. Do not complete any of the parts unless anization because it received nonexclusively religious, charitable, etc., contributions.	ibutions did not received during the s the General Rule ions of \$5,000 or more
990-EZ, or 990-PF), but it m	t is not covered by the General Rule and/or the Special Rules does not file Sch ust answer "No" on Part IV, line 2 of its Form 990, or check the box on line H o PF, to certify that it does not meet the filing requirements of Schedule B (Form 9	f its Form 990-EZ,
For Privacy Act and Panerwork Ro	duction Act Notice see the Instructions Schedule	B (Form 990, 990-FZ, or 990-PE) (2009)

for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009	Schedule B	(Form 990.	990-EZ. (	or 990-PF)	(2009)
------------------------------------------------	------------	------------	-----------	------------	--------

Page\_ of Part I

Name of	forganization	El

Name of o	rganization EMMETT FOUNDATION		Employer Identification number 20-0429029
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	DAN EMMETT  808 W. WILSHIRE BLVD. SUITE 200  SANTA MONICA, CA 90401	\$ \$	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)
(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 )

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

Kınd of Pr	operty	INS AND LO		cription		P Or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPIT			·		193.	
		34,632 SHAR PROPERTY TY		MULTI-ASSET	FUND	Р	VAR	VAR
502,513.		605,782.	PE: SECURIT	152			-103,269.	
		PROPERTY TY		INTERNATION?	AL EQUI	P		VAR
02,267.		435,585.					-133,318.	
OTAL GAIN (LO	oss)				• • • • •		-236,394.	
					-			

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

ADJUSTED NET INCOME	103.	103.
NET INVESTMENT INCOME	103.	103.
REVENUE AND EXPENSES PER BOOKS	103.	103.
		TOTAL
DESCRIPTION_	WELLS FARGO	

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

ADJUSTED NET INCOME	91,004. 6,214.	97,218.
NET INVESTMENT INCOME	91,004. 6,214.	97,218.
REVENUE AND EXPENSES PER BOOKS	91,004. 6,214.	97,218.
		TOTAL
DESCRIPTION	TIFF UBS	

CHARITABLE PURPOSES	8,692.	8,692.
ADJUSTED NET INCOME	.0	0.
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	8,692.	8,692.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

## FORM 990PF, PART I - TAXES

CHARITABLE PURPOSES	10.	111.
ADJUSTED NET INCOME	0	
NET INVESTMENT INCOME		• 0
REVENUE AND EXPENSES PER BOOKS	10.	111.
DESCRIPTION	STATE TAXES REGISTRY OF CHARITABLE TRUSTS	TOTALS

- CORPORATE STOCK PART FORM 990PF,

DESCRIPTION

CORPORATE STOCKS - VARIOUS

TOTALS

ATTACHMENT 5

BOOK VALUE ENDING.

ENDING FMV

2,635,959.

2,635,959.

4,421,710. 4,421,710. ATTACHMENT 5

ATTACHMENT 6

ATTACHMENT 7

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

ATTACHMENT 8

ATTACHMENT 8 (CONT'D)

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

AMOUNT	5, 000	10,000.	8,000	25,000	20,000	10,000
PURPOSE OF GRANT OR CONTRIBUTION	TO BENEFIT EDUCATION	TO BENEFIT CHARITABLE ENDEAVORS TO PRESERVE THE SANTA MONICA BAY	TO BENEFIT THE LESBIAN, GAY, BISEXUAL AND TRANSGENDER COMMUNITIES OF SANTA BARBARA COUNTY	TO BENEFIT RENEWABLE ENERGY ENDEAVORS IN CALIFORNIA	TO BENEFIT SERVICES OFFERED BY SAINT JOHN'S HEALTH CENTER THAT SUPPORT THE HEALTH OF THE GENERAL PUBLIC	TO BENEFIT EDUCATION
RELATIONSHIP TO SUBSTANTIAL CONTRIBJTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
RECIPIENT NAME AND ADDRESS	CATE SCHOOL	SANTA MONICA BAYKEEPER	PACIFIC PRIDE FOUNDATION	ENERGY INDEPENDENCE NOW COALITION	SAINT JOHN'S HEALTH CENTER FOUNDATION	ST MATTHEWS PARISH SCHOOL
	1960 CATE MESA ROAD	3100 WASHINGTON BLVD	126 E HALEY ST #A11	120 EAST DE LA GUERRA ST, STE B	2121 SANTA MONICA BLVD	1031 BIENVENEDA AVE
	CARPINTERIA, CA 93013	MARINA DEL REY, CA 90292	SANTA BARBARA, CA 93101	SANTA BARBARA, CA 93101	SANTA MONICA, CA 90404	PACIFIC PALISADES, CA 90272

ATTACHMENT 8 (CONT'D)

VFAB	
E H	
ON TOTAL	
C T & C	
THE SMIGHT CIEG SNOTHINGS	
CN	
CO CING STINGS	
2	
4040	
adopt Maca	
-	٠.

FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	NONE TO BENEFIT EDUCATION 5,000 5,000	NONE TO BENEFIT EDUCATION 10,000.	NONE TO BENEFIT EDUCATION 20,000 501(C)(3)	NONE  501(C)(3)  CALIFORNIA'S NATURAL RESOURCES
RECIPIENT NAME AND ADDRESS	DARTWOUTH COLLEGE HANOVER, NH 03755 501(C)	UC DAVIS FOUNDATION 1460 DREW AVE, STE 100 DAVIS, CA 95618	(OOL STREET )27	SUSTAINABLE CONSERVATION 98 BATTERY ST, STE 302 501(C)

977, 900	
TOTAL CONTRIBUTIONS PAID	

## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust Employer identification number EMMETT FOUNDATION 20-0429029 Note: Form 5227 filers need to complete onlyParts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) (d) Sales price the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo , day, yr ) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1h Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr ) (mo, day, yr) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b -236,587.Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions 9 193. Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -236,394.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

	dule D (Form 1041) 2009			Page 2
Pai	t III Summary of Parts I and II  Caution: Read the instructions before completing this part.	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss) 13			
14	Net long-term gain or (loss):			
а	Total for year			-236,394.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
С	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			-236,394.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-			
	art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV a	and the Capital Loss C	arryover Workshe	es necessary
	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, III	ne 4c, if a trust) , the <b>si</b>	1 1	
Note	The loss on line 15, column (3) or b \$3,000  If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, lir yoveWorksheeton page 7 of the instructions to figure your capital loss carryover	ne 22 (or Form 990-T, I	ne 34), is a loss, c	omplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates		<del>-</del>	
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2	2) are dains or an an	nount is entered	in Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than	zero	nount is entered	III FAILTOI FAILII AIIU
	tion: Skip this part and complete the worksheet on page 8 of the instructions if			
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero		1	
Forr	m 990-T trusts. Complete this part only if both lines 14a and 15 are gair	ns, or qualified divide	ends are include	d in income in Part I
	form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and er line 14b, col. (2) or line 14c, col. (2) is more than zero.	complete the work	sheet on page 8	of the instructions if
			<u> </u>	
17 40	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)			
40	but not less than zero 18	<b></b> ∤		
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
20	dividends included in income in Part I of Form 990-T)			
20 21		<del> </del>	i l	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-			
22		,,		
23		22 23	<del></del>	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	<del></del>   [	
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24?	=	<del></del>	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box		1 1	
	No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same?			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% ( 15)	• • • • • • • • • • • • • • • • • • • •	30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Sch		· · · · · <del></del>	
	(see the Schedule Ginstructions in the instructions for Form 1041)			
	,			
32	Add lines 30 and 31			· · · · · · · · · · · · · · · · · · ·
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Sch			
•	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here a			
	G, line 1a (or Form 990-T, line 36)		<u> 34  </u>	

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side  EMMETT FOUNDATION				Employer identification number 20-0429029			
Part II Long-Term Capital Gains and	d Losses - Asse	ets Held More Ti	han One Year				
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)		
6a 34,632 SHARES OF TIFF							
MULTI-ASSET FUND	VAR	VAR	502,513.	605,782.	-103,269.		
24,902 SHARES OF TIFF			200 065	.05 505			
INTERNATIONAL EQUITY FUND	VAR	VAR	302,267.	435,585.	-133,318.		
					-		
					-		
					- "		
					-		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
6b Total. Combine the amounts in column	(f) Enter here and	d on Schedule D. li	ne 6b		-236,587.		

