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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

**2011**

For calendar year 2011 or tax year beginning , and ending

Name of foundation

PFAFFINGER FOUNDATION

A Employer identification number

95-1661675

Number and street (or P O box number if mail is not delivered to street address) | Room/suite

316 WEST SECOND STREET | PH-C

B Telephone number

213-680-7460

City or town, state, and ZIP code

LOS ANGELES, CA 90012

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 73,715,917.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|
| 1 Contributions, gifts, grants, etc., received | | | N/A | |
| 2 Check ▶ ☒ if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | 1,907,581. | 1,907,581. | | STATEMENT 1 |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 3,161,035. | | | |
| b Gross sales price for all assets on line 6a 30,623,156. | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 3,161,035. | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | 33,260. | 33,260. | | STATEMENT 2 |
| 12 **Total.** Add lines 1 through 11 | 5,101,876. | 5,101,876. | | |
| 13 Compensation of officers, directors, trustees, etc | 203,000. | 71,050. | | 131,950. |
| 14 Other employee salaries and wages | 342,011. | 184,398. | | 157,613. |
| 15 Pension plans, employee benefits | 209,598. | 98,092. | | 111,506. |
| 16a Legal fees STMT 3 | 19,395. | 9,698. | | 9,698. |
| b Accounting fees STMT 4 | 15,500. | 7,750. | | 7,750. |
| c Other professional fees STMT 5 | 374,198. | 276,423. | | 97,775. |
| 17 Interest | | | | |
| 18 Taxes STMT 6 | -49,215. | 0. | | 0. |
| 19 Depreciation and depletion | 24,001. | 4,392. | | |
| 20 Occupancy | 83,981. | 25,194. | | 58,787. |
| 21 Travel, conferences, and meetings | 6,998. | 0. | | 6,998. |
| 22 Printing and publications | | | | |
| 23 Other expenses STMT 7 | 148,745. | 38,030. | | 110,715. |
| 24 **Total operating and administrative expenses.** Add lines 13 through 23 | 1,378,212. | 715,027. | | 692,792. |
| 25 Contributions, gifts, grants paid | 3,244,167. | | | 3,244,167. |
| 26 **Total expenses and disbursements.** Add lines 24 and 25 | 4,622,379. | 715,027. | | 3,936,959. |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | 479,497. | | | |
| b **Net investment income** (if negative, enter -0-) | | 4,386,849. | | |
| c **Adjusted net income** (if negative, enter -0-) | | | N/A | |

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**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only

| | | Beginning of year | End of year | |
|---|---|---|---|---|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 316,197. | 296,120. | 296,120. |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ 1,180,666. | STATEMENT 8 | | |
| | Less: allowance for doubtful accounts ▶ 135,528. | 1,071,150. | 1,045,138. | 1,045,138. |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 89,454. | 55,448. | 55,448. |
| | 10a Investments - U.S. and state government obligations STMT 9 | 3,195,037. | 3,627,383. | 3,627,383. |
| | b Investments - corporate stock STMT 10 | 50,469,491. | 41,904,289. | 41,904,289. |
| | c Investments - corporate bonds STMT 11 | 17,506,993. | 20,800,797. | 20,800,797. |
| | 11 Investments - land, buildings, and equipment: basis ▶ | | | |
| | Less accumulated depreciation ▶ | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other STMT 12 | 4,924,007. | 5,901,529. | 5,901,529. |
| | 14 Land, buildings, and equipment: basis ▶ 264,003. | | | |
| | Less accumulated depreciation STMT 13 ▶ 252,239. | 24,360. | 11,764. | 11,764. |
| | 15 Other assets (describe ▶ STATEMENT 14) | 68,803. | 73,449. | 73,449. |
| | 16 **Total assets** (to be completed by all filers) | 77,665,492. | 73,715,917. | 73,715,917. |
| Liabilities | 17 Accounts payable and accrued expenses | 80,764. | 128,179. | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ▶ STATEMENT 15) | 188,503. | 366,161. | |
| | 23 **Total liabilities** (add lines 17 through 22) | 269,267. | 494,340. | |
| Net Assets or Fund Balances | **Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.** | | | |
| | 24 Unrestricted | 77,396,225. | 73,221,577. | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | **Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31** | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 **Total net assets or fund balances** | 77,396,225. | 73,221,577. | |
| | 31 **Total liabilities and net assets/fund balances** | 77,665,492. | 73,715,917. | |

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

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 77,396,225. |
| 2 | Enter amount from Part I, line 27a | 2 | 479,497. |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 77,875,722. |
| 5 | Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS ON INVESTMENTS | 5 | 4,654,145. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 73,221,577. |

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

| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1a | INVESTMENTS-DETAILS AVAILABLE UPON REQUEST | P | VARIOUS | VARIOUS |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|---|---|---|---|---|
| a | 30,623,156. | | 27,462,121. | 3,161,035. |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (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 | |
| a | | | | 3,161,035. |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } | 2 | 3,161,035. |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | 3 | N/A |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|---|---|---|---|
| 2010 | 3,941,676. | 70,809,968. | .055666 |
| 2009 | 3,290,810. | 63,270,415. | .052012 |
| 2008 | 3,966,241. | 80,369,050. | .049350 |
| 2007 | 4,989,531. | 98,700,000. | .050552 |
| 2006 | 4,308,795. | 93,238,696. | .046213 |

| | | | |
|---|---|---|---|
| 2 | Total of line 1, column (d) | 2 | .253793 |
| 3 | Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .050759 |
| 4 | Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 | 4 | 74,936,580. |
| 5 | Multiply line 4 by line 3 | 5 | 3,803,706. |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 43,868. |
| 7 | Add lines 5 and 6 | 7 | 3,847,574. |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 3,936,959. |

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. See the Part VI instructions.

