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Return of Private Foundation

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

OMB No 1545-0052

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceDo not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 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) 316 WEST SECOND STREET	Room/suite PH-C	B Telephone number 213-680-7460
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90012		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ 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) \$ 84,432,234.	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____	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)
Revenue	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	1,247,586.	1,247,586.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	8,921,694.			
	b Gross sales price for all assets on line 6a	42,695,978.			
	7 Capital gain net income (from Part IV, line 2)		8,921,694.		
	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	12,364.	12,364.		STATEMENT 2	
12 Total. Add lines 1 through 11	10,181,644.	10,181,644.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	222,500.	108,500.		114,000.
	14 Other employee salaries and wages	363,546.	164,114.		199,432.
	15 Pension plans, employee benefits	200,769.	99,777.		100,992.
	16a Legal fees STMT 3	10,236.	5,118.		5,118.
	b Accounting fees STMT 4	16,000.	8,000.		8,000.
	c Other professional fees STMT 5	323,514.	312,004.		11,510.
	17 Interest				
	18 Taxes STMT 6	137,188.	0.		0.
	19 Depreciation and depletion	5,267.	1,580.		
	20 Occupancy	84,189.	25,257.		58,932.
	21 Travel, conferences, and meetings	7,619.	0.		7,619.
	22 Printing and publications				
	23 Other expenses STMT 7	162,972.	40,090.		122,882.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,533,800.	764,440.		628,485.
	25 Contributions, gifts, grants paid	3,710,611.			3,710,611.
26 Total expenses and disbursements. Add lines 24 and 25	5,244,411.	764,440.		4,339,096.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	4,937,233.				
b Net investment income (if negative, enter -0-)		9,417,204.			
c Adjusted net income (if negative, enter -0-)			N/A		

1 P

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			295,649.	312,820.	312,820.
	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 ▶	1,442,953.	STATEMENT 8			
		Less: allowance for doubtful accounts ▶	238,923.		1,089,131.	1,204,030.	1,204,030.
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			72,565.	50,449.	50,449.
	10a	Investments - U.S. and state government obligations STMT 9			3,139,107.	0.	0.
	b	Investments - corporate stock STMT 10			43,345,363.	40,117,094.	40,117,094.
	c	Investments - corporate bonds STMT 11			22,688,470.	19,546,091.	19,546,091.
	11	Investments - land, buildings, and equipment basis ▶					
	Less accumulated depreciation ▶						
12	Investments - mortgage loans						
13	Investments - other STMT 12			6,556,339.	23,134,962.	23,134,962.	
14	Land, buildings, and equipment: basis ▶	202,597.					
	Less accumulated depreciation STMT 13 ▶	197,434.		8,755.	5,163.	5,163.	
15	Other assets (describe ▶	STATEMENT 14)		76,096.	61,625.	61,625.	
16	Total assets - (to be completed by all filers - see the instructions. Also, see page 1, item 1)			77,271,475.	84,432,234.	84,432,234.	
Liabilities	17	Accounts payable and accrued expenses			126,950.	99,882.	
	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)		175,686.	275,511.	
	23	Total liabilities (add lines 17 through 22)			302,636.	375,393.	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶	☒				
		and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted			76,968,839.	84,056,841.	
	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			76,968,839.	84,056,841.		
31	Total liabilities and net assets/fund balances			77,271,475.	84,432,234.		

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	76,968,839.
2	Enter amount from Part I, line 27a	2	4,937,233.
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	3	2,150,769.
4	Add lines 1, 2, and 3	4	84,056,841.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	84,056,841.

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 42,695,978.		33,774,284.	8,921,694.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) 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			8,921,694.		
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	8,921,694.	
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 the 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))
2012	3,901,067.	74,054,066.	.052679
2011	3,893,091.	74,936,580.	.051952
2010	3,941,676.	70,809,968.	.055666
2009	3,290,810.	63,270,415.	.052012
2008	3,966,241.	80,369,050.	.049350
2 Total of line 1, column (d)			2 .261659
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 .052332
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			4 79,042,606.
5 Multiply line 4 by line 3			5 4,136,458.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 94,172.
7 Add lines 5 and 6			7 4,230,630.
8 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. See the Part VI instructions.			8 4,339,096.

