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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052

For	calen	dar year 2009, or tax year beginning	ng DEC	1	, 200	9	, and e	nding	NOV 30	, 2010)		
		all that apply: Initial reti		T			ormer public o	<u>*</u>		Final return			_
	-	Amended	d return		_	ldress chan			Name change)			
Hea	the	Name of foundation						******	· · · · ·	identification	number		
	abel.	· ·											
Ott	erwi	se, THE OTIS BOOTH	FOUNDA	TIC	ON				<u>95-6</u>	140019	1		
	print	Number and street (or P O box num	ber if mail is not de	livered	to street ad	dress)		Room/suite	B Telephone	number			
	r type	TOTOL DEPENDING							(310) 471-	2575		
	Spec	I LIIV DE IDWN SIAIR AND ZIR COL							C If exemption	application is p	ending, check h	ere	▶□
		LOS ANGELES, C		_					D 1. Foreign	organizations	s, check here		
H_ (heck	type of organization: X Sect.	ion 501(c) <u>(3) e</u> x						2. Foreign of check he	organizations me are and attach co	eting the 85% to imputation	est,	▶□
<u>L</u>		ction 4947(a)(1) nonexempt charitat		Other	taxable pr	vate founda			E If private f	oundation sta	tus was termi	nated	
		rket value of all assets at end of year		-		Cash	X Accr	ual	under sec	tion 507(b)(1)	(A), check he	re	▶□
		Part II, col (c), line 16)			specify)					idation is in a			ion
	\$	189,690,117		mn (c	d) must be	on cash l	basis.)		under sec	tion 507(b)(1)			
Pa	<u>rt I</u>	' (The total of amounts in columns (b), (c),	and (d) may not		(a) Revenu		(b) Net in			isted net	(d) Disbi		
		necessarily equal the amounts in column	n (a))	-	xpenses p		inco	Jine		ome	(cash ba	asis or	ıly)
	1	Contributions, gifts, grants, etc., rec		-		100.			N/	<u>A</u>			
	2	Check X if the foundation is not require interest on savings and temporary	ed to attach Sch B			44.0		4 440					
	3	cash investments				,412.		$\frac{4,412.}{2}$			STATEM		
	4	Dividends and interest from securiti	ies		290	<u>,930.</u>	29	0,930.			STATEM	IEN.	T 2
	1 .	Gross rents						 -	<u>-</u>				
	١	Net rental income or (loss)		1.0	2 1 6 0	F02	.		Part States		 		
ě		Net gain or (loss) from sale of assets not of Gross sales price for all 72 27		Т;	9,100	,583.		***	1 - 1	RECE	WED.		
Revenue	b	assets on line 6a 13,41	<u>3,665.</u>			-	10 16	0,583.	10			- I	
Be Be	(Capital gain net income (from Part IV, line	2)				19,10	0,363.	1 01	007 7	-	S	
	8	Net short-term capital gain							12	-061 ∦	7 2011 -	SO	
	100	Income modifications Gross sales less returns									 	ဖွဲ့	
	Ι.	and allowances Less Cost of goods sold								GAL	TIP T	1	
	l	Gross profit or (loss)							100000	v Garage		-	
	11	Other income			5	,708.		5,708.			STATEM	ŒŊ	т 3
	12	Total. Add lines 1 through 11		19	9,461	,733.		1,633.					
	13	Compensation of officers, directors, truste	ees. etc		<u> </u>	0.		0.					0.
	14	Other employee salaries and wages											
	15	Pension plans, employee benefits											
Expenses	16a	Legal fees S	TMT 4										288.
en	b	Accounting fees S	TMT 5		79	,604.	3	9,802.			3	18,	530.
Ä	C	Other professional fees S	TMT 6		435	,844.	43	5,844.					0.
<u>ĕ</u> . ſ	17	Interest	:										
rat	18	Taxes S	TMT 7		614	,342.		0.					<u>310.</u>
nisi Si	19	Depreciation and depletion									<u> </u>		
) <u>É</u>	20	Occupancy											
and Administrative	21	Travel, conferences, and meetings	ļ								<u> </u>		
	22	Printing and publications						455	ļ — —		<u> </u>	_	4.00
ું in	23	•	TMT 8			354.		<u> 177.</u>	ļ		 -		<u>177.</u>
り ta	24	Total operating and administrative		_			4.5	r 000			_		205
ර්ද්ූ Operating		expenses. Add lines 13 through 23	}			,144.	4 /	<u>5,823.</u>	 		10.00	<u>9,</u>	<u>305.</u>
•	l	Contributions, gifts, grants paid			<u>8,341</u>	,360.			 		10,89) / ,	500.
	26	Total expenses and disbursement	8.	,	0 471	E (4	47	E 022			10 03		005
_	<u>_</u> _	Add lines 24 and 25			9,471	,504.	4/	<u>5,823.</u>			10,93	0,0,	003.
	1	Subtract line 26 from line 12:		,	000	220							
	l	Excess of revenue over expenses and dis			7,770	,229.	10 00	5,810.			 		
	i	Net investment income (if negative, et Adjusted net income (if negative, ente					10,30	J, UIU.	N/		 		
9235	01	LHA For Privacy Act and Paper		Act N	otice see	the instruct	tions.				Form 990)-PF	(2009)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