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

| | | | |
|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b | 1 | 43,868. |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 0. |
| 3 | Add lines 1 and 2 | 3 | 43,868. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 43,868. |
| 6 | Credits/Payments: | | |
| a | 2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 48,000. | | |
| b | Exempt foreign organizations - tax withheld at source — 6b: | | |
| c | Tax paid with application for extension of time to file (Form 8868) — 6c: | | |
| d | Backup withholding erroneously withheld — 6d: | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 48,000. |
| 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** ▶ | 9 | |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶ | 10 | 4,132. |
| 11 | Enter the amount of line 10 to be: **Credited to 2012 estimated tax** ▶ 4,132. **Refunded** ▶ | 11 | 0. |

## Part VII-A Statements Regarding Activities

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.* | 1b | | X |
| 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) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0. | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.* | 2 | | X |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes* | 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 | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.* | 5 | | X |
| 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 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 (or designate) of each state as required by *General Instruction G? If "No," attach explanation* | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If "Yes," complete Part XIV* | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |

**Part VII-A Statements Regarding Activities** *(continued)*

| | | | | |
|---|---|---|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |

Website address ▶ N/A

14 The books are in care of ▶ ROBERTO F. VALDEZ Telephone no. ▶ 213-680-7465

Located at ▶ 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA ZIP+4 ▶ 90012

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

| | | | Yes | No |
|---|---|---|---|---|
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶ | 16 | | X |

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No | | | |
| | (6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | 1b | | X |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No If "Yes," list the years ▶ _____, _____, _____, _____ | | | |
| b | Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____ | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No | | | |
| b | If "Yes," did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)* N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | | X |

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

| | | | | |
|---|---|---|---|---|
| 5a | During the year did the foundation pay or incur any amount to: | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | ☐ Yes ☒ No | | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | ☐ Yes ☒ No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | ☐ Yes ☒ No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? | ☒ Yes ☐ No | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | ☐ Yes ☒ No | | |
| b | If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? | | 5b | X |
| | 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? | ☒ Yes ☐ No | | |
| | *If "Yes," attach the statement required by Regulations section 53.4945-5(d).* | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | ☐ Yes ☒ No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 6b | 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 shelter transaction? | ☐ Yes ☒ No | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | N/A | 7b | |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| SEE STATEMENT 16 | | 203,000. | 52,425. | 5,220. |

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

| (a) Name and address of each employee paid more than $50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| ROBERTO F. VALDEZ - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA 90012 | BUSINESS MANAGER 40.00 | 86,500. | 30,033. | 0. |
| LORI RESNICK-FLEISHMAN - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA | CASE MANAGER 40.00 | 66,000. | 22,898. | 0. |
| COURTNEY REICH - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA 90012 | CASE MANAGER 40.00 | 50,308. | 16,935. | 0. |
| JOSE YNIGUEZ - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA 90012 | CASE MANAGER 40.00 | 57,500. | 8,317. | 0. |

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

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| MEKETA INVESTMENT GROUP - 100 LOWDER BROOK DRIVE, SUITE 100, WESTWOOD, MA 02090 | INVESTMENT ADVISORY SERVICES | 100,000. |
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

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

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|---|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| **Total.** Add lines 1 through 3 ▶ | 0. |

Form **990-PF** (2011)

123561
12-02-11

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

| | | | |
|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 75,668,895. |
| b | Average of monthly cash balances | 1b | 349,662. |
| c | Fair market value of all other assets | 1c | 59,189. |
| d | **Total** (add lines 1a, b, and c) | 1d | 76,077,746. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 76,077,746. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,141,166. |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 74,936,580. |
| 6 | **Minimum investment return.** Enter 5% of line 5 | 6 | 3,746,829. |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Minimum investment return from Part X, line 6 | | | 1 | 3,746,829. |
| 2a | Tax on investment income for 2011 from Part VI, line 5 | 2a | 43,868. | | |
| b | Income tax for 2011. (This does not include the tax from Part VI.) | 2b | | | |
| c | Add lines 2a and 2b | | | 2c | 43,868. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 3,702,961. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 3,702,961. |
| 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 | 3,702,961. |

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

| | | | |
|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 3,936,959. |
| 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: | | |
| a | 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 | 3,936,959. |
| 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 | 43,868. |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4 | 6 | 3,893,091. |

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

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

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|---|---|---|---|---|
| 1 Distributable amount for 2011 from Part XI, line 7 | | | | 3,702,961. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | 831,249. | |
| b Total for prior years: _____, _____, _____ | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 | | | | |
| b From 2007 | | | | |
| c From 2008 | | | | |
| d From 2009 | | | | |
| e From 2010 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2011 from Part XII, line 4: ▶ $ 3,936,959. | | | | |
| a Applied to 2010, but not more than line 2a | | | 831,249. | |
| 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 2011 distributable amount | | | | 3,105,710. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2011 (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:** | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| 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 2010. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 | | | | 597,251. |
| 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 2006 not applied on line 5 or line 7 | 0. | | | |
| 9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2007 | | | | |
| b Excess from 2008 | | | | |
| c Excess from 2009 | | | | |
| d Excess from 2010 | | | | |
| e Excess from 2011 | | | | |

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

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

| | Tax year | Prior 3 years | | | |
|---|---|---|---|---|---|
| | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for 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 | | | | | |
| 3 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(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

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

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

PFAFFINGER FOUNDATION, ATTN: STEPHEN C. MEIER, 213-680-7460
316 WEST SECOND STREET, SUITE PH-C, LOS ANGELES, CA 90012

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

SEE APPLICATION FORM ATTACHED.

c Any submission deadlines:

APPLICATIONS ARE ACCEPTED ON OR BEFORE JULY 1ST AND OCTOBER 1ST, EACH YEAR.

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

YES. SEE APPLICATION FORM ATTACHED.

**Part XV Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| 8-BALL WELFARE FOUNDATION | NONE | OTHER PUBLIC CHARITY | GENERAL SUPPORT | 8,000. |
| CALIFORNIA COMMUNITY FOUNDATION | NONE | OTHER PUBLIC CHARITY | CONTRIBUTION TO DONOR ADVISED FUND | 250,000. |
| INDIVIDUAL ASSISTANCE-DOCTORS AND MISCELLANEOUS MEDICAL EXPENSES | NONE | N/A | DOCTORS AND MISCELLANEOUS MEDICAL EXPENSES | 916,333. |
| INDIVIDUAL ASSISTANCE-FUNERALS | NONE | N/A | FUNERAL EXPENSES | 52,322. |
| INDIVIDUAL ASSISTANCE-HOLIDAY GIFTS | NONE | N/A | HOLIDAY GIFTS | 42,000. |
| **Total** SEE CONTINUATION SHEET(S) | | | ▶ 3a | 3,244,167. |
| **b** *Approved for future payment* | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| **Total** | | | ▶ 3b | 0. |

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

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) |
|---|---|---|---|---|---|
| | (a) Business code | (b) Amount | (c) Exclu-sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 1,907,581. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 15 | 33,260. | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 3,161,035. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 5,101,876. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 13 5,101,876. |

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

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

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---|---|
| | |

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |

d If the answer to 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 services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | N/A | |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge

▶ X Signature of officer or trustee — Date: 10 May 12 — ▶ CHAIRMAN & CEO Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| QUIGLEY & MIRON, CPA'S | | 5/5/12 | | P01358141 |

Firm's name ▶ QUIGLEY & MIRON, CPA'S — Firm's EIN ▶ 95-4656881

Firm's address ▶ 3550 WILSHIRE BOULEVARD-SUITE 1660 LOS ANGELES, CA 90010-2481 — Phone no. (213) 639-3550