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 ☒ and enter 1% of Part I, line 27b	1	94,172.
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	94,172.
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	94,172.
6	Credits/Payments:		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	22,400.
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	22,400.
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	71,772.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ☐ Refunded ☒	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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.		X
1c Did the foundation file Form 1120-POL for this year?		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		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ 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	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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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? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>ROBERTO F. VALDEZ</u> Telephone no. ► <u>213-680-7465</u> Located at ► <u>316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA</u> ZIP+4 ► <u>90012</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2013, 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	Yes	No
				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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ 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.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2013 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 2013)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	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

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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 17		222,500.	52,893.	5,430.

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	91,500.	21,660.	0.
LORI RESNICK-FLEISHMAN - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA	CASE MANAGER 40.00	67,500.	23,281.	0.
COURTNEY REICH - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA 90012	CASE MANAGER 40.00	56,200.	17,842.	0.
JOSE YNIGUEZ - 316 W. 2ND ST., STE. PH-C, LOS ANGELES, CA 90012	CASE MANAGER 40.00	60,800.	9,088.	0.

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

0

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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	102,500.
BNY MELLON ASSET SERVICING PO BOX 371791, PITTSBURGH, PA 15251-7791	CUSTODIAL FEES	101,784.
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.

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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	79,824,464.
b	Average of monthly cash balances	1b	369,700.
c	Fair market value of all other assets	1c	52,137.
d	Total (add lines 1a, b, and c)	1d	80,246,301.
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	80,246,301.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,203,695.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	79,042,606.
6	Minimum investment return. Enter 5% of line 5	6	3,952,130.

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	3,952,130.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	94,172.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	94,172.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,857,958.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,857,958.
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	3,857,958.

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	4,339,096.
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	4,339,096.
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	94,172.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,244,924.

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				3,857,958.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			354,647.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 4,339,096.				
a Applied to 2012, but not more than line 2a			354,647.	
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 2013 distributable amount				3,857,958.
e Remaining amount distributed out of corpus	126,491.			
5 Excess distributions carryover applied to 2013 (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	126,491.			
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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	126,491.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013	126,491.			

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 2013, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
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 or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 18

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

c Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
8-BALL WELFARE FOUNDATION	NONE	PRIVATE FOUNDATION	GENERAL SUPPORT	9,000.
ALLIANCE FOR CHILDREN'S RIGHTS	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	15,000.
AMERICAN RED CROSS	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
CALIFORNIA COMMUNITY FOUNDATION	NONE	OTHER PUBLIC CHARITY	CONTRIBUTION TO DONOR ADVISED FUND	153,000.
CLEARPOINT FINANCIAL SOLUTION	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	30,000.
Total	SEE CONTINUATION SHEET(S)			3,710,611.
b Approved for future payment				
NONE				
Total				0.

PFAFFINGER FOUNDATION 95-1661675
Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
NO. 1 8-BALL WELFARE FOUNDATION PO BOX 10186 BURBANK, CA 91510-0186	9,000.	12/16/13	9,000.	12/16/13
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		
1/10/14		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
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT (CRCDD)	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	50,000.
COALITION TO ABOLISH SLAVERY AND TRAFFICKING (CAST)	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000.
DOOR OF HOPE	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000.
DOWNTOWN WOMEN'S CENTER	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	15,000.
EPISCOPAL HOUSING ALLIANCE	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
FRIENDS OF THE FAMILY	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
HELPLINE YOUTH COUNSELING, INC.	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
HOMEBOY INDUSTRIES	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
HORIZON CROSS CULTURAL COMMUNITY CENTER	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	15,000.
INDIVIDUAL ASSISTANCE-DOCTORS AND MISCELLANEOUS MEDICAL EXPENSES	NONE	N/A	DOCTORS AND MISCELLANEOUS MEDICAL EXPENSES	925,218.
Total from continuation sheets				3,483,611.