184,207,228.

184,207,228. Form **990-PF** (2009)

Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

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

12,374,854.

10,936,805.

7

8

Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

_	990-PF (2009) THE OTIS BOOTH FOUNDATION		10.40(1-) 4		61400			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	(a), 4	1940(b), 4940(e), or 4	948 -	see in	stru	ctior	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	ter "N/A	N' on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary)	essary-	see instructions)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	· 🔲	and enter 1%	1		<u>37</u>	9,7	<u> 16.</u>
	of Part I, line 27b							
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% $$							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners en	ter -0-)	2				<u>0.</u>
3	Add lines 1 and 2			3		37	9,7	<u> 16.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers er	nter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		<u>37</u>	9,7	<u> 16.</u>
6	Credits/Payments:		1					
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	<u>362,279.</u>					
b	Exempt foreign organizations - tax withheld at source	<u>6b</u>						
C	Tax paid with application for extension of time to file (Form 8868)	6c	130,000.					
đ	Backup withholding erroneously withheld	_6d_						
7	Total credits and payments. Add lines 6a through 6d			7		49	<u>2,2</u>	<u>79.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		, •	10		11	<u>2,5</u>	63.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11	2,563. Refunded ▶	11	<u> </u>			<u>0.</u>
	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	atıon o	r did it participate or intervene	ın			Yes	No
	any political campaign?				,	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es (see	instructions for definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	соріе	s of any matenals publishe	d or		-		
	distributed by the foundation in connection with the activities							
C	Did the foundation file Form 1120-POL for this year?					1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:				1		
	(1) On the foundation. > \$ (2) On foundation managers.			•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ure tax	imposed on foundation					
	managers. ► \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?				2		X
	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 in	nstrum	ent, articles of incorporation, o	or		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?		_		_4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				1	5		X_
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:						
	By language in the governing instrument, or							
	ullet By state legislation that effectively amends the governing instrument so that no mandatory	/ direct	ions that conflict with the state	e 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?					7	X	<u> </u>
	If "Yes," complete Part II, col (c), and Part XV							
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🟲						
	CA		<u></u>					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	General (or designate)]
	of each state as required by General Instruction G? If "No," attach explanation					8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of sec			endar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co					9_		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedul	le listing	their names and addresses			10		X_
	· · · · · · · · · · · · · · · · · · ·				Forn	n 990	-PF ((2009)

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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s 🗶 No 📗	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			s X No	1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	-	
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□	· [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	om the tax because it maintai	ned		
expenditure responsibility for the grant?		// A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	•	Y6	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b
Information About Officers, Directors, Trust		nagers, Highly	У	
Palu Elliployees, and Contractors				
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
	to position	enter -0-)	compensation	allowances
	PRESIDENT & T	TEE		
10431 BELLAGIO ROAD	0 00	١ ,	ا م	0
LOS ANGELES, CA 90077	0.00	0. SSIST. SE	0. C&	0.
PALMER N. MURRAY	VP, TREAS., A	SSIST. SE	⊢ α	
10431 BELLAGIO ROAD	0 00	1	0.	0
LOS ANGELES, CA 90077	0.00	0.		0.
LOREN BOOTH	VP, SEC. & TI	re.	İ	
10431 BELLAGIO ROAD	0.00	_		0
LOS ANGELES, CA 90077	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
]			
	l	<u> </u>		0
Total number of other employees paid over \$50,000				

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
LOURD CAPITAL MANAGEMENT - 9777 WILSHIRE	INVESTMENT	
BLVD., SUITE 1018, BEVERLY HILLS, CA 90212	MANAGEMENT SERVICES	357,136.
WTAS, LLC - 400 S. HOPE STREET, SUITE 2000,	_	
LOS ANGELES, CA 90071	TAX & ACCOUNTING	66,659.
	-	
	-	
	-	
		