Form **990-PF** (2011)

123622
12-02-11

PFAFFINGER FOUNDATION 95-1661675

## Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

| Recipient's Name and Address NO. 1 | Grant Amount | Date of Grant | Amount Expended | Verification Date |
|---|---|---|---|---|
| 8-BALL WELFARE FOUNDATION<br>PO BOX 10186<br>BURBANK, CA 91510-0186 | 8,000. | 02/16/11 | 8,000. | 12/02/11 |

Purpose of Grant

GRANTS TO NEEDY JOURNALISTS AND PRESS PHOTOGRAPHERS BASED ON GRANTEES ESTABLISHED CRITERIA AND FOR GENERAL OPERATING EXPENSES.

| Date of Reports by Grantee | Diversions by Grantee |
|---|---|
| 11/30/2011 | NONE |

Results of Verification

GRANTEE SPENT ALL MONEY GRANTED PRIOR TO FILING OF REPORT. ALL EXPENDITURES WERE IN COMPLIANCE WITH THE GRANT AGREEMENT.

**Part XV Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| INDIVIDUAL ASSISTANCE-HOSPITALS | NONE | N/A | HOSPITAL EXPENSES | 51,139. |
| INDIVIDUAL ASSISTANCE-MISCELLANEOUS LIVING EXPENSES | NONE | N/A | MISCELLANEOUS LIVING EXPENSES | 938,461. |
| INDIVIDUAL ASSISTANCE-NURSING SERVICES | NONE | N/A | NURSING SERVICE EXPENSES | 263,289. |
| INDIVIDUAL ASSISTANCE-REST AND CONVALESCENT HOMES | NONE | N/A | REST AND CONVALESCENT HOME EXPENSES | 186,653. |
| INDIVIDUAL ASSISTANCE-RETIREES MONTHLY ASSISTANCE | NONE | N/A | RETIREES MONTHLY ASSISTANCE | 181,075. |
| WORKING POOR PROGRAM-DOCTORS AND MISCELLANEOUS MEDICAL | NONE | N/A | DOCTORS AND MISCELLANEOUS MEDICAL EXPENSES | 4,623. |
| WORKING POOR PROGRAM-MISCELLANEOUS LIVING EXPENSES | NONE | N/A | MISCELLANEOUS LIVING EXPENSES | 350,272. |
| | | | | |
| | | | | |
| | | | | |
| **Total from continuation sheets** | | | | 1,975,512. |

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | OFFICE EQUIPMENT | VARIES | SL | 5.00 | 16 | 66,543. | | | 66,543. | 66,543. | | 0. |
| 3 | LEASEHOLD IMPROVEMENTS | VARIES | SL | 10.00 | 16 | 66,028. | | | 66,028. | 66,028. | | 0. |
| 6 | OFFICE EQUIPMENT | 12 31 05 | SL | 5.00 | 16 | 4,457. | | | 4,457. | 4,457. | | 0. |
| 7 | OFFICE EQUIPMENT | 12 31 05 | SL | 5.00 | 16 | 50. | | | 50. | 50. | | 0. |
| 8 | AUTOMOTIVE EQUIPMENT | 12 05 06 | SL | 5.00 | 16 | 26,026. | | | 26,026. | 21,254. | | 4,772. |
| 9 | AUTOMOTIVE EQUIPMENT | 12 05 06 | SL | 5.00 | 16 | 25,040. | | | 25,040. | 20,449. | | 4,591. |
| 10 | OFFICE EQUIPMENT | 06 28 06 | SL | 3.00 | 16 | 1,165. | | | 1,165. | 1,165. | | 0. |
| 11 | EDP EQUIPMENT | 03 22 06 | SL | 3.00 | 16 | 1,049. | | | 1,049. | 1,049. | | 0. |
| 12 | OFFICE EQUIPMENT | 05 08 07 | SL | 5.00 | 16 | 3,447. | | | 3,447. | 2,527. | | 689. |
| 13 | OFFICE EQUIPMENT | 07 19 07 | SL | 5.00 | 16 | 10,137. | | | 10,137. | 6,926. | | 2,027. |
| 15 | EDP EQUIPMENT | 02 27 07 | SL | 3.00 | 16 | 395. | | | 395. | 395. | | 0. |
| 16 | EDP EQUIPMENT | 12 26 07 | SL | 3.00 | 16 | 320. | | | 320. | 320. | | 0. |
| 17 | OFFICE EQUIPMENT | 04 15 08 | SL | 3.00 | 16 | 929. | | | 929. | 852. | | 77. |
| 18 | EDP EQUIPMENT | 07 01 08 | SL | 3.00 | 16 | 1,287. | | | 1,287. | 1,073. | | 214. |
| 20 | EDP EQUIPMENT | 11 24 08 | SL | 3.00 | 16 | 5,334. | | | 5,334. | 3,853. | | 1,481. |
| 21 | EDP EQUIPMENT | 08 27 08 | SL | 3.00 | 16 | 32,327. | | | 32,327. | 25,979. | | 6,348. |
| 22 | EDP EQUIPMENT | 10 21 08 | SL | 3.00 | 16 | 7,017. | | | 7,017. | 5,068. | | 1,949. |
| 23 | EDP EQUIPMENT | 03 12 09 | SL | 3.00 | 16 | 379. | | | 379. | 231. | | 126. |



(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | COMPUTER | 11 30 10 | SL | 3.00 | 16 | 668. | | | 668. | 19. | | 38. |
| 25 | OFFICE EQUIPMENT | 01 31 11 | SL | 3.00 | 16 | 2,701. | | | 2,701. | | | 825. |
| 26 | OFFICE EQUIPMENT | 03 15 11 | SL | 3.00 | 16 | 2,701. | | | 2,701. | | | 750. |
| 27 | EDP EQUIPMENT | 12 07 11 | SL | 3.00 | 16 | 4,090. | | | 4,090. | | | 114. |
| 28 | EDP EQUIPMENT | 12 29 11 | SL | 3.00 | 16 | 1,913. | | | 1,913. | | | 0. |
| | * TOTAL 990-PF PG 1 DEPR | | | | | 264,003. | | 0. | 264,003. | 228,238. | 0. | 24,001. |

128102
05-01-11

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
|---|---|---|---|
| INVESTMENTS | 1,907,581. | 0. | 1,907,581. |
| TOTAL TO FM 990-PF, PART I, LN 4 | 1,907,581. | 0. | 1,907,581. |

FORM 990-PF OTHER INCOME STATEMENT 2

| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME |
|---|---|---|---|
| OTHER INCOME | 33,260. | 33,260. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 33,260. | 33,260. | |

