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DLN: 93491319019458

2017

OMB No 1545-0052

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

|                |                | ndar year 2017, or tax year beginning 01-01-2  | 017 , aı                     | nd er  | nding 12-31-           |   |                         |
|----------------|----------------|--|------------------------------|--|------------------------|---|-------------------------|
|                |                | indation<br>D DOROTHY BROOKS FOUNDATION  |                              |  |                        | entification numbe                          | ır                      |
|                |                |  | ) Room/suite                 |  | 20-2653929             |   |                         |
|                |                | l street (or P O box number if mail is not delivered to street address<br>NTA MONICA BLVD NO 400           |                              | <b>B</b> Telephone number (see instructions) |                        |   |                         |
| City           | or town        | , state or province, country, and ZIP or foreign postal code   |                              | (310) 734-1234                               | <del></del>            |   |                         |
|                |                | es, CA 90025   |                              |  | <b>C</b> If exemption  | application is pendin                       | g, check here           |
| <b>G</b> Ch    | neck al        |  | former public charity        |  | <b>D 1.</b> Foreign or | ganizations, check he                       | ere 🕨 🗌                 |
|                |                | Final return Amended return  | ı                            |  |                        | ganizations meeting<br>k here and attach co |                         |
|                |                | ☐ Address change ☐ Name change   |                              |  | E If private for       | ındatıon status was i                       | terminated $\Box$       |
|                |                | pe of organization   |                              |  |                        | n 507(b)(1)(A), chec                        |                         |
|                |                | A 4947(a)(1) nonexempt charitable trust Other taxab<br>(set value of all assets at end J Accounting method | le private foundation  Cash  |  | E If the founds        | ation is in a 60-mont                       | h tarmination —         |
| of '           | year <i>(f</i> | rrom Part II, col (c),  \$ 33,021,137  SACCOUNTING MENTOUR  ☐ Other (specify) (Part I, column (d) mus      |                              | aı   |                        | n 507(b)(1)(B), chec                        |                         |
| Pa             | rt I           | Analysis of Revenue and Expenses (The total  | <u> </u>                     |  |                        |   | (d) Disbursements       |
|                |                | of amounts in columns (b), (c), and (d) may not necessarily  | (a) Revenue and expenses per | (b)  | Net investment income  | (c) Adjusted net                            | for charitable purposes |
|                |                | equal the amounts in column (a) (see instructions) )   | books                        |  | meome                  | meome                                       | (cash basis only)       |
|                | 1              | Contributions, gifts, grants, etc , received (attach schedule)   | 5,000,000                    |  |                        |   |                         |
|                | 2              | Check ▶ ☐ If the foundation is <b>not</b> required to attach   |                              |  |                        |   |                         |
|                |                | Sch B  | 1.636                        |  | 1.620                  |   |                         |
|                | 3<br>4         | Interest on savings and temporary cash investments  Dividends and interest from securities                 | 1,620<br>564,582             |  | 1,620<br>564,582       |   |                         |
|                | 5a             | Gross rents  | 304,362                      |  | 304,302                |   |                         |
|                | ь              | Net rental income or (loss)  | _                            |  |                        |   |                         |
| e              | 6a             | Net gain or (loss) from sale of assets not on line 10  | 360,816                      |  |                        |   |                         |
| Revenue        | ь              | Gross sales price for all assets on line 6a  |                              |  |                        |   |                         |
| Şe.            | _              | 1,662,930  | <u> </u>                     |  | 260.046                |   |                         |
| ш              | 7<br>8         | Capital gain net income (from Part IV, line 2)   |                              |  | 360,816                |   |                         |
|                | 9              | Income modifications   |                              |  |                        |   |                         |
|                | 10a            | Gross sales less returns and allowances  |                              |  |                        |   |                         |
|                | ь              | Less Cost of goods sold  | <u> </u>                     |  |                        |   |                         |
|                | С              | Gross profit or (loss) (attach schedule)   |                              |  |                        |   |                         |
|                | 11             | Other income (attach schedule)   |                              |  |                        |   |                         |
|                | 12             | Total. Add lines 1 through 11  | 5,927,018                    |  | 927,018                |   |                         |
|                | 13             | Compensation of officers, directors, trustees, etc   | C                            |  | 0                      |   | (                       |
|                | 14             | Other employee salaries and wages  |                              |  |                        |   |                         |
| es             | 15             | Pension plans, employee benefits   |                              |  |                        |   |                         |
| ens            | 16a            | Legal fees (attach schedule)   |                              |  |                        |   |                         |
| Expenses       |                | Accounting fees (attach schedule)  | 06.1 -::                     |  |                        |   |                         |
| ve             | С              | Other professional fees (attach schedule)  | 74,748                       |  | 74,748                 |   | (                       |
| Administrative | 17<br>18       | Interest   | 19,557                       |  | 19,557                 |   | ,                       |
| <u>=</u>       |                | Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion                    | 19,337                       |  | 19,557                 |   |                         |
| Ē              | 19             | Occupancy  |                              |  |                        |   |                         |
| Ad             | 20<br>21       | Travel, conferences, and meetings  |                              |  |                        |   |                         |
| puc            | 22             | Printing and publications  |                              |  |                        |   |                         |
| 3 <u>b</u> í   | 23             | Other expenses (attach schedule)   | 15,767                       |  | 15,767                 |   | (                       |
| Operating and  | 24             | Total operating and administrative expenses.   |                              |  |                        |   |                         |
| ber            |                | Add lines 13 through 23  | 110,072                      |  | 110,072                |   |                         |
| 0              | 25             | Contributions, gifts, grants paid  | 1,818,652                    |  |                        |   | 1,818,652               |
|                | 26             | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 1,928,724                    |  | 110,072                |   | 1,818,652               |
|                | 27             | Subtract line 26 from line 12  |                              |  | ·                      |   |                         |
|                | а              | Excess of revenue over expenses and disbursements  | 3,998,294                    |  |                        |   |                         |
|                | ь              | Net investment income (if negative, enter -0-)   |                              |  | 816,946                |   |                         |
|                | С              | Adjusted net income(If negative, enter -0-)  |                              |  |                        |   |                         |
| or             | Paper          | work Reduction Act Notice, see instructions.   |                              |  | Cat No 11289           | . For                                       | m <b>990-PF</b> (2017   |