	-	
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		`
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti	cal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.	Expenses
1 N/A		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	ines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	181,555,399.
	Average of monthly cash balances	1b	3,793,532.
	Fair market value of all other assets	1c	610,121.
	Total (add lines 1a, b, and c)	1d	185,959,052.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	. 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	185,959,052.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,789,386.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	183,169,666.
6	Minimum investment return. Enter 5% of line 5	6	9,158,483.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certai	
Р	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	9,158,483.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 379,716.		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c_	379,716.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,778,767.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,778,767.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,778,767.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,936,805.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,936,805.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,936,805.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				8,778,767.
2 Undistributed income, if any, as of the end of 2009			\\\	
a Enter amount for 2008 only			_ 0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006				
d From 2007 1,490,607.				
e From 2008 679,443.				
f Total of lines 3a through e	2,170,050.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 10,936,805.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			<u> </u>	8,778,767.
e Remaining amount distributed out of corpus	2,158,038.	-		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,328,088.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.		· -	
8 Excess distributions carryover from 2004	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	4,328,088.			
10 Analysis of line 9:	4,320,000.			
a Excess from 2005				
b Excess from 2006				
c Excess from 2007 1,490,607.				
d Excess from 2008 679, 443.				
e Excess from 2009 2, 158, 038.				
1 = 1 = 0 1 0 0 0 0				Form 990-PF (2009)

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Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		, , ,			
foundation, and the ruling is effective fo		•	▶ └		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(6) 2000	Prior 3 years (c) 2007	(4) 2006	(a) Tatal
income from Part I or the minimum	(a) 2009	(b) 2008	(6) 2007	(d) 2006	(e) Total
investment return from Part X for	1				
each year listed					
b 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "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 public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			ļ		
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see the i	instructions.)			
Information Regarding Foundation a List any managers of the foundation whyear (but only if they have contributed in NONE	o have contributed more		ributions received by the	foundation before the clos	e of any tax
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large portion	on of the ownership of a pa	irtnership or
NONE	-				
2 Information Regarding Contribution Check here ► X if the foundation of	nly makes contributions	to preselected charitable	organizations and does n		
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions, co	omplete items 2a, b, c, and	d
a The name, address, and telephone num	ber of the person to whor	m applications should be	addressed:		
b The form in which applications should b	e submitted and information	tion and materials they sh	nould include:		
c Any submission deadlines:					
			1		
d Any restrictions or limitations on award	s, such as by geographica	ai areas, charitable fields,	kings of institutions, or (omer factors:	

3 Grants and Contributions Paid During the Ye	ear or Approved for Future F	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	or śubstantiał contributor	recipient		_
SEE STATEMENT 13				
Total	Τ		<u>▶ 3a</u>	10,897,500.
b Approved for future payment				
Total SEE STATEMENT 14			▶ 3b	4500000.
				000 DE (0000)

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741100111	code		
<u>a</u>			+		
b			+		
<u> </u>	 		 		·
0	 	 .	+		
e	+				
g Fees and contracts from government agencies	 				
g Fees and contracts from government agencies 2 Membership dues and assessments			1	-	
3 Interest on savings and temporary cash	<u> </u>		+		·
investments	1 1		14	4.412.	
4 Dividends and interest from securities	 		14	4,412. 290,930.	
5 Net rental income or (loss) from real estate:	 			23073301	
a Debt-financed property			1		·····
b Not debt-financed property					
6 Net rental income or (loss) from personal		<u> </u>	1 1		
property					
7 Other investment income		···	1		
8 Gain or (loss) from sales of assets other		1	1 1		
than inventory			18	19,160,583.	
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory	-		1 1		
11 Other revenue:			1		
a OAKTREE PPIP LP -					
b DISTRIBUTIONS			14	5,708.	
c					
d					
е	T T				
12 Subtotal. Add columns (b), (d), and (e)		0.		19,461,633.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	19,461,633.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of E	xempi	t Purposes	
Line No. Explain below how each activity for which inco					polishment of
the foundation's exempt purposes (other than					
N/A					
				. <u></u>	
				<u>. </u>	
		<u></u>			