FORM 990-PF LEGAL FEES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| LEGAL FEES | 19,395. | 9,698. | | 9,698. |
| TO FM 990-PF, PG 1, LN 16A | 19,395. | 9,698. | | 9,698. |

FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| ACCOUNTING FEES | 15,500. | 7,750. | | 7,750. |
| TO FORM 990-PF, PG 1, LN 16B | 15,500. | 7,750. | | 7,750. |

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| INVESTMENT ADVISORY FEES | 260,773. | 260,773. | | 0. |
| OUTSIDE CONSULTANTS | 31,300. | 15,650. | | 15,650. |
| PROGRAM CONSULTING | 71,535. | 0. | | 71,535. |
| CASE MANAGEMENT EXPENSES | 10,590. | 0. | | 10,590. |
| TO FORM 990-PF, PG 1, LN 16C | 374,198. | 276,423. | | 97,775. |

FORM 990-PF TAXES STATEMENT 6

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| FEDERAL EXCISE TAX | -49,215. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | -49,215. | 0. | | 0. |

FORM 990-PF OTHER EXPENSES STATEMENT 7

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST-MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| OFFICE EXPENSE | 71,368. | 18,247. | | 53,121. |
| POSTAGE, DELIVERY & TELECOMMUNICATIONS | 32,971. | 8,430. | | 24,541. |
| OTHER GENERAL AND ADMINISTRATIVE EXPENSES | 44,406. | 11,353. | | 33,053. |
| TO FORM 990-PF, PG 1, LN 23 | 148,745. | 38,030. | | 110,715. |

FORM 990-PF OTHER NOTES AND LOANS RECEIVABLE STATEMENT 8

| DESCRIPTION | BALANCE DUE | DOUBTFUL ACCT ALLOWANCE | FMV OF LOAN |
|---|---|---|---|
| UNSECURED NOTES RECEIVABLE | 162,565. | 129,728. | 32,837. |
| SECURED NOTES RECEIVABLE | 1,018,101. | 5,800. | 1,012,301. |
| TOTAL TO FM 990-PF, PART II, LN 7 | 1,180,666. | 135,528. | 1,045,138. |

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|---|---|
| SSGA US TIPS INDEX | X | | 3,627,383. | 3,627,383. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | | 3,627,383. | 3,627,383. |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS | | | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10A | | | 3,627,383. | 3,627,383. |

FORM 990-PF CORPORATE STOCK STATEMENT 10

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|
| STATE STREET S&P FUND | 13,998,251. | 13,998,251. |
| WESTFIELD CAPITAL SMID GROWTH FUND | 3,333,343. | 3,333,343. |
| DODGE & COX INTERNATIONAL VALUE FUND | 4,624,002. | 4,624,002. |
| LEE MUNDER SMALL CAP | 3,154,627. | 3,154,627. |
| SSGA MSCI ACWI | 5,220,877. | 5,220,877. |
| RHUMBLINE QSI PORTFOLIO | 11,573,189. | 11,573,189. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 41,904,289. | 41,904,289. |

FORM 990-PF CORPORATE BONDS STATEMENT 11

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|
| PIA LIMITED DURATION PORTFOLIO | 8,461,315. | 8,461,315. |
| PIMCO TOTAL RETURN MUTUAL FUND | 8,737,989. | 8,737,989. |
| SEIX ADVISOR HIGH YEILD FUND | 3,601,493. | 3,601,493. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 20,800,797. | 20,800,797. |

FORM 990-PF OTHER INVESTMENTS STATEMENT 12

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|---|
| DISTRIBUTION ACCOUNT | FMV | 300,437. | 300,437. |
| WESTFIELD CAPITAL | FMV | 128,855. | 128,855. |
| CANYON VALUE REALIZATION FUND | FMV | 643,880. | 643,880. |
| PARK STREET CAPITAL VIII | FMV | 769,059. | 769,059. |
| PIA LIMITED DURATION PORTFOLIO | FMV | 342,394. | 342,394. |
| GOLDEN TREE OFFSHORE FUND | FMV | 1,319,254. | 1,319,254. |
| MONTAUK TRIGUARD FUND | FMV | 606,698. | 606,698. |
| LEE MUNDER SMALL CAP | FMV | 110,976. | 110,976. |
| STANDARD PACIFIC CAPITAL OFFSHORE LP | FMV | 1,244,758. | 1,244,758. |
| FLAG ENERGY & RECOURCES | FMV | 435,218. | 435,218. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 5,901,529. | 5,901,529. |

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|---|---|---|---|
| OFFICE EQUIPMENT | 66,543. | 66,543. | 0. |
| LEASEHOLD IMPROVEMENTS | 66,028. | 66,028. | 0. |
| OFFICE EQUIPMENT | 4,457. | 4,457. | 0. |
| OFFICE EQUIPMENT | 50. | 50. | 0. |
| AUTOMOTIVE EQUIPMENT | 26,026. | 26,026. | 0. |
| AUTOMOTIVE EQUIPMENT | 25,040. | 25,040. | 0. |
| OFFICE EQUIPMENT | 1,165. | 1,165. | 0. |
| EDP EQUIPMENT | 1,049. | 1,049. | 0. |
| OFFICE EQUIPMENT | 3,447. | 3,216. | 231. |
| OFFICE EQUIPMENT | 10,137. | 8,953. | 1,184. |
| EDP EQUIPMENT | 395. | 395. | 0. |

| | | | |
|---|---|---|---|
| EDP EQUIPMENT | 320. | 320. | 0. |
| OFFICE EQUIPMENT | 929. | 929. | 0. |
| EDP EQUIPMENT | 1,287. | 1,287. | 0. |
| EDP EQUIPMENT | 5,334. | 5,334. | 0. |
| EDP EQUIPMENT | 32,327. | 32,327. | 0. |
| EDP EQUIPMENT | 7,017. | 7,017. | 0. |
| EDP EQUIPMENT | 379. | 357. | 22. |
| COMPUTER | 668. | 57. | 611. |
| OFFICE EQUIPMENT | 2,701. | 825. | 1,876. |
| OFFICE EQUIPMENT | 2,701. | 750. | 1,951. |
| EDP EQUIPMENT | 4,090. | 114. | 3,976. |
| EDP EQUIPMENT | 1,913. | 0. | 1,913. |
| TOTAL TO FM 990-PF, PART II, LN 14 | 264,003. | 252,239. | 11,764. |

FORM 990-PF OTHER ASSETS STATEMENT 14

| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|---|
| INTEREST AND DIVIDENDS RECEIVABLE | 52,213. | 64,679. | 64,679. |
| OTHER RECEIVABLES | 16,590. | 8,770. | 8,770. |
| TO FORM 990-PF, PART II, LINE 15 | 68,803. | 73,449. | 73,449. |