5,240,639 21,829,854 2,041,792

3,354,674

33,021,137

28,160,570

28,160,570

28,160,570

28.160.570

2

3

4

5

24,162,276

3,998,294

28,160,570

28,160,570

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0

24,162,276

24,162,276

24,162,276

|        |     | Less allowance for doubtful accounts                               |            | 3,128      |   |
|--------|-----|--|------------|------------|---|
|        | 4   | Pledges receivable ▶   |            |            |   |
|        |     | Less allowance for doubtful accounts ▶                             |            |            |   |
|        | 5   | Grants receivable  |            |            |   |
|        | 6   | Receivables due from officers, directors, trustees, and other      |            |            |   |
|        |     | disqualified persons (attach schedule) (see instructions)          |            |            |   |
|        | 7   | Other notes and loans receivable (attach schedule) ▶               |            |            |   |
|        |     | Less allowance for doubtful accounts ▶                             |            |            |   |
| 2      | 8   | Inventories for sale or use  |            |            | ĺ |
| Assets | 9   | Prepaid expenses and deferred charges                              |            |            | Ĺ |
| As     | 10a | Investments—U S and state government obligations (attach schedule) | 715,571    | 5,263,091  |   |
|        | b   | Investments—corporate stock (attach schedule)                      | 18,562,637 | 17,679,273 |   |
|        | С   | Investments—corporate bonds (attach schedule)                      | 1,522,267  | 2,091,252  |   |
|        | 11  | Investments—land, buildings, and equipment basis ▶                 |            |            |   |
|        |     | Less accumulated depreciation (attach schedule) ▶                  |            |            |   |
|        | 12  | Investments—mortgage loans   |            |            | Ĺ |
|        | 13  | Investments—other (attach schedule)                                | 2,516,645  | 2,572,776  | ĺ |
|        |     |  |            |            |   |

## 14 Land, buildings, and equipment basis -Less accumulated depreciation (attach schedule) ▶ \_ 15 Other assets (describe - \_ ارچە 69 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 24,162,276 17 18

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Other liabilities (describe ▶\_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . .

Other increases not included in line 2 (itemize) -

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Liabilities

Balances

or Fund

Assets 27

Net 30

19

20

21

22

23

24

25

26

28

29

31

Part III

2

3

Page **3** 

|  | (a)<br>the kınd(s) of property sold (e g , re<br>ehouse, or common stock, 200 shs                            | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr )   | (d)<br>Date sold<br>(mo , day, yr )                |  |  |
|--|--|--|-------------------------------------|--|--|--|
| 1 a CNB SECURITIES BHS-2:                                      | 13233  | Р                                      |                                     |  |  |  |
| <b>b</b> NATL FINL SERV 675849                                 |  |  | Р                                   |  |  |  |
| c NATL FINL SERV 942669  |  |  | Р                                   |  |  |  |
| d NATL FINL SERV 675857  |  |  | Р                                   |  |  |  |
| e CAPITAL GAINS DIVIDEN  | IDS  |  | Р                                   |  |  |  |
| (e)<br>Gross sales price                                       | (f) Depreciation allowed (or allowable)  | Cost or                                | (g)<br>other basis<br>ense of sale  | ther basis Gain or (loss)                          |  |  |
| a 50   | 0,000  |  | 495,762                             |  | 4,238  |  |
| <b>b</b> 22  | 3,430  |  | 153,681                             |  | 69,749   |  |
| c 38   | 1,126  |  | 358,063                             |  | 23,063   |  |
| d 35   | 4,233  |  | 294,608                             |  | 59,625   |  |
|  | 4,141  |  | ·                                   |  | 204,141  |  |
|  | showing gain in column (h) and ow  | ned by the foundation                  | on 12/31/69                         | ,  |  |  |
| (i)<br>F M V as of 12/31/69                                    | (j) Adjusted basis as of 12/31/69  | Excess                                 | ( <b>k</b> ) of col (ı) (j), ıf any | Gains (Col (<br>col (k), but not                   | l)<br>h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |  |
| a  |  |  |                                     |  | 4,238  |  |
| b  |  |  |                                     |  | 69,749   |  |
| c  |  |  |                                     |  | 23,063   |  |
| d  |  |  |                                     |  | 59,625   |  |
| e  |  |  |                                     |  | 204,141  |  |
|  | or (net capital loss)  gain or (loss) as defined in sections rt I, line 8, column (c) (see instruct          |  | Part I, line 7                      | 3  | 360,816  |  |
|  | Inder Section 4940(e) for Rorrivate foundations subject to the se  |  |                                     |  |  |  |
|  | eave this part blank<br>e section 4942 tax on the distributa<br>ot qualify under section 4940(e) Do          |  | in the base period                  | P   Y  | es 🔽 No  |  |
|  | nount in each column for each year,  |  | making any entries                  | S  |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions  | (c)<br>Net value of noncharitab        | le-use assets                       | ( <b>d)</b> Distribution rat (col (b) divided by c | -  |  |
| 2016   | 780,000  |  | 24,831,514                          | ·  | 0 031412   |  |
| 2015   | 601,650  |  | 25,046,921                          |  | 0 024021   |  |
| 2014   | 925,000  |  | 25,146,695                          |  | 0 036784   |  |
| 2013   | 538,200  |  | 12,976,419                          |  | 0 041475   |  |
| 2012   | 959,922  |  | 10,498,549                          |  | 0 091434   |  |
| 2 Total of line 1, column (                                    | d)   |  | 2                                   |  | 0 225126   |  |
| number of years the four<br>4 Enter the net value of no        | for the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2017 from | than 5 years<br>n Part X, line 5       | 3                                   |  | 0 045025<br>28,696,591   |  |
|  | (40) (0.47) 07()   |  | 5                                   |  | 1,292,064  |  |
|  | ent income (1% of Part I, line 27b)  |  | 6                                   |  | 8,169  |  |
|  |  |  |                                     |  | 1,300,233  |  |
|  | ons from Part XII, line 4 , eater than line 7, check the box in P  |  |                                     | <br> g a 1% tax rate Se                            | 1,818,652<br>e the Part VI                                     |  |
|  |  |  |                                     | Fo   | orm <b>990-PF</b> (2017)                                       |  |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