## Form **8868**(Rev January 2011) Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.

• If you are	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo mplete Part II unless you have already been g	nth Extens ranted an a	sion, complete only Part II (on pagautomatic 3-month extension on a p	reviously	ıs f	orm). ed Fo	rm 88	
a corporate 8868 to re Return for	: filing (e-file). You can electronically file Form non required to file Form 990-T), or an additional equest an extension of time to file any of the file Transfers Associated With Certain Personal s). For more details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month extension of time of I in Part I or Part II with the excep Contracts, which must be sent to	You can tion of F the IRS	ele orn in	ctron n 887 pape	ically 70, Inf er forr	file Form formation mat (see
Part I	<b>Automatic 3-Month Extension of Time</b>	Only sub	omit original (no copies needed)				<del></del>	
A corpora	tion required to file Form 990-T and reques	ting an au		k this bo				lete
	orporations (including 1120-C filers), partnershi me tax returns.							n of time
Type or	Name of exempt organization Empl			Employe	ployer identification number			
print Emmett Foundation				20-0429029				
File by the	Number, street, and room or suite no. If a P O bo	x, see ınstru						
due date for	15760 Ventura Blvd C/O Ho	lthous	se Carlin Van Trigt.	LLP				
filing your return See	City, town or post office, state, and ZIP code For							
instructions	Encino , Ca. 91436							
	Elicino, ca. 31430							
Enter the f	Return code for the return that this application is	for (file a s	separate application for each return)		•			04
Applicati	on	Return Code	Application Is For					Return Code
							+	
Form 990		01	Form 990-T (corporation)	corporation)				07
Form 990		02	Form 1041-A					80
Form 990		03	Form 4720					09
Form 990	)-PF	04	Form 5227					10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069					11
Form 990	)-T (trust other than above)	06	Form 8870					12
Telephore If the org If this is for the who	As are in the care of ► Norm Tamkin  The No. ► 818-849-3140  The No. ► 818-84	siness in the digit Group tit is for part	p Exemption Number (GEN)				f this i d attac	
unt for	equest an automatic 3-month (6 months for a consistency of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption of the exemption o	npt organiz	ation return for the organization nar	ned abov				
	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							
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any onrefundable credits. See instructions 3a \$						None	
<b>b</b> If t	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	imated tax payments made. Include any prior ye				b	\$		None
c Bal	ance due. Subtract line 3b from line 3a. Include yo	ur payment						<u></u>
	ectronic Federal Tax Payment System). See instructiff you are going to make an electronic fund w		with this Form 9060, san Form 94		od od		0071	0.00
	n you are going to make an electronic fund w	naiurawal 1	with this Form 6000, See FORM 64:	JJ-LU di	IU	OHI	00/3	3-LO 101

Form 8868 (Re	ev ·1-2011)				Page <b>2</b>
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Mo	onth Exten	ision, complete only Part II and ch	neck this box	▶ □
Note. Only	complete Part II if you have already been gran	ited an aut	omatic 3-month extension on a prev	viously filed Form 8868	3
	filing for an Automatic 3-Month Extension, of				
Part II					
Type or					number
print					
File by the extended	iling your  City, town or post office, state, and ZIP code. For a foreign address, see instructions				
due date for					
return See					
instructions					
Enter the R	Return code for the return that this application is	s for (file a	senarate application for each return	n)	
		,		· · · · · · · · · · · · · · · · · · ·	
Application	on	Return	Application		Return
Is For		Code	Is For		Code
Form 990		01	*/ ×	, *4	* * *
Form 990-		02	Form 1041-A		08
Form 990-		03	Form 4720		09
Form 990-		04	Form 5227		10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above) not complete Part II if you were not already gra	06	Form 8870	raviously filed Form 99	12
The book	s are in the care of	anteu an at	atomatic 3-month extension on a pi	reviously liled Fortil of	
Telephon			No, <b>▶</b>		
	anization does not have an office or place of bu				. ▶□
• If this is fo	or a Group Return, enter the organization's fou	r diait Grou	in Exemption Number (GEN)		
for the who	ole group, check this box	it is for nar	t of the group, check this box	. ii tilis ▶ □ and atta	
	e names and EINs of all members the extension		t of the group, effect this box		icira
4   rec	guest an additional 3-month extension of time i	until		20 .	
5 For	quest an additional 3-month extension of time to calendar year, or other tax year beginning	na	20 and ending	n	. 20
6 If th	e tax year entered in line 5 is for less than 12 i	nonths, ch	eck reason	Final return	,
	Change in accounting period		<del></del>	_	
	is application is for Form 990-BL, 990-PF, 990	)-T, 4720, (	or 6069, enter the tentative tax, less	· 1 1	
non	refundable credits See instructions			8a \$	
	his application is for Form 990-PF, 990-T, 4				
	mated tax payments made. Include any prio	r year ove	erpayment allowed as a credit and	any 🚰	
amount paid previously with Form 8868.					
C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$					
			d Verification	8c  \$	
	es of perjury, I declare that I have examined this form, inc and complete, and that I am authorized to prepare this form			he best of my knowledge an	id belief, it is
Signature ►		Trtle▶		Data 🏲	
Signature P				Date ► Form <b>8868</b>	(Day 1 2011
				FUIII 0000	(NEV 1-2011