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-FUNERALS	NONE	N/A	FUNERAL EXPENSES	82,743.
INDIVIDUAL ASSISTANCE-HOLIDAY GIFTS	NONE	N/A	HOLIDAY GIFTS	45,000.
INDIVIDUAL ASSISTANCE-HOSPITALS	NONE	N/A	HOSPITAL EXPENSES	94,190.
INDIVIDUAL ASSISTANCE-MISCELLANEOUS LIVING EXPENSES	NONE	N/A	MISCELLANEOUS LIVING EXPENSES	811,197.
INDIVIDUAL ASSISTANCE-NURSING SERVICES	NONE	N/A	NURSING SERVICE EXPENSES	343,029.
INDIVIDUAL ASSISTANCE-REST AND CONVALESCENT HOMES	NONE	N/A	REST AND CONVALESCENT HOME EXPENSES	238,798.
INDIVIDUAL ASSISTANCE-RETIREEES MONTHLY ASSISTANCE	NONE	N/A	RETIREEES MONTHLY ASSISTANCE	192,470.
JEWISH VOCATIONAL SERVICE	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
LITTLE TOKYO SERVICE CENTER COMMUNITY DEVELOPMENT CORP.	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
LOS ANGELES REGIONAL FOODBANK	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	25,000.
Total from continuation sheets				

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
LOS ANGELES TIMES SUMMER CAMP FUND	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	25,000.
MEND, INC.	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
NORWOOD HEALTHY START	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
ONE VOICE	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000.
PARA LOS NINOS	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
PROYECTO PASTORAL AT DOLORES MISSION	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	15,000.
PUENTE LEARNING CENTER	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	15,000.
ST. BARNABAS SENIOR SERVICES	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
ST. JOSEPH CENTER	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
ST. VINCENT MEALS ON WHEELS	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
Total from continuation sheets				

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
UNION RESCUE MISSION OF LOS ANGELES	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
UPWARD BOUND HOUSE	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000.
WEINGART CENTER ASSOCIATION	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000.
WOMEN AT WORK	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
WOMEN IN NON TRADITIONAL EMPLOYMENT RULES	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
WORKING POOR PROGRAM-DOCTORS AND MISCELLANEOUS MEDICAL	NONE	N/A	DOCTORS AND MISCELLANEOUS MEDICAL EXPENSES	160.
WORKING POOR PROGRAM-MISCELLANEOUS LIVING EXPENSES	NONE	N/A	MISCELLANEOUS LIVING EXPENSES	202,806.
YMCA OF METROPOLITAN LA	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	20,000.
YOUNG & HEALTHY	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	10,000.
YWCA OF SANTA MONICA/WESTSIDE	NONE	OTHER PUBLIC CHARITY	GENERAL SUPPORT	8,000.
Total from continuation sheets				

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
INVESTMENTS	1,247,586.	0.	1,247,586.
TOTAL TO FM 990-PF, PART I, LN 4	1,247,586.	0.	1,247,586.

FORM 990-PF	OTHER INCOME	STATEMENT	2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	12,364.	12,364.	
TOTAL TO FORM 990-PF, PART I, LINE 11	12,364.	12,364.	

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	10,236.	5,118.		5,118.	
TO FM 990-PF, PG 1, LN 16A	10,236.	5,118.		5,118.	

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	16,000.	8,000.		8,000.	
TO FORM 990-PF, PG 1, LN 16B	16,000.	8,000.		8,000.	

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	306,135.	306,135.		0.	
OUTSIDE CONSULTANTS	11,738.	5,869.		5,869.	
PROGRAM CONSULTING	5,641.	0.		5,641.	
TO FORM 990-PF, PG 1, LN 16C	323,514.	312,004.		11,510.	

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	137,188.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	137,188.	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	85,406.	25,622.		59,784.	
POSTAGE, DELIVERY & TELECOMMUNICATIONS	44,007.	4,401.		39,606.	
OTHER GENERAL AND ADMINISTRATIVE EXPENSES	33,559.	10,067.		23,492.	
TO FORM 990-PF, PG 1, LN 23	162,972.	40,090.		122,882.	

FORM 990-PF	OTHER NOTES AND LOANS RECEIVABLE	STATEMENT	8
DESCRIPTION	BALANCE DUE	DOUBTFUL ACCT ALLOWANCE	FMV OF LOAN
UNSECURED NOTES RECEIVABLE	229,960.	176,247.	0.
SECURED NOTES RECEIVABLE	1,212,993.	62,676.	0.
TOTAL TO FM 990-PF, PART II, LN 7	1,442,953.	238,923.	0.