|           | · · · · · · · · · · · · · · · · · · · |                      |                      |                        |
|-----------|---------------------------------------|----------------------|----------------------|------------------------|
| Down WIII | Information About Officers,           | Directors, Trustees, | Foundation Managers, | Highly Paid Employees, |
| Part VIII | and Contractors                       |                      |                      |                        |

| 1 List all officers, directors, trustee   | es, foundation managers ar                                      | nd their compensation                     | (see instructions).   |                                       |
|---|---|---|---|---------------------------------------|
| (a) Name and address  | Title, and average<br>hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table   |   |   | Componibution.  |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| 2 Compensation of five highest-pai  | d employees (other than t                                       | hose included on line :                   | L—see instructions). If nor  Contributions to                         | ie, enter "NONE."                     |
| (a)<br>Name and address of each employee pa<br>more than \$50,000   | Title, and average hours per week  (b) devoted to position      | (c) Compensation                          | employee benefit plans and deferred (d) compensation                  | Expense account, (e) other allowances |
| NONE  |   |   | (a) compensation  |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   | <del></del>   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| <b>Total</b> number of other employees paid ove   |   |   |   |                                       |
| 3 Five highest-paid independent co  |   |   |   | 0<br>E".                              |
| (a) Name and address of each person   |   | 1   | e of service  | (c) Compensation                      |
| NONE  |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   | -   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   | _   |   |                                       |
|   |   |   |   |                                       |
|   |   | -   |   |                                       |
| Total number of others receiving over \$50  | ,000 for professional services                                  |   |   | 0                                     |
| Part IX-A Summary of Direct C   |   |   |   |                                       |
| List the foundation's four largest direct charitable<br>organizations and other beneficiaries served, con |   |   | nation such as the number of  | Expenses                              |
| 1   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| 2   |   |   |   |                                       |
|   |   |   |   |                                       |
| 3   |   |   |   |                                       |
|   |   |   |   |                                       |
| 4   |   |   |   |                                       |
| <b>-</b>  |   |   |   |                                       |
|   |   |   |   |                                       |
| Part IX-B Summary of Program  | m-Related Investments   | (see instructions)                        |   |                                       |
| Describe the two largest program-related inve   | stments made by the foundation d                                | uring the tax year on lines 1             | and 2   | Amount                                |
| 1   |   |   |   |                                       |
| <del></del>   |   |   |   |                                       |
| 2   |   |   |   |                                       |
|   |   |   |   |                                       |
| All II  | <u> </u>  |   |   |                                       |
| All other program-related investments  3  | See instructions  |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| Total. Add lines 1 through 3 .  |   | · · · · · <del>· · ·</del>                |   | 000 <b>PE</b> (2017)                  |

|            | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a | nd cer     | rtain foreign |
|------------|--|------------|---------------|
| Par        | organizations check here ▶ □ and do not complete this part )   |            |               |
| 1          | Minimum investment return from Part X, line 6  | 1          | 1,434,830     |
| <b>2</b> a | Tax on investment income for 2017 from Part VI, line 5 2a 8,169  |            |               |
| b          | Income tax for 2017 (This does not include the tax from Part VI )                                      |            |               |
| С          | Add lines 2a and 2b  | <b>2</b> c | 8,169         |
| 3          | Distributable amount before adjustments Subtract line 2c from line 1                                   | 3          | 1,426,661     |
| 4          | Recoveries of amounts treated as qualifying distributions  | 4          | 0             |
| <b>E</b>   | Add lines 3 and 4  | -          | 1 426 661     |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

1,818,652

1,818,652

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8.169 1,810,483

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

1,426,661

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0

(d)

Page 9

| Part XIII | Undi   |
|-----------|--------|
| Part XIII | Untals |

**b** Total for prior years

a From 2012. . . . .

**b** From 2013. . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . .

indicated below:

| Form 990-PF (20 | 017)                              |        |
|-----------------|-----------------------------------|--------|
| Part XIII       | Undistributed Income (see instruc | tions) |
|                 |                                   |        |

Distributable amount for 2017 from Part XI, line 7

172.899

391.991

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2017 from Part XII, line 4 > \$ 1,818,652 a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

(If an amount appears in column (d), the

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

same amount must be shown in column (a) )

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

(a)

Corpus

172.899

391.991

564,890

172.899

391,991

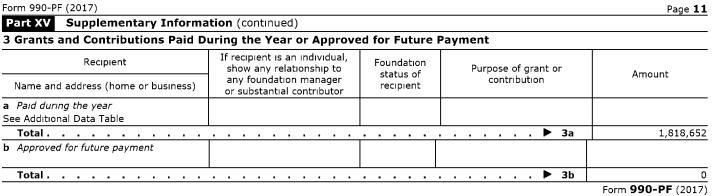
(b)

Years prior to 2016

(c)