FORM 990-PF OTHER LIABILITIES STATEMENT 15

| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
|---|---|---|
| DUE TO BROKER | 48,530. | 319,271. |
| DEFERRED EXCISE TAX PAYABLE | 139,973. | 46,890. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 188,503. | 366,161. |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 16

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---|---|---|---|
| MICHAEL S. UDOVIC<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| STEPHEN C. MEIER<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | CHAIRMAN & CEO<br>40.00 | 122,000. | 34,083. | 5,220. |
| JAMES R. SIMPSON<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | CHAIRMAN OF CONTRIBUTIONS COMMITTEE<br>1.00 | 0. | 0. | 0. |
| WILLIAM R. ISINGER<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | TREASURER & CFO<br>1.00 | 0. | 0. | 0. |
| LOIS G. INGHAM<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | CHAIRMAN OF AUDIT COMMITTEE<br>1.00 | 0. | 0. | 0. |
| HOWARD G. WEINSTEIN<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| DURHAM J. MONSMA<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | CHAIRMAN OF POLICY & PROGRAM COMMITTEE<br>1.00 | 0. | 0. | 0. |
| WILLIAM A. NIESE<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | SECRTRY & CHAIR OF GOVERNANCE COMMTTEE<br>1.00 | 0. | 0. | 0. |
| SUSAN E. REARDON<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| CHRIS K AVETISIAN<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| SALLY MELVIN-PICK<br>316 W. 2ND ST., STE. PH-C<br>LOS ANGELES, CA 90012 | PROGRAM DIRECTOR<br>40.00 | 81,000. | 18,342. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 203,000. | 52,425. | 5,220. |

PFAFFINGER
*foundation*

316 W 2nd Street
Suite PH-C
Los Angeles
California 90012

Tel: 213-680-7460
Fax: 213-680-7474

# Applying for a Grant

## Eligibility / Program Description

The Pfaffinger Foundation makes a limited number of grants to social service organizations in the greater Los Angeles area with 501(c)3 tax-exempt status and audited financial statements. The Foundation supports agencies whose programs promote self-sufficiency among the working poor population, with a preference for programs utilizing case management. Grants are also made in areas related to the needs of Pfaffinger Foundation's individual clients, such as mid-career job retraining, services for seniors, and credit counseling.

The Foundation does not provide grants for services to the homeless, for substance abuse treatment, educational institutions, or most medical programs.

Grants will be provided for specific programs, special projects, unrestricted operating support and, in a few cases, capital programs. Grants are typically within the range of $5,000 to $25,000. The Foundation will consider renewal funding and is sometimes able to invest in grantees and their programs over a period of years, although approvals are typically made annually.

## Grant Applications

- The Foundation requests a letter of not more than three pages describing the organization and the uses to which the requested funds will be put.
- A Grant Summary Form, available from the Foundation, is to be included. It requests such additional information as recent audited financial statements, a current budget, sources of other income, proof of tax exempt status, and a listing of the board of directors.

*Program effectiveness.* Every proposal should specifically address the criteria by which the effectiveness of the program(s) supported by the grant will be measured, how this data will be used in the organization and how and when it will be communicated to the Foundation.

*Organizational effectiveness.* In addition to evaluating program effectiveness, the foundation will also consider the following additional criteria:

1) whether the organization has formalized strategic planning and/or budget review processes,
2) whether a formalized process is used for evaluating the senior managers of the organization,
3) whether measures have been adopted to assess the effectiveness of the board of directors and to communicate this to the board, and
4) whether the organization's fund-raising and administrative costs seem proportionate to its total budget.

The above four factors will be weighted more heavily in requests for unrestricted support.

**Applying for a Grant**
**(continued)**

**Grant Review Schedule**
Applications are normally considered at the September and December meetings of the Foundation's Board of Directors each year. For 2011, the periods for submission are:

- September meeting: April 15 - July 1, 2011
- December meeting: July 2 - October 1, 2011

Completed applications must be date stamped in our office no later than July 1st and October 1st. Following receipt of a proposal, the Foundation may request additional information and in some cases schedule a site visit.

**Notification**
Applicants whose proposals are considered during the first round of grant making will be notified prior to the end of September 2011, and those considered in the second round, prior to the end of December 2011. Because funding is limited, some worthwhile proposals must be declined after initial reviews by staff or by a Board committee.

**Contact Information**
Further information about the grant program and the Foundation can be obtained from:

Stephen C. Meier
Chief Executive Officer
smeier@pfoundation.org

* * *

**About Pfaffinger Foundation**
Pfaffinger Foundation was established in 1936 by Frank Pfaffinger, a cabinetmaker from Bavaria who immigrated to the United States in 1882 and began working for the *Los Angeles Times* in 1887, serving as business manager for decades. For many years he was also treasurer of The Times Mirror Company, formerly the parent company of *The Times* and several other newspapers. Today the Foundation operates three programs:

- It assists needy employees and retirees of the former Times Mirror newspapers, as requested by Mr. Pfaffinger. The Foundation has developed a special area of expertise in making grants on behalf of needy individuals.
- It makes grants to assist other working poor families and individuals, identified by a network of nine partner agencies in Los Angeles.
- It makes grants to local social service agencies when funds are available for this purpose.

Pfaffinger Foundation is an independent non-profit corporation and has no formal affiliation with any other entities.

**COMPLETE ALL APPLICABLE FIELDS. INCOMPLETE APPLICATIONS WILL BE RETURNED**

316 W. 2nd Street, Ste. PH-C
Los Angeles, CA 90012
Phone: (213) 680-7460
Toll free: (888) 339-7460
Fax: (213) 680-7474

# PFAFFINGER FOUNDATION

## CONFIDENTIAL APPLICATION FOR ASSISTANCE

**RETIREES, WIDOWS, WIDOWERS - Please complete all pages..**

| Retiree name (please print) | | | Birthdate |
|---|---|---|---|
| Address | | | Social security (last four numbers) |
| City | State | Zip | Home phone ( ) |
| E-mail address | | | Cell phone ( ) |

Have you ever filed bankruptcy? ☐ yes ☐ no Date of filing:

Explain reason:

Dependents or others living in household: (List names and ages):

Name and address of nearest relative (not in household) and relationship:

| The retiree is: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Deceased | If the retiree is **married**, please fill out the portion below. If retiree is **deceased**, surviving spouse, please fill out the portion below. |
|---|---|
| Spouse's Name: | Spouse's birthdate: |
| Spouse's Employer: | Spouse's social security (last four numbers) |

How much do you request? $ _____.