923621 02-02-10

Form **990-PF** (2009)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable				TIS BOOTH FOUND		15.1-4	95-614		Pag	ge 13
1. Dod the organization directly or indirectly engage in any of the following with any other organization dissorbed in section 501(c) of the Code (other than section 501(c)) organizations) or in section 527, relating to political organizations? 1. Transfers from the reporting boundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 5. Other framsactions: (3) Perchases of sastes from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renat of foliables, equipment, or other assets (4) Remotursement rangements (5) Loss or of any quarantes (6) Performance of sameses or membership or fundrasing solicitations (6) Ferformance of sameses or membership or fundrasing solicitations (6) Performance of sameses or membership or fundrasing solicitations (7) In the assets or any of the above is "Yes," complete the following schedule. Column (a) should always show the fair market value of the goods, other assets, or settlement or any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or settlement or any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or settlement or any other and the fair market value of the goods, other assets, or settlement or any other and the fair market value of the goods, other assets, or settlement or any other and the fair market value of the goods, other assets, or settlement or any other and the fair market value of the goods, other assets, or settlement or any other any other and any other any other any other any other and any other	Pa	IT A			and Transactions a	and Relation	ships With Nonch	aritable		
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties or perpy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete of discontinuous perpension of preparer (other than statements) is based on all information of which preparer has any knowledge Signature Preparer's Signature Preparer's identifying number Signature Firm's name (or yours of self-employed) diself-employed A 00 S. HOPE STREET, SUITE 2000 LOS ANGELES, CA 90071 Phone no. (213) 593-2300		•								
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties or perpy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete of discontinuous perpension of preparer (other than statements) is based on all information of which preparer has any knowledge Signature Preparer's Signature Preparer's identifying number Signature Firm's name (or yours of self-employed) diself-employed A 00 S. HOPE STREET, SUITE 2000 LOS ANGELES, CA 90071 Phone no. (213) 593-2300		_						-		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties or perpy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete of discontinuous perpension of preparer (other than statements) is based on all information of which preparer has any knowledge Signature Preparer's Signature Preparer's identifying number Signature Firm's name (or yours of self-employed) diself-employed A 00 S. HOPE STREET, SUITE 2000 LOS ANGELES, CA 90071 Phone no. (213) 593-2300										
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties or perpy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete of discontinuous perpension of preparer (other than statements) is based on all information of which preparer has any knowledge Signature Preparer's Signature Preparer's identifying number Signature Firm's name (or yours of self-employed) diself-employed A 00 S. HOPE STREET, SUITE 2000 LOS ANGELES, CA 90071 Phone no. (213) 593-2300										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties or perpy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete of discontinuous perpension of preparer (other than statements) is based on all information of which preparer has any knowledge Signature Preparer's Signature Preparer's identifying number Signature Firm's name (or yours of self-employed) diself-employed A 00 S. HOPE STREET, SUITE 2000 LOS ANGELES, CA 90071 Phone no. (213) 593-2300	2a	Is the	foundation directly or indirect	tly affiliated with or related to one	or more tax-exempt organi	zations described				
b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of pergry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (gither than paper) or inductory) is based on all information of which preparer has any knowledge O PRESIDENT								Yes	X	l No
(a) Name of organization N/A Under penalties of person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than showledge) is based on all information of which preparer has any knowledge Signature Preparer's Signature Preparer's Signature WTAS LIC first name (or yours of filter or trustee) WTAS LIC Firm's name (or yours or filter) 400 S. HOPE STREET, SUITE 2000 address, and ZIP code LOS ANGELES, CA 90071 Phone no. (213) 593-2300	h							103		, 110
Under penalties of pergray, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than propage or industry) is based on all information of which preparer has any knowledge O PRESIDENT		., ,,			(b) Type of organization	_	(c) Description of relation	nship		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than suppaye) or fiducially is based on all information of which preparer has any knowledge O PRESIDENT								·		
and complete Declaration of preparer (other than saxpayer or fiducial) is based on all information of which preparer has any knowledge O			- <u>,,</u>							
and complete Declaration of preparer (other than saxpayer or fiducial) is based on all information of which preparer has any knowledge O		•	-							
and complete Declaration of preparer (other than saxpayer or fiducial) is based on all information of which preparer has any knowledge O							<u>.</u>			
and complete Declaration of preparer (other than saxpayer or fiducial) is based on all information of which preparer has any knowledge O										
Signature of officer or trustee Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's identifying number Signature Firm's name (or yours desti-employed) Address, and ZiP code LOS ANGELES, CA 90071 Phone no. (213) 593-2300		Under p	enalties of perjury, I declare that I h	nave examined this return, including acco	ompanying schedules and statem	nents, and to the best	of my knowledge and belief, it	is true, correct		
Signature of officer or trustee Signature Signature Date	-	and cor	nplete Declaration of preparer (office	r than axpayer or fiduciary) is based on	all information of which preparer	has any knowledge				
Signature of officer or trustee Signature Signature Date			SUKK (IS	DOOTK	10/10/11	▶ PRESI	DENT			
Firm's name (or yours WTAS LLE 1 sett-employed) 400 S. HOPE STREET, SUITE 2000 2000 1 sett-employed LOS ANGELES, CA 90071 Phone no. (213) 593-2300	<u>%</u>	Si	gnature of officer or trystee		Date /					
Firm's name (or yours WTAS LLE 1 sett-employed) 400 S. HOPE STREET, SUITE 2000 2000 1 sett-employed LOS ANGELES, CA 90071 Phone no. (213) 593-2300	Ĭ			111111		Date. C	heck if Prepa	arer's identifyir	ng num	ber
Firm's name (or yours WTAS LLE 1 sett-employed) 400 S. HOPE STREET, SUITE 2000 2000 1 sett-employed LOS ANGELES, CA 90071 Phone no. (213) 593-2300	ig	ج ج		mas W. W.	lu 1	- //	elf- — l			
address, and ZIP code LOS ANGELES, CA 90071 Phone no. (213) 593-2300	ة ا ت		Tyma o			1-1-				
address, and ZIP code LOS ANGELES, CA 90071 Phone no. (213) 593-2300	٥	r e s Js e s	1 ' ' <i>/</i> '		SUITE 2000		300			
		ر ہے					Phone no. (21:	3) 593	3-2	300