2016

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5



| Enter gross amounts unless otherwise indicated     |   | Unrelated business income                 |                                   | Excluded by section                   | 512, 513, or 514   | (e)<br>Related or exempt               |
|--|---|---|-----------------------------------|---------------------------------------|--------------------|--|
| Program service revenue     a NONE                 |   | (a)<br>Business code                      | (b)<br>Amount                     | (c)<br>Exclusion code                 | (d)<br>Amount      | function income<br>(See instructions ) |
| b  |   |   |                                   |                                       |                    |  |
|  |   |   |                                   |                                       |                    |  |
|  |   |   |                                   |                                       |                    |  |
| g Fees a   | and contracts from government agencies rship dues and assessments   |   |                                   |                                       |                    |  |
| ınvesti  | ments   |   |                                   | 14<br>14                              | 1,620<br>564,582   |  |
| 5 Net ren  | tal income or (loss) from real estate   |   |                                   | 2.1                                   | 30 1,302           |  |
| <b>b</b> Not de                                    | financed property ebt-financed property ntal income or (loss) from personal property  |   |                                   |                                       |                    |  |
|  | nvestment income  |   |                                   |                                       |                    |  |
| ınvent   | r (loss) from sales of assets other than ory  |   |                                   | 18                                    | 360,816            |  |
|  | ome or (loss) from special events<br>profit or (loss) from sales of inventory   |   |                                   |                                       |                    |  |
|  | evenue <b>a</b>   |   |                                   |                                       |                    |  |
|  |   |   |                                   |                                       |                    |  |
| ·  |   |   |                                   |                                       |                    |  |
| d  |   |   |                                   |                                       |                    |  |
| d<br>e   |   |   | 0                                 |                                       | 927,018            |  |
| d<br>e<br>.2 Subtota<br>.3 Total.                  | Add columns (b), (d), and (e)   | lations )                                 | 0                                 | 13                                    | 927,018            |  |
| d<br>e<br>.2 Subtota<br>.3 Total. /<br>(See wo     |   | lations )                                 |                                   |                                       | · ·                |  |
| d<br>e<br>.2 Subtota<br>.3 Total. /<br>(See wo     | Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu   | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to | 927,018                                |
| de  2 Subtota 3 Total. / (See wo Part XVI Line No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  e Accomplish  income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to |  |

| orm 99       | 90-PF (2  | 2017)  |                        |                    |                   |                |   |                | Pa               | ge <b>13</b>    |
|--------------|-----------|--|------------------------|--------------------|-------------------|----------------|---|----------------|------------------|-----------------|
| Part         | XVII      | Information Re<br>Exempt Organi  |                        | ransfers To a      | nd Transaction    | ns and Rela    | tionships With Nonchari   | table          |                  |                 |
|              |           | anization directly or in<br>Gode (other than sectio  |                        |                    |                   |                | ration described in section 501 cal organizations?                  |                | Yes              | No              |
| a Trai       | nsfers fr | om the reporting foun  | dation to a n          | oncharitable exe   | empt organization | of             |   |                |                  |                 |
| (1)          | Cash.     |  |                        |                    |                   |                |   | 1a(1)          |                  | No              |
| (2)          | Other     | assets   |                        |                    |                   |                |   | 1a(2)          |                  | No              |
| <b>b</b> Oth | er trans  | actions  |                        |                    |                   |                |   |                |                  |                 |
|              |           | of assets to a nonchari  | •                      | -                  |                   |                |   | 1b(1)          |                  | No              |
|              |           | ases of assets from a n  |                        |                    |                   |                |   | 1b(2)          |                  | No              |
|              |           | of facilities, equipmer  | •                      |                    |                   |                |   | 1b(3)          |                  | No              |
|              |           | ursement arrangemen  |                        |                    |                   |                |   | 1b(4)          |                  | No              |
| ٠.           |           | or loan guarantees.<br>nance of services or m  |                        |                    |                   |                |   | 1b(5)<br>1b(6) |                  | No<br>No        |
| ٠,,          |           |  | •                      | <del>-</del>       |                   |                |   | 1c             |                  | No              |
|              | _         |  |                        |                    |                   |                | d always show the fair market                                       |                |                  | NO              |
|              |           |  |                        |                    |                   |                | eived less than fair market valu                                    |                |                  |                 |
|              |           |  |                        |                    |                   |                | assets, or services received  |                |                  |                 |
| <b>(-)</b>   | N- I      | (In) Amount models of  | l (-) N                |                    |                   | (4) D          |   |                |                  |                 |
| (a) Line     | INO       | (b) Amount involved  | (c) Name or            | noncharitable exer | npt organization  | (a) Descriptio | n of transfers, transactions, and sha                               | aring arrai    | ngemen           | ts              |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
| des          | cribed ii | dation directly or indire<br>in section 501(c) of the<br>implete the following so<br>(a) Name of organizatio | Code (other<br>chedule | than section 50    |                   | ion 527?       | -   | ☐ Yes          | <b>✓</b>         | No              |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              |           |  |                        |                    |                   |                |   |                |                  |                 |
|              | of my     |  | , it is true, c        |                    |                   |                | anying schedules and statemer<br>her than taxpayer) is based on<br> |                |                  |                 |
| Sign         | . *       | ****   |                        |                    | 2018-11-14        | ****           | May t   | he IRS di      | scuss th         | าเร             |
| Here         |           |  |                        |                    |                   |                | with t  | he prepa       | rer shov         | vn              |
|              | s         | ignature of officer or ti  | rustee                 |                    | Date              | Title          | below<br>(see i   | nstr )? 🖸      | ✓ <sub>Yes</sub> | □ <sub>No</sub> |
|              |           | Print/Type preparer's  | name                   | Preparer's Sign    | ature             | Date           | PTIN  |                |                  |                 |
|              |           |  |                        |                    |                   |                | Check if self-  | P00137         | 499              |                 |
| Paid         |           | WILLIAM C BRODE  | R                      |                    |                   |                | employed ▶ Ш  | . 55157        | 1,,,             |                 |