Explain your financial problem and how you intend to use this money. Please be specific.

Continue your written explanation on a separate sheet if necessary.

## PLEASE USE ACTUAL DOLLAR AMOUNTS WHERE INDICATED

### Monthly Income

| | Gross | Take Home |
|---|---|---|
| Applicant's . | $_____ | $_____ |
| Spouse's .... | $_____ | $_____ |
| Other ..... | $_____ | $_____ |
| Alimony/Child Support ..... | $_____ | |
| Income from Welfare, etc..... | $_____ | |
| Pension ..... | $_____ | |
| Pfaffinger Foundation ..... | $_____ | |
| Social Security – Net ..... | $_____ | |
| Reverse Mortgage ..... | $_____ | |
| Other Income (stocks, interest, etc.) . | $_____ | |
| **Total Monthly Income ..... ** | $_____ | |

### Unusual / Unexpected Expenses

| Person or firm to whom money is paid | Amount per month/year |
|---|---|
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |

### Housing Expenses

$_____ Assessments
$_____ Association Fees
$_____ Bottled Water
$_____ Cable Television
$_____ Electricity
$_____ Gardener
$_____ Gas Company
$_____ Home Repairs
$_____ House Ins. (If Not Impounded)
$_____ Housekeeper
$_____ Mortgage
$_____ Pool Maintenance
$_____ Property Tax (If Not Impounded)
$_____ Rent
$_____ Telephone
$_____ Trash
$_____ Water
$_____ Other

### Medical Expenses

$_____ Health Insurance
$_____ Home Nursing
$_____ Non-Prescription Medication
$_____ Out Of Pocket Dental
$_____ Out Of Pocket Eye Care
$_____ Out Of Pocket Medical
$_____ Out Of Pocket Prescriptions
$_____ Other

### Transportation Expenses

$_____ Auto Insurance
$_____ Auto Maintenance/Repair
$_____ Auto Payment
$_____ Bus/Taxi/Train
$_____ Emergency Travel
$_____ Gasoline, Oil, Etc.
$_____ Parking
$_____ Registration
$_____ Other

### Miscellaneous Expenses

$_____ Barber Shop
$_____ Beauty Parlor
$_____ Charitable Donations
$_____ Child Care
$_____ Clothing
$_____ Club/Organizational Dues
$_____ Gifts
$_____ Grocery Store
$_____ Laundry/Dry Cleaning
$_____ Life Insurance
$_____ Magazines/Newspapers
$_____ Personal Items
$_____ Private Schools
$_____ Religion Expenses
$_____ Restaurants
$_____ Vacation
$_____ Other
$_____ Other

**Total Expenses** $_____ **Net** $_____ *(Subtract Total Expenses from Total Income)*

### Assets

| | Present Value | Amount Owed | Net |
|---|---|---|---|
| Home | $_____ | $_____ | $_____ |
| Other Real Estate | $_____ | $_____ | $_____ |
| Savings Balance | $_____ | | |
| Checking Balance | $_____ | | |
| Credit Union Balance | $_____ | | |
| 401K | $_____ | | |
| Stocks & Bonds | $_____ | | |
| Other | $_____ | $_____ | $_____ |

### Automobile/Vehicles

| | | | |
|---|---|---|---|
| Make | _____ | _____ | _____ |
| Year | _____ | _____ | _____ |
| Amount Owed | $_____ | $_____ | $_____ |
| Present Value | $_____ | $_____ | $_____ |

**Insurance**

What health plan do you have? _____
Which Homeowner's/Renter's insurance? _____
Which Auto Insurance Liability? _____
Collision? _____

## PLEASE USE ACTUAL DOLLAR AMOUNTS WHERE INDICATED

**· Credit buying – List all creditors except Real Estate Mortgage and Auto Loans.**

| Person Or Firm To Whom Money Is Owed | Items Purchased | Current Amount Owed | Amount Of Monthly Payment | Amount Past Due |
|---|---|---|---|---|
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |

**Total Monthly Credit Payments** $

| **Past due rent, real estate mortgage and auto loans:** | Amount Of Monthly Payment | Amount Past Due |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |

**Utilities/Other – List only if past due.**

| | | |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |

**Total Past Due** $

Dear Applicant: Please complete this application carefully. We will make every effort to assist those who, through no fault of their own, have an unexpected financial emergency. In order for the Case Committee to review this application and make a fair decision we must have accurate information that we can verify. Therefore, we ask you to sign the following authorization.

To the best of my knowledge, the information on this application is complete and correct. The PFAFFINGER FOUNDATION is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to provide the information to PFAFFINGER FOUNDATION financial counselors, and to such other persons as the PFAFFINGER FOUNDATION, in the exercise of its discretion, may designate.

I authorize the PFAFFINGER FOUNDATION to:

(a) Communicate with responsible relatives and, if necessary, secure earnings information.
(b) Obtain data regarding my financial status from my bank, other financial organization, or credit counseling agency.
(c) I authorize my superiors and/or HR representative(s) at my place of work to release to the PFAFFINGER FOUNDATION whatever information they need relating to my employment.
(d) I authorize all doctors, hospitals, clinics and medical facilities to release to the PFAFFINGER FOUNDATION information they may require with regard to my health and/or financial obligations.

I further agree to notify the PFAFFINGER FOUNDATION of any change in my financial situation if such occurs during the time I am receiving assistance.

X _____ **Date**

X _____ **Signature of Applicant**

## INCOMPLETE APPLICATIONS WILL BE RETURNED

**Medications:**

| Name Of Prescription | Dosage | Times Per Day |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Emergency Contacts:**

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

_____ _____

Phone Number: _____ Phone Number: _____

For Case Manger's Use

CUMULATIVE BALANCE _____

_____

CASE MANAGER

## COMPLETE ALL APPLICABLE FIELDS. INCOMPLETE APPLICATIONS WILL BE RETURNED

# PFAFFINGER FOUNDATION

CONFIDENTIAL APPLICATION FOR ASSISTANCE

316 W. 2nd Street
Suite PH-C
Los Angeles, CA 90012
Phone (213) 680-7460
Toll free (888) 339-7460
Fax (213) 680-7474

Employees of the Los Angeles Times may submit their applications directly to the PFAFFINGER FOUNDATION. **NOTE:** Employees of other companies must submit their applications through a PFAFFINGER FOUNDATION representative in their HR department.