THE OTIS BOOTH FOUNDATION EIN: 95-6140019

STATEMENT ATTACHED TO FORM 990-PF FOR THE YEAR ENDED NOVEMBER 30, 2010

PART VII-B; QUESTIONS 1a (3) and 1b:

Pursuant to Section 4941(d)(2)(C) the furnishing of goods, services, or facilities by a disqualified person to a private foundation is not an act of self-dealing since the furnishing is without charge and the goods, services, or facilities are used exclusively for the purposes of the foundation.

FORM 990-PF INTEREST ON SAVI	INGS AND TE	MPORARY CAS	SH I	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
FIDELITY INVESTMENTS - INTERE MORGAN STANLEY - INTEREST	EST			_	4. 3,9	43. 69.
TOTAL TO FORM 990-PF, PART I,	, LINE 3, C	OLUMN A		- -	4,4	12.
FORM 990-PF DIVIDENI	OS AND INTE	REST FROM	SECU	RITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
FIDELITY INVESTMENTS		290,930.		0.	290,9	30.
TOTAL TO FM 990-PF, PART I, I	LN 4	290,930.		0.	290,9	30.
FORM 990-PF	OTHER	INCOME		-	STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
OAKTREE PPIP LP - DISTRIBUTION	ONS -	5,7	08.	5,708	•	
TOTAL TO FORM 990-PF, PART I	- , LINE 11 =	5,7	08.	5,708	•	
FORM 990-PF	LEG#	L FEES			STATEMENT	4
DESCRIPTION		(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
LEGAL FEES			0.			88.
TO FM 990-PF, PG 1, LN 16A			0.			88.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	79,604.	39,802.		38,530.	
TO FORM 990-PF, PG 1, LN 16B	79,604.	39,802.		38,530.	
FORM 990-PF C	OTHER PROFES	SIONAL FEES	S	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTING FEES	435,844.	435,844.		0.	
TO FORM 990-PF, PG 1, LN 16C	435,844.	435,844.		0.	
FORM 990-PF	TAX	ES	S	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FRANCHISE TAX BOARD	10.	0.		10.	
REGISTRY OF CHARITABLE TRUSTS	300.	0.		300.	
CURRENT FED EXCISE TAX PROVISION	379,032.	0.		0.	
DEFERRED FED EXCISE TAX PROVISION	235,000.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	614,342.	0.		310.	

FORM 990-PF	OTHER E	XPENSES		STATEMENT	8
DESCRIPTION	(A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOM				
OFFICE EXPENSES	354.	17	7.	1	77.
TO FORM 990-PF, PG 1, LN 23	354.	17	7.	1	77.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND	BALANCES	STATEMENT	9
DESCRIPTION				AMOUNT	
UNREALIZED GAIN ON ASSETS ROUNDING				11,743,6	08.
TOTAL TO FORM 990-PF, PART II	II, LINE 3			11,743,6	11.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	10
DESCRIPTION			BOOK VALUE	FAIR MARKE VALUE	т
BERKSHIRE HATHAWAY DFA SHORT TERM EXTENDED QUAL DFA SELECTIVELY HEDGED GL FIX DFA INFLATION PROTECTED SEC E	KED INC (DFS PORT (DIPSX)	X) HX)	122,724,200. 12,614,389. 9,612,381. 13,452,837.	122,724,2 12,614,3 9,612,3 13,452,8	89. 81.
DIMENSIONAL ADVISOR ONE YR FI (DFIHX) DFA INV'T TWO YEAR GLOBAL FIX		DFGFX)	10,851,727. 12,980,529.	10,851,7 12,980,5	
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		182,236,063.	182,236,0	63.