|         |  | dation directly or indirectly affiliate  |                   |                               |                    |                   |                                   |
|---------|--|--|-------------------|-------------------------------|--------------------|-------------------|-----------------------------------|
| desc    | cribed i                                     | n section 501(c) of the Code (othe   | r than section 50 | )1(c)(3)) or in secti         | ion 527?           |                   | 🗌 Yes 🔽 No                        |
| b If "Y | es," co                                      | mplete the following schedule  |                   |                               |                    |                   |                                   |
|         |  | (a) Name of organization   | (1                | <b>b)</b> Type of organizatio | n                  | (c) Description   | on of relationship                |
|         |  |  |                   |                               |                    |                   |                                   |
|         |  |  |                   |                               |                    |                   |                                   |
|         |  |  |                   |                               |                    |                   |                                   |
|         |  |  |                   |                               |                    |                   |                                   |
|         | T  |  |                   | <del></del>                   |                    |                   |                                   |
|         |  | r penalties of perjury, I declare thank<br>y knowledge and belief, it is true, o |                   |                               |                    |                   |                                   |
|         |  | n preparer has any knowledge   | orrect, and com   | piete Deciaration c           | or preparer (other | than taxpayer, is | based off all information of      |
| Sign    |  | ****   |                   | <b></b>                       |                    |                   | May the IRS discuss this          |
| Here    | <b>                                     </b> | ****   |                   | Date 2018-11-14               |                    |                   | return<br>with the preparer shown |
|         | 7 -  |  |                   |                               |                    |                   | below                             |
|         | ' <sup>s</sup>                               | ignature of officer or trustee   |                   |                               |                    |                   | (see instr )? 🗹 Yes 🗆 No          |
|         |  | T  |                   |                               | T                  |                   | , ,                               |
|         |  | Print/Type preparer's name   | Preparer's Sigr   | nature                        | Date               | Check if self-    | PTIN                              |
|         |  |  |                   |                               |                    |                   | P00137499                         |
|         |  | WILLIAM C BRODER   |                   |                               |                    | employed ▶ 📙      |                                   |
| Paid    |  |  |                   |                               |                    |                   |                                   |
| Prep    |  | Firm's name ▶ FREEDMAN BROI  | DER & COMPANY     | ,                             | 1                  |                   | Fırm's EIN ▶95-4338170            |
| Use (   | Only   |  |                   |                               |                    |                   | THIT'S EIN P 33-4330170           |
|         |  | Firm's address ► 11100 SANTA   | MONICA 400        |                               |                    |                   |                                   |
|         |  | LOS ANGELES  | , CA 90025        |                               |                    |                   | Phone no (310) 734-1234           |
|         |  |  |                   |                               |                    |                   |                                   |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JAMES L BROOKS PRESIDENT 0 50 11100 SANTA MONICA BL 400 LOS ANGELES, CA 90025 WILLIAM BRODER CFO AND SECRETARY O 0 0.25 CHLOE BROOKS VICE-PRESIDENT 0.00 11100 SANTA MONICA BL 400 LOS ANGELES, CA 90025 COOPER BROOKS VICE-PRESIDENT 0.00 11100 SANTA MONICA BL 400

| 011 05 000010                                      |                | _ |   |   |
|--|----------------|---|---|---|
| 11100 SANTA MONICA BL 400<br>LOS ANGELES, CA 90025 | 0 00           |   |   |   |
| AMY BROOKS   | VICE-PRESIDENT | 0 | 0 | 0 |
| 11100 SANTA MONICA BL 400<br>LOS ANGELES, CA 90025 |                |   |   |   |

VICE-PRESIDENT

0 00

LOS ANGELES, CA 90025

11100 SANTA MONICA BL 400 LOS ANGELES, CA 90025

JOSEPH BROOKS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| CA COMMUNITY FOUNDATION<br>221 S FIGUEROA ST SUITE 400<br>LOS ANGELES, CA 90012 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 25,000  |
|---|------|-------------------|---|---------|
| MAYO CLINIC200 FIRST STREET SW  | NONE | PUBLIC            | SUPPORTS ORGANIZATION'S                       | 100,000 |

| MAYO CLINIC200 FIRST STREET SW<br>ROCHESTER, MN 55905 | NONE |        | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |  |
|---|------|--------|---|--|
| NY TIMES NEEDIEST CASES                               | NONE | PUBLIC | SUPPORTS ORGANIZATION'S                       |  |

| NOCHESTER, THE 33303  |      | CIT/ II CIT       | CHARLIABLE FOR OSE                            |       |
|---|------|-------------------|---|-------|
| NY TIMES NEEDIEST CASES<br>4 CHASE METROTECH CENTER<br>BROOKLYN, NY 11245 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 50,00 |

| T-4-1  |      |         |                         | 1.010.653 |
|--|------|---------|-------------------------|-----------|
| 4 CHASE METROTECH CENTER<br>BROOKLYN, NY 11245 |      | CHARITY | CHARITABLE PURPOSE      |           |
| NY TIMES NEEDIEST CASES                        | NONE | PUBLIC  | SUPPORTS ORGANIZATION'S | 50,000    |

| BROOKLYN, NY 11245 | GID WATT | OTHER TOTAL OSE | 1         |
|--------------------|----------|-----------------|-----------|
| Total              |          | •               | 1 818 652 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                   |   |        |
|--|---|-------------------|---|--------|
| Recipient  | If recipient is an individual, show any relationship to |                   | Purpose of grant or contribution              | Amount |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient         |   |        |
| a Paid during the year   |   |                   |   |        |
| PARA LOS NINOS<br>5000 HOLLYWOOD BLVD<br>HOLLYWOOD, CA 90027   | NONE  | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 25,000 |
| RAPE FOUNDATION<br>1223 WILSIRE BL 410<br>SANTA MONICA, CA 90403   | NONE  | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 5,000  |
| WILDWOOD SCHOOL 11811 OLYMPIC BLVD   | NONE  | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 20,000 |

LOS ANGELES, CA 90064

Total . .