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		0.	0.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			0.	0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
STATE STREET S&P FUND	0.	0.	
WESTFIELD CAPITAL SMID GROWTH FUND	2,963,172.	2,963,172.	
DODGE & COX INTERNATIONAL VALUE FUND	7,069,062.	7,069,062.	
LEE MUNDER SMALL CAP	2,838,175.	2,838,175.	
SSGA MSCI ACWI	0.	0.	
RHUMBLINE QSI PORTFOLIO	13,523,292.	13,523,292.	
VANGUARD 500 INSTITUTIONAL FUND	13,723,393.	13,723,393.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	40,117,094.	40,117,094.	

FORM 990-PF	CORPORATE BONDS	STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PIA LIMITED DURATION PORTFOLIO	6,028,801.	6,028,801.
PIMCO TOTAL RETURN MUTUAL FUND	7,000,984.	7,000,984.
PAYDEN EMERGING MARKET BOND FUND	2,533,616.	2,533,616.
PENN CORE HIGH YIELD BOND FUND	3,982,690.	3,982,690.
TOTAL TO FORM 990-PF, PART II, LINE 10C	19,546,091.	19,546,091.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
DISTRIBUTION ACCOUNT	FMV	654,656.	654,656.
WESTFIELD CAPITAL	FMV	60,664.	60,664.
CANYON VALUE REALIZATION FUND	FMV	873,803.	873,803.
PARK STREET CAPITAL VIII	FMV	922,070.	922,070.
PIA LIMITED DURATION PORTFOLIO	FMV	50,956.	50,956.
GOLDEN TREE OFFSHORE FUND	FMV	1,700,436.	1,700,436.
MONTAUK TRIGUARD FUND	FMV	634,491.	634,491.
LEE MUNDER SMALL CAP	FMV	73,375.	73,375.
STANDARD PACIFIC CAPITAL OFFSHORE LP	FMV	1,347,159.	1,347,159.
FLAG ENERGY & RESOURCES	FMV	979,377.	979,377.
VANGUARD INFLATION PROTECTED SECURITIES	FMV	5,618,982.	5,618,982.
VANGUARD DEVELOPED MARKET INDEX	FMV	7,252,369.	7,252,369.
DFA EMERGING MARKETS VALUE FUND	FMV	2,966,624.	2,966,624.
TOTAL TO FORM 990-PF, PART II, LINE 13		23,134,962.	23,134,962.

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.	
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.	3,447.	0.
OFFICE EQUIPMENT	10,137.	10,137.	0.
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.	378.	1.
COMPUTER	668.	483.	185.
OFFICE EQUIPMENT	2,701.	2,625.	76.
OFFICE EQUIPMENT	2,701.	2,550.	151.
EDP EQUIPMENT	4,090.	2,840.	1,250.
EDP EQUIPMENT	1,913.	1,275.	638.
EDP EQUIPMENT	489.	312.	177.
EDP EQUIPMENT	435.	242.	193.
EDP EQUIPMENT	326.	172.	154.
FUJITSU SCANNERS	1,697.	755.	942.
FUJITSU SCANNERS	1,675.	279.	1,396.
TOTAL TO FM 990-PF, PART II, LN 14	202,597.	197,434.	5,163.

FORM 990-PF	OTHER ASSETS	STATEMENT 14
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INTEREST AND DIVIDENDS RECEIVABLE	59,071.	52,961.	52,961.
OTHER RECEIVABLES	17,025.	8,664.	8,664.
TO FORM 990-PF, PART II, LINE 15	76,096.	61,625.	61,625.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 15
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO BROKER	16,862.	1,900.
FEDERAL EXCISE TAX PAYABLE	0.	71,771.
DEFERRED FEDERAL EXCISE TAX PAYABLE	158,824.	201,840.
TOTAL TO FORM 990-PF, PART II, LINE 22	175,686.	275,511.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 STATEMENT 16