FORM 990-PF	OTHER INVESTMENTS	_	STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FRONTPOINT-SJC OFFSHORE CAP L. MS CREDIT PARTNERS, L.P. OAKTREE PPIP PRIVATE FUND, L.P	FMV	192,414. 589,112. 597,568.	192,414. 589,112. 597,568.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,379,094.	1,379,094.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED TAXES PAYABLE		561,000.	796,000.
TOTAL TO FORM 990-PF, PART II,	LINE 22	561,000.	796,000.

	RM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		EMENT 13
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ANGELS IN FUR DOG RESCUE	SOCIAL SERVICES	501(C)(3)	24,000.
ARCHER SCHOOL FOR GIRLS	EDUCATION	501(C)(3)	1,000.
BEIT T'SHUVAH	SOCIAL SERVICES	501(C)(3)	11,000.
CALIFORNIA AGRICULTURAL LEADERSHIP FOUNDATION	SOCIAL SERVICES	501(C)(3)	100,000.
CATE SCHOOL	EDUCATION	501(C)(3)	10,000.
CHILDREN'S DIABETES FOUNDATION	SOCIAL SERVICES	501(C)(3)	3,000.
CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	SOCIAL SERVICES	501(C)(3)	10,000.
CHILDREN'S HOSPITAL LOS ANGELES	SOCIAL SERVICES	501(C)(3)	50,000.

THE OTIS BOOTH FOUNDATION		9	95-6140019
CHILDREN'S INSTITUTE, INC	SOCIAL SERVICES	501(C)(3)	4,530,000.
CHILDREN'S BUREAU	SOCIAL SERVICES	501(C)(3)	20,000.
COALITION FOR PETS & PUBLIC SAFETY	SOCIAL SERVICES	501(C)(3)	10,000.
DEERFIELD ACADEMY	EDUCATION	501(C)(3)	200,000.
DISCOVERY LAND COMPANY FOUNDATION	SOCIAL SERVICES	501(C)(3)	5,000.
GEORGE W. BUSH FOUNDATION	SOCIAL SERVICES	501(C)(3)	1,000,000.
GOOD SAMARITAN HOSPITAL	SOCIAL SERVICES	501(C)(3)	50,000.
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION	ARTS	501(C)(3)	10,000.
HARVARD-WESTLAKE SCHOOL	EDUCATION	501(C)(3)	50,000.
HIGHER GROUND PROGRAM	SOCIAL SERVICES	501(C)(3)	10,000.

THE OTIS BOOTH FOUNDATION			95-6140019
HILLSIDES	SOCIAL SERVICES	501(C)(3)	100,000.
HOUSE EAR INSTITUTION	SOCIAL SERVICES	501(C)(3)	100,000.
INNER-CITY ARTS	EDUCATION	501(C)(3)	34,000.
JOHN THOMAS DYE SCHOOL	EDUCATION	501(C)(3)	2,660,000.
JOYFUL HEART FOUNDATION	SOCIAL SERVICES	501(C)(3)	52,500.
LIVING WITH WOLVES	SOCIAL SERVICES	501(C)(3)	51,000.
LOS ANGELES OPERA	ARTS	501(C)(3)	50,000.
LOS ANGELES PHILHARMONIC ASSN	ARTS	501(C)(3)	10,000.
LOS ANGELES POLICE FOUNDATION	SOCIAL SERVICES	501(C)(3)	10,000.
MARINERS CHRISTIAN SCHOOL	EDUCATION	501(C)(3)	50,000.

THE OTIS BOOTH FOUNDATION			95-6140019
MARLBOROUGH SCHOOL	EDUCATION	501(C)(3)	100,000.
MEMORIAL SLOAN KETTERING CANCER CENTER	SOCIAL SERVICES	501(C)(3)	22,500.
MUSEUM OF CONTEMPORARY ART LOS ANGELES	ARTS	501(C)(3)	20,000.
NANTUCKET COTTAGE HOSPITAL FOUNDATION	SOCIAL SERVICES	501(C)(3)	12,500.
NATIONAL BREAST CANCER COALITION FUND	SOCIAL SERVICES	501(C)(3)	2,500.
NATIONAL MULTIPLE SCLEROSIS SOCIETY	SOCIAL SERVICES	501(C)(3)	25,000.
NEW VISIONS FOUNDATION	SOCIAL SERVICES	501(C)(3)	1,000.
ONE VOICE	SOCIAL SERVICES	501(C)(3)	10,000.
ORANGE CITY COUNCIL, BOY SCOUTS OF AMERICA	SOCIAL SERVICES	501(C)(3)	10,000.
HUNTINGTON MEMORIAL HOSPITAL	SOCIAL SERVICES	501(C)(3)	20,000.