## ALL APPLICANTS COMPLETE PAGES 1, 2 & 3. RETIREES, WIDOWS, WIDOWERS ALSO COMPLETEPAGE 4.

| Employee name: (Please Print) | | | Birthdate: | Social security: (last four numbers) |
|---|---|---|---|---|
| Address: | | | Home phone ( ) | Cell phone: ( ) |
| City: | State | Zip | E-mail address | |
| Company name and department: | Date started: | | Work phone & extension. ( ) | Working hours: |
| Immediate supervisor: | Supervisor's extension: | | Select one ☐ full-time ☐ part-time | If part-time, give number of hours worked per week: |
| Have you been terminated? ☐ yes ☐ no Are you receiving unemployment benefits? ☐ yes ☐ no Reason for termination: ☐ laid off ☐ retirement ☐ other (explain) | | | | Last day worked: |
| Are you on sick leave? ☐ yes ☐ no Are you on ☐ short-term disability? ☐ long-term disability? Have you filed a worker's comp claim? ☐ yes ☐ no If yes give status of claim? ☐ pending ☐ settled | | | | Last day worked: |
| Have you ever applied to the Pfaffinger foundation before? ☐ yes ☐ no Under what name? | | | Have you ever filed bankruptcy? ☐ yes ☐ no Explain reason: | Date of filing: |

Dependents or others living in household: (List names and ages)

Name and address of nearest relative (not in household) and relationship:

| The employee is: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Deceased | If the employee or retiree is married, or deceased, please use the line below for spouse's or partner's information. | | |
|---|---|---|---|
| Spouse's name: | Spouse's employer: | Spouse's birthdate: | Spouse's social security: (last four numbers) |

How much do you request? $_____. Explain your financial problem and how you intend to use this money. Please be specific. (Continue your written explanation on a separate sheet if necessary.)

# PLEASE USE ACTUAL DOLLAR AMOUNTS WHERE INDICATED

## MONTHLY INCOME

Applicant's Gross $_____ TAKE HOME $_____

Spouse's Gross $_____ TAKE HOME $_____

Other Work $_____ TAKE HOME $_____

| | |
|---|---|
| Alimony/Child Support | $_____ |
| Other Income (stocks or interest, etc ) | $_____ |
| Income from Welfare, etc. | $_____ |
| Social Security – Net | $_____ |
| Pension | $_____ |
| Pfaffinger Foundation | $_____ |
| Other Income | $_____ |
| **TOTAL MONTHLY INCOME** | $_____ |

## UNUSUAL/UNEXPECTED EXPENSES

| Person or firm to whom money is paid | Amount per month/year |
|---|---|
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |

## REGULAR MONTHLY EXPENSES

Do you share these expenses? Yes ☐ No ☐

### HOUSING

$_____ ASSESSMENTS
$_____ ASSOCIATION FEES
$_____ BOTTLED WATER
$_____ CABLE TELEVISION
$_____ ELECTRICITY
$_____ GARDENER
$_____ GAS COMPANY
$_____ HOME REPAIRS
$_____ HOUSE INSURANCE
$_____ HOUSEKEEPER
$_____ MORTGAGE
$_____ POOL MAINTENANCE
$_____ PROPERTY TAX (IF NOT IMPOUND)
$_____ RENT
$_____ TELEPHONE
$_____ TRASH
$_____ WATER
$_____ OTHER: _____
$_____ OTHER: _____
$_____ OTHER: _____

### MEDICAL

$_____ HEALTH INSURANCE
$_____ HOME NURSING
$_____ NON-PRESCRIPTION MEDICATION
$_____ OUT OF POCKET DENTAL
$_____ OUT OF POCKET EYE CARE
$_____ OUT OF POCKET MEDICAL
$_____ OUT OF POCKET PRESCRIPTIONS
$_____ OTHER: _____
$_____ OTHER: _____

### TRANSPORTATION

$_____ AUTO INSURANCE
$_____ AUTO MAINTENANCE/REPAIR
$_____ AUTO PAYMENT
$_____ BUS/TAXI/TRAIN
$_____ EMERGENCY TRAVEL
$_____ GASOLINE, OIL, ETC.
$_____ PARKING
$_____ REGISTRATION
$_____ OTHER: _____
$_____ OTHER: _____

### MISCELLANEOUS

$_____ BABY SITTING
$_____ BARBER SHOP
$_____ BEAUTY PARLOR
$_____ CHARITABLE DONATIONS
$_____ CHILD CARE
$_____ CLOTHING
$_____ CLUB/ORGANIZATIONAL DUES
$_____ GIFTS
$_____ GROCERY STORE
$_____ LAUNDRY/DRY CLEANING
$_____ LIFE INSURANCE
$_____ MAGAZINES/NEWSPAPERS
$_____ PERSONAL ITEMS
$_____ PRIVATE SCHOOLS
$_____ RELIGION EXPENSES
$_____ RESTAURANTS
$_____ SCHOOL SUPPLIES
$_____ VACATION
$_____ OTHER: _____
$_____ OTHER: _____

**TOTAL EXPENSES** $_____ **NET** $_____ (Total monthly income less total expenses)

## ASSETS

| | Present Market Value | Amount Owed | Net |
|---|---|---|---|
| Home | $_____ | $_____ | $_____ |
| Other Real Estate | $_____ | $_____ | $_____ |
| Savings Balance | | | $_____ |
| Checking Balance | | | $_____ |
| Credit Union Balance | | | $_____ |
| 401K | | | $_____ |
| Stocks & Bonds | | | $_____ |
| Other | | | $_____ |

## AUTOMOBILE/VEHICLES

| | | | |
|---|---|---|---|
| Make | _____ | _____ | _____ |
| Year | _____ | _____ | _____ |
| Amount Owed | $_____ | $_____ | $_____ |
| Present Value | $_____ | $_____ | $_____ |

## INSURANCE

What health plan do you have? _____

Which Homeowner's/Renter's insurance? _____

Which Auto Insurance Liability? _____

Collision? _____

## PLEASE USE ACTUAL DOLLAR AMOUNTS WHERE INDICATED

**CREDIT BUYING** – *List all creditors except Real Estate Mortgage and Auto Loans.*

| PERSON OR FIRM TO WHOM MONEY IS OWED | ITEMS PURCHASED | CURRENT AMOUNT OWED | AMOUNT OF MONTHLY PAYMENT | AMOUNT PAST DUE |
|---|---|---|---|---|
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |
| | | $ | $ | $ |

TOTAL MONTHLY CREDIT PAYMENTS $

| **PAST DUE RENT, REAL ESTATE MORTGAGE AND AUTO LOANS** | AMOUNT OF MONTHLY PAYMENT | AMOUNT PAST DUE |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |

**UTILITIES/OTHER** – List only if past due.

| | | |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |

TOTAL PAST DUE $

Dear Applicant: Please complete this application carefully. We will make every effort to assist those who, through no fault of their own, have an unexpected financial emergency. In order for the Case Committee to review this application and make a fair decision we must have accurate information that we can verify. Therefore, we ask you to sign the following authorization.