EXPLANATION

THE FOUNDATION TREATS ITS CONTRIBUTIONS TO ITS DONOR ADVISED FUND (FUND) AT THE CALIFORNIA COMMUNITY FOUNDATION AS QUALIFYING DISTRIBUTIONS, SINCE ALL FUNDS DISBURSED FROM THE FUND ARE CONTRIBUTED TO SIMILAR AND SOMETIMES THE SAME CHARITABLE ORGANIZATIONS AS THE FOUNDATION'S DIRECT GIFTS IN THE FURTHERANCE OF ITS CHARITABLE PURPOSE.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL S. UDOVIC 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	SECRETARY 1.00	0.	0.	0.
STEPHEN C. MEIER 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	CHAIRMAN, PRESIDENT & CEO 30.00	128,000.	33,029.	5,430.
JAMES R. SIMPSON 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	CHAIRMAN OF CONTRIBUTIONS 1.00	0.	0.	0.
WILLIAM R. ISINGER 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	TREASURER & CFO 1.00	0.	0.	0.
LOIS G. INGHAM 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	CHAIRMAN OF AUDIT COMMITTEE 1.00	0.	0.	0.
HOWARD G. WEINSTEIN 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	DIRECTOR 1.00	0.	0.	0.
DURHAM J. MONSMA 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	CHAIRMAN OF POLICY & PROGR 1.00	0.	0.	0.
ROGER W. SMITH 316 W. 2ND ST., STE. PH-C LOS ANGELES, CA 90012	DIRECTOR 1.00	0.	0.	0.

PFAFFINGER FOUNDATION

95-1661675

SUSAN E. REARDON
316 W. 2ND ST., STE. PH-C
LOS ANGELES, CA 90012

DIRECTOR
1.00

0. 0. 0.

CHRIS K. AVETISIAN
316 W. 2ND ST., STE. PH-C
LOS ANGELES, CA 90012

DIRECTOR
1.00

0. 0. 0.

SALLY MELVIN-PICK
316 W. 2ND ST., STE. PH-C
LOS ANGELES, CA 90012

VP & PROGRAM DIRECTOR
40.00

94,500. 19,864. 0.

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

222,500.	52,893.	5,430.
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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 18

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

213-680-7460

FORM AND CONTENT OF APPLICATIONS

SEE APPLICATION FORM ATTACHED.

ANY SUBMISSION DEADLINES

YES. SEE APPLICATION FORM ATTACHED.

RESTRICTIONS AND LIMITATIONS ON AWARDS

YES. SEE APPLICATION FORM ATTACHED.

Pfaffinger Foundation

Applying for a Grant

Please note proposal deadlines for 2014 on page 2.

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 and mental health programs.

Grants will be provided for specific programs, special projects, and unrestricted operating support but only rarely for capital programs. Grants are typically within the range of \$5,000 to \$20,000. 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

Applying for a Grant (continued)

- 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.

Grant Review Schedule

Applications are normally considered at the September and December meetings of the Foundation's Board of Directors each year. For 2014, the periods for submission are:

- September meeting: April 1 – June 16, 2014
- December meeting: June 15 -- September 15, 2014

Completed hard-copy applications must be date stamped in our office no later than June 14th and September 16th. 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 2014, and those considered in the second round, prior to the end of December 2014. 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 seven 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.



PFAFFINGER
foundation

GRANT SUMMARY

Please return to:

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

Organization/Project:

Address:

Contact:

Title:

Phone:

E-Mail:

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: _____

COMPLETE ALL APPLICABLE FIELDS. INCOMPLETE APPLICATIONS WILL BE RETURNED

PFAFFINGER FOUNDATION
CONFIDENTIAL APPLICATION FOR ASSISTANCE

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

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

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

Employee name (Please Print)			Birthdate		Social security (last four numbers)	
Address			Home phone ()		Cell phone ()	
City		State	Zip	E-mail address		
TM or Tribune Co and Dept where you work or worked		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			Last day worked
Reason for termination ☐ laid off ☐ retirement ☐ other (explain)			Are you on sick leave? ☐ yes ☐ no			Last day worked
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			Have you ever applied to the Pfaffinger foundation before? ☐ yes ☐ no			Date of filing
Under what name?			Have you ever filed bankruptcy? ☐ yes ☐ no			
Explain reason			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		MEDICAL		MISCELLANEOUS	
\$ _____	ASSESSMENTS	\$ _____	HEALTH INSURANCE	\$ _____	BABY SITTING
\$ _____	ASSOCIATION FEES	\$ _____	HOME NURSING	\$ _____	BARBER SHOP
\$ _____	BOTTLED WATER	\$ _____	NON-PRESCRIPTION MEDICATION	\$ _____	BEAUTY PARLOR
\$ _____	CABLE TELEVISION	\$ _____	OUT OF POCKET DENTAL	\$ _____	CHARITABLE DONATIONS
\$ _____	ELECTRICITY	\$ _____	OUT OF POCKET EYE CARE	\$ _____	CHILD CARE
\$ _____	GARDENER	\$ _____	OUT OF POCKET MEDICAL	\$ _____	CLOTHING
\$ _____	GAS COMPANY	\$ _____	OUT OF POCKET PRESCRIPTIONS	\$ _____	CLUB/ORGANIZATIONAL DUES
\$ _____	HOME REPAIRS	\$ _____	OTHER _____	\$ _____	GIFTS
\$ _____	HOUSE INSURANCE	\$ _____	OTHER _____	\$ _____	GROCERY STORE
\$ _____	HOUSEKEEPER		TRANSPORTATION	\$ _____	LAUNDRY/DRY CLEANING
\$ _____	MORTGAGE	\$ _____	AUTO INSURANCE	\$ _____	LIFE INSURANCE
\$ _____	POOL MAINTENANCE	\$ _____	AUTO MAINTENANCE/REPAIR	\$ _____	MAGAZINES/NEWSPAPERS
\$ _____	PROPERTY TAX (IF NOT IMPOUND)	\$ _____	AUTO PAYMENT	\$ _____	PERSONAL ITEMS
\$ _____	RENT	\$ _____	BUS/TAXI/TRAIN	\$ _____	PRIVATE SCHOOLS
\$ _____	TELEPHONE	\$ _____	EMERGENCY TRAVEL	\$ _____	RELIGION EXPENSES
\$ _____	TRASH	\$ _____	GASOLINE, OIL, ETC	\$ _____	RESTAURANTS
\$ _____	WATER	\$ _____	PARKING	\$ _____	SCHOOL SUPPLIES
\$ _____	OTHER: _____	\$ _____	REGISTRATION	\$ _____	VACATION
\$ _____	OTHER: _____	\$ _____	OTHER _____	\$ _____	OTHER _____
\$ _____	OTHER _____	\$ _____	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 supervisors 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 _____
X _____
 DATE 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

RETIREEES, 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

COMPLETE ALL APPLICABLE FIELDS. INCOMPLETE APPLICATIONS WILL BE RETURNED

PFAFFINGER FOUNDATION
CONFIDENTIAL APPLICATION FOR ASSISTANCE

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

RETIREEES, 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		Unusual / Unexpected Expenses	
Gross	Take Home	Person or firm to whom money is paid	Amount per month/year
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	\$ _____		

Housing Expenses	Medical Expenses	Miscellaneous Expenses
\$ _____ Assessments	\$ _____ Health Insurance	\$ _____ Barber Shop
\$ _____ Association Fees	\$ _____ Home Nursing	\$ _____ Beauty Parlor
\$ _____ Bottled Water	\$ _____ Non-Prescription Medication	\$ _____ Charitable Donations
\$ _____ Cable Television	\$ _____ Out Of Pocket Dental	\$ _____ Child Care
\$ _____ Electricity	\$ _____ Out Of Pocket Eye Care	\$ _____ Clothing
\$ _____ Gardener	\$ _____ Out Of Pocket Medical	\$ _____ Club/Organizational Dues
\$ _____ Gas Company	\$ _____ Out Of Pocket Prescriptions	\$ _____ Gifts
\$ _____ Home Repairs	\$ _____ Other	\$ _____ Grocery Store
\$ _____ House Ins. (If Not Impounded)	Transportation Expenses	\$ _____ Laundry/Dry Cleaning
\$ _____ Housekeeper	\$ _____ Auto Insurance	\$ _____ Life Insurance
\$ _____ Mortgage	\$ _____ Auto Maintenance/Repair	\$ _____ Magazines/Newspapers
\$ _____ Pool Maintenance	\$ _____ Auto Payment	\$ _____ Personal Items
\$ _____ Property Tax (If Not Impounded)	\$ _____ Bus/Taxi/Train	\$ _____ Private Schools
\$ _____ Rent	\$ _____ Emergency Travel	\$ _____ Religion Expenses
\$ _____ Telephone	\$ _____ Gasoline, Oil, Etc.	\$ _____ Restaurants
\$ _____ Trash	\$ _____ Parking	\$ _____ Vacation
\$ _____ Water	\$ _____ Registration	\$ _____ Other
\$ _____ Other	\$ _____ Other	\$ _____ Other