THE OTIS BOOTH FOUNDATION			95-6140019
PERFORMING ARTS CENTER OF LOS ANGELES	ARTS	501(C)(3)	5,000.
PETA	SOCIAL SERVICES	501(C)(3)	25,000.
PHOENIX HOUSE	SOCIAL SERVICES	501(C)(3)	75,000.
POLYTECHNIC SCHOOL	EDUCATION	501(C)(3)	120,000.
RANCHO LOS ALAMITOS FOUNDATION	SOCIAL SERVICES	501(C)(3)	250,000.
RETT SYNDROME RESEARCH TRUST	SOCIAL SERVICES	501(C)(3)	5,000.
RICHSTONE FAMILY CENTER	SOCIAL SERVICES	501(C)(3)	50,000.
ST. BERNARDS SCHOOL	EDUCATION	501(C)(3)	15,000.
ST. LUKE'S WOOD RIVER FOUNDATION	SOCIAL SERVICES	501(C)(3)	10,000.
STANFORD UNIVERSITY - HOOVER INSTITUTION	SOCIAL SERVICES	501(C)(3)	5,000.

THE OTIS BOOTH FOUNDATION			95-6140019
SUN VALLEY SKI EDUCATION FOUNDATION	SOCIAL SERVICES	501(C)(3)	5,000.
THE EPISCOPAL DIOCESE OF LOS ANGELES	SOCIAL SERVICES	501(C)(3)	100,000.
THE HUNTINGTON LIBRARY	EDUCATION	501(C)(3)	20,000.
THE RAPE FOUNDATION	SOCIAL SERVICES	501(C)(3)	2,500.
THE SABAN RESEARCH INSTITUTE OF CHILDREN'S HOSPITAL LOS ANGELES	SOCIAL SERVICES	501(C)(3)	100,000.
THE SANTA BARBARA BOWL FOUNDATION	ARTS	501(C)(3)	10,000.
THE SANTA BARBARA CENTER FOR THE PERFORMING ARTS	ARTS	501(C)(3)	300,000.
THE UCLA FOUNDATION/NEUROSURGERY	SOCIAL SERVICES	501(C)(3)	10,000.
THE WEBB SCHOOL	EDUCATION	501(C)(3)	30,000.
TIGER WOODS FOUNDATION	SOCIAL SERVICES	501(C)(3)	25,000.

THE OTIS BOOTH FOUNDATION			95-6140019
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION	EDUCATION	501(C)(3)	25,000.
UNIVERSITY OF CALIFORNIA FOUNDATION	EDUCATION	501(C)(3)	50,000.
UNIVERSITY OF CALIFORNIA REGENTS	EDUCATION	501(C)(3)	100,000.
WILLIAMS COLLEGE ALUMNI FUND	EDUCATION	501(C)(3)	100,000.
WOMEN'S CANCER RESEARCH FUND	SOCIAL SERVICES	501(C)(3)	25,000.
	NT 23		10 807 500
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		10,897,500.

FORM 990-PF GRANTS APPROVED	STATEMENT			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
GOOD SAMARITAN HOSPITAL	SOCIAL SERVICES	501(C)(3) -	500,000.	
INNER CITY EDUCATION FOUNDATION	EDUCATION	501(C)(3)	2,000,000.	
KNOWLEDGE IS POWER PROGRAM	SOCIAL SERVICES	501(C)(3)	1,000,000.	
THE RONALD REAGAN PRESIDENTIAL FOUNDATION	SOCIAL SERVICES	501(C)(3)	1,000,000.	
TOTAL TO FORM 990-PF, PART XV, L	INE 3B	4	,500,000.	