To the best of my knowledge, the information on this application is complete and correct. The PFAFFINGER FOUNDATION is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to provide the information to PFAFFINGER FOUNDATION financial counselors, and to such other persons as the PFAFFINGER FOUNDATION, in the exercise of its discretion, may designate.

I authorize the PFAFFINGER FOUNDATION to:

(a) Communicate with responsible relatives and, if necessary, secure earnings information.
(b) Obtain data regarding my financial status from my bank, other financial organization, or credit counseling agency.
(c) I authorize my superiors and/or HR representative(s) at my place of work to release to the PFAFFINGER FOUNDATION whatever information they need relating to my employment.
(d) I authorize all doctors, hospitals, clinics and medical facilities to release to the PFAFFINGER FOUNDATION information they may require with regard to my health and/or financial obligations.

I further agree to notify the PFAFFINGER FOUNDATION of any change in my financial situation if such occurs during the time I am receiving assistance.

**If you can't find your last tax statement, get a line-by-line copy from IRS.**

**Call 1-800-829-1040**

X _____ DATE

X _____ SIGNATURE OF APPLICANT

**EMPLOYEES: Please supply us with a copy of your last two paycheck stubs and your Income Tax form 1040 from last year.**

## INCOMPLETE APPLICATIONS WILL BE RETURNED

## RETIREES, WIDOWS, WIDOWERS COMPLETE TOP SECTION

MEDICATIONS:

| Name Of Prescription | Dosage | Times Per Day |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

EMERGENCY CONTACTS:

Name: _____ _____

Relationship: _____ _____

Address: _____ _____

_____ _____

Phone Number: _____ _____

CASE MANAGER

CUMULATIVE BALANCE _____

_____

CASE MANAGER

# PFAFFINGER FOUNDATION WORKING POOR PROGRAM
## CONFIDENTIAL APPLICATION FOR ASSISTANCE

**REFERRING AGENCY INFORMATION**

Referring Agency: _____ Case Manager: _____

Telephone Number: _____ Ext: _____ Cell Phone: _____

Email: _____ Hours Available: _____

Date Client Began Case Management: _____ Date of Application: _____

**CLIENT INFORMATION**

Name: _____ Telephone: _____

Address: _____ Birthdate: _____

City: _____ Zip: _____ Social Security Number (last 4 digits): _____

**FAMILY INFORMATION** *(List all family members living in the household including the client.)*

| Name of Family Member: | Relationship: | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**HOUSEHOLD EMPLOYMENT AND EARNED INCOME** *(List all positions held currently by working family members.)*

| Name of Family Member: | Employer : | Position Description : | Monthly Income: Gross | Net |
|---|---|---|---|---|
| | | | $ | $ |
| | | | $ | $ |
| | | | $ | $ |

**OTHER HOUSEHOLD INCOME**

*Directions: Provide the monthly dollar amount associated with each source of income other than salary that the household receives.*

TANF $_____

Food Stamps $_____

Cal Works $_____

SSI $_____

SSD $_____

SSA $_____

Child Support $_____

Other: _____ $_____

Other: _____ $_____

**HOUSEHOLD EXPENSES**

Total Monthly Household Expenses: $_____

**OTHER RESOURCES**

*Directions: Indicate the resources you tried to access for your client prior to making this application.*

- ☐ Child Support
- ☐ TANF
- ☐ Social Security
- ☐ Cal-Works
- ☐ Workers Compensation
- ☐ State Disability
- ☐ VAWA
- ☐ Food Stamps
- ☐ Medi-Cal
- ☐ Healthy Families
- ☐ CA Children's Services (CCS)
- ☐ Regional Center
- ☐ Other: _____

| *Please describe the client's problem/situation.* | **ASSISTANCE REQUESTED**<br>*Directions: Check each type of assistance requested from the Pfaffinger Foundation.*<br>☐ Rent $_____<br>(for which months: _____;<br>Rental address: _____<br>Landlord name: _____<br>Landlord address: _____)<br>☐ Security Deposit $_____<br>☐ Utilities $_____<br>☐ Medical $_____<br>☐ Food $_____<br>☐ Clothing $_____<br>☐ Relocation Costs $_____<br>☐ Education $_____<br>☐ Furnishings $_____<br>☐ Transportation $_____<br>☐ Other: _____ $_____<br>☐ Other: _____ $_____<br>**TOTAL REQUESTED:** $_____ |
|---|---|
| **Check one:** ☐ **ALR** ☐ **UAR** | |
| ***What is the client's case management goal?*** | ***How will the assistance help the client meet the case management goal?*** |

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, hereby authorize _____ (the "Agency") and the Pfaffinger Foundation to investigate all statements contained in this application and to collect, verify, and retain documents that relate, refer, or pertain to my application for assistance, including but not limited to, documents that relate, refer, or pertain to my assets and liabilities, my debts, my former or current employment, my education, my application for and receipt of government assistance, my sources of income, and my expenses, including but not limited to, expenses related to my housing, rent, mortgage, insurance, utilities, telephone, and automotive (collectively "the Authorized Information").

I further authorize any person, entity, employer, organization, government agency, and consumer reporting agency to provide the Agency or the Pfaffinger Foundation with any Authorized Information requested by the Agency or by the Pfaffinger Foundation.

I further authorize the Agency and the Pfaffinger Foundation to exchange and share any information, data, and documents collected hereunder.

I hereby release all such informants, the Agency, and the Pfaffinger Foundation from all liability for any decision, claim or damage that may result from the investigation into, and the collection, verification, and retention of, any Authorized Information.

I agree to six- and twelve-month follow-up contacts from the Agency or the Pfaffinger Foundation to assist in the evaluation of the Working Poor Program.

Finally, I represent that one or more members of my household have the legal right to reside in the United States.

SIGNATURE_____ DATE_____

PFAFFINGER *foundation*

# GRANT SUMMARY

Please return to:

Pfaffinger Foundation
316 W. Second Street, Suite PH-C
Los Angeles, CA 90012

Organization/Project:

| Address: | Contact:<br>Title:<br>Phone: |
|---|---|

Organization Description (Please limit to 100 words)

Project Description (if applicable) (Please limit to 100 words)

Other organizations supporting this project:

| Total organizational budget | Total project budget (if applicable) | Amount requested |
|---|---|---|
| Current year $ _____ | $ _____ | $ _____ |

Please attach the following:

☐ Proof of tax-exempt status ☐ Audited financial report ☐ Organizational budget for current & up-coming fiscal years ☐ Project budget ☐ Current supporting organizations & amount of support

Make check payable to: _____