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

Assets	Present Value	Amount Owed	Net	Automobile/Vehicles
Home	\$ _____	\$ _____	\$ _____	Make _____
Other Real Estate	\$ _____	\$ _____	\$ _____	Year _____
Savings Balance	\$ _____			Amount Owed \$ _____ \$ _____ \$ _____
Checking Balance	\$ _____			Present Value \$ _____ \$ _____ \$ _____
Credit Union Balance	\$ _____			Insurance
401K	\$ _____			What health plan do you have? _____
Stocks & Bonds	\$ _____			Which Homeowner's/Renter's insurance? _____
Other	\$ _____	\$ _____	\$ _____	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 _____

Relationship: _____

Address: _____

Phone Number: _____

Name: _____

Relationship: _____

Address: _____

Phone Number. _____

For Case Manger's Use

CUMULATIVE BALANCE _____

CASE MANAGER

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

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	VARI	ESSL	5.00	16	66,543.			66,543.	66,543.		0.
6	OFFICE EQUIPMENT	123105	SSL	5.00	16	4,457.			4,457.	4,457.		0.
7	OFFICE EQUIPMENT	123105	SSL	5.00	16	50.			50.	50.		0.
8	AUTOMOTIVE EQUIPMENT	120506	SSL	5.00	16	26,026.			26,026.	26,026.		0.
9	AUTOMOTIVE EQUIPMENT	120506	SSL	5.00	16	25,040.			25,040.	25,040.		0.
10	OFFICE EQUIPMENT	062806	SSL	3.00	16	1,165.			1,165.	1,165.		0.
11	EDP EQUIPMENT	032206	SSL	3.00	16	1,049.			1,049.	1,049.		0.
12	OFFICE EQUIPMENT	050807	SSL	5.00	16	3,447.			3,447.	3,447.		0.
13	OFFICE EQUIPMENT	071907	SSL	5.00	16	10,137.			10,137.	10,137.		0.
15	EDP EQUIPMENT	022707	SSL	3.00	16	395.			395.	395.		0.
16	EDP EQUIPMENT	122607	SSL	3.00	16	320.			320.	320.		0.
17	OFFICE EQUIPMENT	041508	SSL	3.00	16	929.			929.	929.		0.
18	EDP EQUIPMENT	070108	SSL	3.00	16	1,287.			1,287.	1,287.		0.
20	EDP EQUIPMENT	112408	SSL	3.00	16	5,334.			5,334.	5,334.		0.
21	EDP EQUIPMENT	082708	SSL	3.00	16	32,327.			32,327.	32,327.		0.
22	EDP EQUIPMENT	102108	SSL	3.00	16	7,017.			7,017.	7,017.		0.
23	EDP EQUIPMENT	031209	SSL	3.00	16	379.			379.	378.		0.
24	COMPUTER	113010	SSL	3.00	16	668.			668.	279.		204.

328102
05-01-13

(D) - Asset disposed

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

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

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
25	OFFICE EQUIPMENT	013111SL		3.00	16	2,701.			2,701.	1,725.		900.
26	OFFICE EQUIPMENT	031511SL		3.00	16	2,701.			2,701.	1,650.		900.
27	EDP EQUIPMENT	120711SL		3.00	16	4,090.			4,090.	1,477.		1,363.
28	EDP EQUIPMENT	122911SL		3.00	16	1,913.			1,913.	637.		638.
29	EDP EQUIPMENT	031412SL		3.00	16	489.			489.	149.		163.
30	EDP EQUIPMENT	042612SL		3.00	16	435.			435.	97.		145.
31	EDP EQUIPMENT	062212SL		3.00	16	326.			326.	63.		109.
32	FUJITSU SCANNERS	091912SL		3.00	16	1,697.			1,697.	189.		566.
33	FUJITSU SCANNERS	061913SL		3.00	16	1,675.			1,675.			279.
	* TOTAL 990-PF PG 1 DEPR					202,597.		0.	202,597.	192,167.	0.	5,267.

328102
05-01-13

(D) - Asset disposed

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