Capital dalla and Eva	1969 IOI TAX ON INVESTINGIN INCOME				
	describe the kind(s) of property sold		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BERKSHIRE HATH	<u></u>		D - Donation	VARIOUS	
					VARIOUS
b BERKSHIRE HATH		HS)			VARIOUS
c BRK CLASS A MS	(40 SHS)			VARIOUS	01/21/10
d BRK CLASS A MS	(30 SHS)			VARIOUS	01/28/10
e BRK CLASS A MS	(25 SHS)			VARIOUS	02/23/10
f BRK CLASS A MS	(20 SHS)		D	VARIOUS	03/04/10
0					
h					
1		<u> </u>			
_1					
k			_		
1			<u> </u>		
m					
n		<u> </u>			
0					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a 60,148,843.		44,108,240.		16,	040,603.
b 15,999.		14.			15,985.
c 4,360,676.		3,479,940.		<u> </u>	880,736.
d 3,260,757.		2,609,955.			650,802.
e 2,992,476.		2,174,963.			817,513.
1 2,494,914.		1,739,970.			754,944.
9				_	
h					
1					
1					
k					
1					
m					
n					
0			"		
	g gain in column (h) and owned by t	the foundation on 12/31/69	(I) Los	ses (from col. (h)))
(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	Gains (excess o	of col. (h) gain ove ot less than "-0-")	
<u> </u>			·	16	040,603.
ab					15,985.
C					880,736.
d					650,802.
e					817,513.
f					754,944.
					132,322.
gh					
"	- 			· · · · · · · · · · · · · · · · · · ·	
:					
k					
1					
m			-		
n					
0					
<u> </u>				-	
2 Capital gain net income or (net cap	- 11 (1000), Union 0	, I	2	19,	160,583.
Net short-term capital gain or (los: If gain, also enter in Part I, line 8, (If (loss), enter "-0-" in Part I, line 8		d (6):	2	N/A	

Form 8	868 (Rev. 1-2011)						Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, o	complete only Part II and check this b	ox.		>	X
	Only complete Part II if you have already been granted an				8868		
	are filing for an Automatic 3-Month Extension, comple						
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no o	opies r	needed)		
Туре о	Name of exempt organization			Emp	loyer identifi	cation n	umber
print	THE OTIS BOOTH FOUNDATION			۹	5-61400	119	
File by the	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions		<u> </u>		
due date	o 10431 BELLAGIO ROAD						
filing your return Se		oreign add	fress see instructions.				
instruction		_					
Enter th	ne Return code for the return that this application is for (fil	e a seoara	ite application for each return)			1	0 4
	in the second of	- u 00pu.o	and application to be desired any				
Applica	ation	Return	Application				Return
Is For		Code	Is For				Code
Form 9	90	01					0000
Form 9		02	Form 1041-A				08
Form 9	90·EZ	03	Form 4720				09
Form 990-PF 04 Form 5227					10		
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			Ī	11
Form 9	90 T (trust other than above)	06	Form 8870			Ì	12
STOP!	Do not complete Part II if you were not already granted	d an autor	matic 3-month extension on a previou	ısly file	d Form 8868	3.	
	books are in the care of LYNN A, BOOTH - 10431						
	phone No ▶ (310) 471-2575		FAX No ▶				 -
• If the	e organization does not have an office or place of busines	s in the Ui	nited States, check this box	,		•	
• If the	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN) If th	ns is fo	r the whole g	roup, ch	eck this
box 🕨	If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of al	memb	ers the exten	sion is fo	or
4 I	request an additional 3-month extension of time until	OCTO	BER 15, 2011.				
5 F	or calendar year, or other tax year beginning	DEC 1	, 2009 , and ending	NOV	30, 20	010	
6 If	the tax year entered in line 5 is for less than 12 months, of	check reas	ion Initial return	Final r	return		
ł	Change in accounting period						
	tate in detail why you need the extension					·	·····
ĵ	NFORMATION NECESSARY TO PREP.	ARE A	COMPLETE AND ACCURA	ATE_	RETURN	IS 1	10T
7	ET AVAILABLE.						
				,	·		
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
	onrefundable credits. See instructions.			8a	\$	492	<u>.279.</u>
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•					
	ax payments made Include any prior year overpayment al	llowed as	a credit and any amount paid				
_	previously with Form 8868.			8b	\$	492	<u>279.</u>
	alance due. Subtract line 8b from line 8a. Include your pa		th this form, if required, by using				•
E	FTPS (Electronic Federal Tax Payment System). See instr		137	8c	\$		<u> </u>
	_		nd Verification				
Under pe	enalties of perjury, I declare that I have examined this form, includ , correct, and complete, and that I am authorized to prepare this fi	ding accomp	panying schedules and statements, and to th	e best c	of my knowledg	e and bel	ief,
			NIESZ	D-1	, m/.	-/11	
Signatur	e / mm M M u Title .	ATTOR	NET	Date		/ //	4.001.11
					Form 8	8 68 (Rev	1-2011)