1,818,652 3a

| orm 990PF Part XV Line 3 - Gran   | ts and Contributions Paic                               | During the              | Year or Approved for Future                   | Payment   |
|---|---|-------------------------|---|-----------|
| Recipient   | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution              | Amount    |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               |   |           |
| a Paid during the year  |   |                         |   |           |
| LOS ANGELES CLIPPERS FOUNDATION<br>1212 S FLOWER STREET 5TH FL<br>LOS ANGELES, CA 90015 | NONE  | PUBLIC<br>CHARITY       | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 10,000    |
| MARINE TOYS FOR TOTS FOUNDATION<br>18251 QUANTICO GATEWAY DRIVE<br>TRIANGLE, VA 22172   | NONE  | PUBLIC<br>CHARITY       | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 5,000     |
| AUSTIM SPEAKS<br>6330 S SAN VICENTE BLVD 401<br>LOS ANGELES, CA 90048                   | NONE  | PUBLIC<br>CHARITY       | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 50,000    |
| Total   |   |                         |   | 1,818,652 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ISLAND AUTISM GROUPPO BOX 2786 NONE PUBLIC SUPPORTS ORGANIZATION'S 25,000 EDGARTOWN, MA 02539 CHARITY CHARITABLE PURPOSE

| The state of the s |      |                   |   |        |
|--|------|-------------------|---|--------|
| AMERICAN RED CROSSPO BOX 37839<br>BOONE, IA 50037  | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 25,000 |
| ACLU FOUNDATION1313 W 8TH STREET   | NONE | PUBLIC            | SUPPORTS ORGANIZATION'S                       | 50,000 |

| •   |      |                   |   | 1 |
|---|------|-------------------|---|---|
| ACLU FOUNDATION1313 W 8TH STREET<br>LOS ANGELES, CA 90017 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |   |
|   |      |                   |   |   |

За

| ACLU FOUNDATION1313 W 8TH STREET<br>LOS ANGELES, CA 90017 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |  |
|---|------|-------------------|---|--|
|   |      |                   | _   |  |

|                       |      |         | _                       |        |
|-----------------------|------|---------|-------------------------|--------|
| CA 90017              | NONE | CHARITY | CHARITABLE PURPOSE      | 50,0   |
| TION1313 W 8TH STREET | NONE | PUBLIC  | SUPPORTS ORGANIZATION'S | l 50 i |

| LOS ANGELES, CA 90017 | None | CHARITY | CHARITABLE PURPOSE | 30,       |
|-----------------------|------|---------|--------------------|-----------|
| Total                 |      |         |                    | 1,818,652 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

30,000

5,000

| • ,  |      |                   |   |  |
|--|------|-------------------|---|--|
| BABY2BABY6435 WILSHIRE BLVD<br>LOS ANGELES, CA 90048 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |  |
|  |      |                   |   |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| CENTER THEATRE GROUP<br>501 WEST TEMPLE STREET | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |  |
|--|------|-------------------|---|--|
| OS ANGELES, CA 90012                           |      |                   |   |  |

a Paid during the year

| 601 WEST TEMPLE STREET<br>LOS ANGELES, CA 90012 |      | CHARITY | CHARITABLE PURPOSE      |  |
|---|------|---------|-------------------------|--|
| SABAN COMMUNITY CLINIC                          | NONE | PUBLIC  | SUPPORTS ORGANIZATION'S |  |

| · ·                    |      |         |                         | 1 |
|------------------------|------|---------|-------------------------|---|
| SABAN COMMUNITY CLINIC | NONE | PUBLIC  | SUPPORTS ORGANIZATION'S |   |
| 3405 BEVERLY BLVD      |      | CHARITY | CHARITABLE PURPOSE      |   |
| OS ANGELES, CA 90048   |      |         |                         |   |

| 5ABAN COMMUNITY CLINIC<br>3405 BEVERLY BLVD<br>LOS ANGELES, CA 90048 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 645,780 |
|--|------|-------------------|---|---------|
|  |      |                   |   |         |

| OS ANGELES, CA 90048 | CHARITY | CHARITABLE PURPOSE | l         |
|----------------------|---------|--------------------|-----------|
| Total                |         |                    | 1.818.652 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

3a

| HISPANIC FEDERATION<br>55 EXCHANGE PLACE 5TH FLOOR<br>NEW YORK, NY 10005 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 125,000 |
|--|------|-------------------|---|---------|
| NEW YORK IMMIGRATION COALITION<br>131 WEST 33RD ST STE 610               | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 100,000 |

| NEW YORK IMMIGRATION COALITION<br>131 WEST 33RD ST STE 610<br>NEW YORK, NY 10001 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 100,000 |
|--|------|-------------------|---|---------|
| 826LA WEST12515 VENICE BLVD  | NONE | PUBLIC            | SUPPORTS ORGANIZATION'S                       | 12,500  |

| Total  |      |                   |   | 1,818,652 |
|--|------|-------------------|---|-----------|
| 826LA WEST12515 VENICE BLVD<br>LOS ANGELES, CA 90066 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 12,500    |
| NEW YORK, NY 10001                                   |      |                   |   | I         |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a raid during the year                                   |      |                   |   |         |
|--|------|-------------------|---|---------|
| MARTHA'S VINEYARDPO BOX 4423<br>VINEYARD HAVEN, MA 02568 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 10,000  |
| MASS GENERAL HOSPITAL                                    | NONE | PUBLIC            | SUPPORTS ORGANIZATION'S                       | 200.000 |

| MASS GENERAL HOSPITAL<br>L25 NASHUA STREET STE 540<br>3OSTON, MA 02114 | NONE |        | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |  |
|--|------|--------|---|--|
| MALIBIL EDIENDS OF MUSICAIM  | NONE | DUBLIC | SUPPORTS ORGANIZATION'S                       |  |

| BOSTON, MA 02114                               |      | CHARTT            | CHARITABLE FORFOSE                            |        |
|--|------|-------------------|---|--------|
| MALIBU FRIENDS OF MUSICAIM<br>6307 BUSCH DRIVE | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 15,000 |

| Total                                | •      |          | <b></b>                   | 1 818 652 |
|--------------------------------------|--------|----------|---------------------------|-----------|
| 6307 BUSCH DRIVE<br>MALIBU, CA 90265 | NONE   | CHARITY  | CHARITABLE PURPOSE        | 15,000    |
| MALIBU FRIENDS OF MUSICAIM           | I NONE | I PUBLIC | I SUPPORTS ORGANIZATION'S | 15.000    |

| 6307 BUSCH DRIVE<br>MALIBU, CA 90265 | CHARITY | CHARITABLE PURPOSE |           |
|--------------------------------------|---------|--------------------|-----------|
| Total                                | <br>    |                    | 1,818,652 |

| Form 990PF Part XV Line 3 - Gran                                  | ts and Contributions Paid                               | During the              | Year or Approved for Future                   | Payment |  |
|---|---|-------------------------|---|---------|--|
| Recipient   | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution              | Amount  |  |
| Name and address (home or business)                               | any foundation manager<br>or substantial contributor    |                         | recipient                                     |         |  |
| a Paid during the year  |   |                         |   |         |  |
| MEDIA MATTERS FOR AMERICA<br>PO BOX 52155<br>WASHINGTON, DC 92091 | NONE  | PUBLIC<br>CHARITY       | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 35,000  |  |
| NEW YORK CARES<br>65 BROADWAY 19TH FL<br>NEW YORK, NY 10006       | NONE  | PUBLIC<br>CHARITY       | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 25,000  |  |
| PARK CENTURY SCHOOL<br>3939 LANDMARK OFFICE                       | NONE  | PUBLIC<br>CHARITY       | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 33,500  |  |

| NEW TORK, NT 10000   |      |                   |   |  |
|--|------|-------------------|---|--|
| PARK CENTURY SCHOOL<br>3939 LANDMARK OFFICE<br>CULVER CITY, CA 90232 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE |  |

1,818,652 Total . . . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| SHARE OUR STRENGTHPO BOX 75475<br>BALTIMORE, MD 21275 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 50,000 |
|---|------|-------------------|---|--------|
| ST JOHN'S HEALTH CENTER<br>FOUNDATION                 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 50,000 |

| FOUNDATION<br>2221 SANTA MONICA BLVD<br>SANTA MONICA, CA 90404 |      | CHARITY | CHARITABLE PURPOSE      |  |
|--|------|---------|-------------------------|--|
| UCLA FOUNDATIONPO BOX 951619                                   | NONE | PUBLIC  | SUPPORTS ORGANIZATION'S |  |

| SANTA MONICA, CA 90404                                |      |   |        |
|---|------|---|--------|
| UCLA FOUNDATIONPO BOX 951619<br>LOS ANGELES, CA 90095 | NONE | <br>SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 71,872 |
|   |      |   |        |

| UCLA FOUNDATIONPO BOX 951619<br>LOS ANGELES, CA 90095 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 71,       |
|---|------|-------------------|---|-----------|
| Total   |      |                   |   | 1,818,652 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VINEYARD COMMITTEE ON HUNGER NONE PUBLIC. SUPPORTS ORGANIZATION'S 10,000 PO BOX 4685 CHARITY CHARITABLE PURPOSE

| VINEYARD HAVEN, MA 02568                      |      |                   |   |        |
|---|------|-------------------|---|--------|
| YADDOPO BOX 395<br>SARATOGA SPRINGS, NY 12866 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S<br>CHARITABLE PURPOSE | 10,000 |
|   |      |                   |   |        |

| YADDOPO BOX 395<br>SARATOGA SPRINGS, NY 12866 | NONE | PUBLIC<br>CHARITY | SUPPORTS ORGANIZATION'S CHARITABLE PURPOSE | 10,0      |
|---|------|-------------------|--|-----------|
| Total   |      |                   |  | 1.818.652 |

| TY 2017 Investments Corporate Bonds Schedule |
|--|
|  |

Name: DIANE AND DOROTHY BROOKS FOUNDATION

DLN: 93491319019458

**End of Year Fair** 

Market Value

1,029,492

1,012,300

**FIN:** 20-2653929

| Investme | nts Corporate Bonds Schedule | 1                | • |
|----------|------------------------------|------------------|---|
|          | Name of Rond                 | End of Vear Book |   |

| s Schedule |  |
|------------|--|
|            |  |

Value

1,066,252

1,025,000

KAYNE ANDERSON 670-675857 **CNB SECURITIES BHS 213233** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319019458 |
|--------------------------------------|-----------------|---------------------|
| TY 2017 Investments Corporat         | e Stock Sche    | dule                |

Name: DIANE AND DOROTHY BROOKS FOUNDATION

| <b>EIN:</b> 20-2653929    |                           |                                  |
|---------------------------|---------------------------|----------------------------------|
| Name of Stock             | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| KAYNE ANDERSON 670-675857 | 2,446,489                 | 3,909,619                        |
| KAYNE ANDERSON 670-675849 | 1,113,784                 | 2,223,963                        |
| KAYNE ANDERSON 670-642669 | 634,601                   | 802,570                          |
| CNB SECURITIES BHS 213233 | 168,833                   | 410,543                          |
| KAYNE ANDERSON 676-324879 | 13.315.566                | 14,483,159                       |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319019458    |
|--------------------------------------|-----------------|------------------------|
| TY 2017 Investments - Other S        | Schedule        |                        |
| Name: [                              | DIANE AND DORO  | OTHY BROOKS FOUNDATION |

| <b>EIN:</b> 20-2653929       |                       |            |                                  |  |
|------------------------------|-----------------------|------------|----------------------------------|--|
| Investments Other Schedule 2 |                       |            |                                  |  |
| Category/ Item               | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |  |
| CANTILLON GLOBAL EQUITY LP   | AT COST               | 2,572,776  | 3,354,674                        |  |

20 20020

## Name: DIANE AND DOROTHY BROOKS FOUNDATION

Description

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Other Assets Schedule

DEPOSIT IN TRANSIT

| EIN: | 20-2653929 | <b>)</b> |  |
|------|------------|----------|--|
|      |            |          |  |

69

End of Year - Fair Market Value

DLN: 93491319019458

End of Year - Book

Value

Beginning of Year -Book Value

As Filed Data -

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491319019458                              |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2017 Other Expenses Schedule      |                                      |                          |                        |   |  |
|                                      |                                      |                          |                        |   |  |
| Name:                                | DIANE AND DO                         | ROTHY BROOKS             | FOUNDATION             |   |  |
| <b>EIN:</b> 20-2653929               |                                      |                          |                        |   |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |

15,767

15,767

BANKING AND OTHER ADMINISTRATIVE

| Category                                 | Amount           | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable |  |
|--|------------------|--------------------------|------------------------|---------------------------------|--|
|  | me: DIANE AND    | DOROTHY BROOK            | S FOUNDATION           |                                 |  |
| TY 2017 Other Professional Fees Schedule |                  |                          |                        |                                 |  |
| efile GRAPHIC print - DO NOT PROCE       | SS As Filed Data | 1 -                      | DLI                    | N: 93491319019458               |  |

35,973

38,775

INVESTMENT MANAGEMENT FEES

CANTILLON GLOBAL EQUITY LP

Purposes

35,973

38,775

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | -                        | DL                     | N: 93491319019458                           |  |
|--------------------------------------|---------------|--------------------------|------------------------|---|--|
| TY 2017 Taxes Schedule               |               |                          |                        |   |  |
| Name                                 | : DIANE AND   | DOROTHY BROOK            | S FOUNDATION           |   |  |
| <b>EIN:</b> 20-2653929               |               |                          |                        |   |  |
| Category                             | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| STATE TAXES                          | 105           | 105                      |                        | 0   |  |
| FOREIGN TAX NATL FINL SERV 324879    | 5,207         | 5,207                    |                        | 0   |  |
| FOREIGN TAX NATL FINL SERV 942669    | 2,073         | 2,073                    |                        | 0   |  |

107

10,000

2,065

107

10,000

2,065

FOREIGN TAX NATL FINL SERV 675857

FEDERAL EXCISE TAX ON INVESTMENT INCOME

FOREIGN TAX CANTILLON GLOBAL EQUITY LP

| efile GRAPHIC print - D   | O NOT PROCESS   | As Filed Data -   |   |  |   | DLN: 93491319019458  |
|---|---|---|---|--|---|--|
| Schedule B  |   | Schedu  | ale of Contributo   | rs   |   | OMB No 1545-0047   |
| (Form 990, 990-EZ,<br>or 990-PF) Department of the Treasury<br>Internal Revenue Service | ► Information a   | about Schedule B (F   | Form 990, 990-EZ, or 990-<br>Form 990, 990-EZ, or 990-P<br><u>ww <i>ir</i>s <i>gov/form</i>990</u>  |  | ons is at   | 2017   |
| Name of the organizati<br>DIANE AND DOROTHY BR  |   |   |   |  | Employer id   | dentification number   |
| Organization type (che  | ck one)   |   |   |  | 20-2653929  |  |
| J   | ,   |   |   |  |   |  |
| Filers of:  | Section:  |   |   |  |   |  |
| Form 990 or 990-EZ  | ☐ 501(c)(   | ☐ 501(c)( ) (enter number) organization                                     |   |  |   |  |
|   | ☐ 4947(a)(  | 1) nonexempt char   | rtable trust <b>not</b> treated as  | s a private founda   | tion  |  |
|   | ☐ 527 politi  | cal organization  |   |  |   |  |
| Form 990-PF   | <b>✓</b> 501(c)(3)  | exempt private fo   | undation  |  |   |  |
|   | ☐ 4947(a)(  | 1) nonexempt char   | rtable trust treated as a p   | orivate foundation   |   |  |
|   | 501(c)(3) taxable private foundation  |   |   |  |   |  |
|   |   |   | PF that received, during t<br>omplete Parts I and II So   |  |   |  |
| Special Rules   |   |   |   |  |   |  |
| under sections 5<br>received from ar  | 09(a)(1) and 170(b)   | (1)(A)(vı), that che<br>luring the year, tota                               | g Form 990 or 990-EZ that<br>cked Schedule A (Form s<br>al contributions of the gre<br>plete Parts I and II                                     | 990 or 990-EZ), P  | art II, line 13,                                    | , 16a, or 16b, and that  |
| during the year,  | total contributions o   | f more than \$1,000   | or (10) filing Form 990 o<br>Dexclusively for religious<br>animals Complete Parts   | , charitable, scient   |   |  |
| during the year,<br>If this box is che<br>purpose Don't c                               | contributions <i>exclus</i><br>cked, enter here the<br>omplete any of the p | eively for religious,<br>total contributions<br>parts unless the <b>G</b> o | or (10) filing Form 990 of<br>charitable, etc., purposes<br>that were received during<br>eneral Rule applies to the<br>or more during the year. | s, but no such con<br>ng the year for an<br>is organization be | tributions tota<br>exclusively re<br>cause it recei | aled more than \$1,000 eligious, charitable, etc, ived <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but   | ıt <b>must</b> answer "No   | o" on Part IV, line 2   | le and/or the Special Rul<br>, of its Form 990, or chec<br>t it doesn't meet the filing   | k the box on line l  | H of its  |  |
| For Paperwork Reduction A<br>for Form 990, 990-EZ, or 99                                |   | ructions  | Cat No 30613X   | Schedu   | le B (Form 990                                      | 0, 990-EZ, or 990-PF) (2017)   |

| seriedale B (i eiiii                | 000, 000 22, 01 000 11 / (2011)  |                                       | i ago <b>-</b>   |
|-------------------------------------|--|---------------------------------------|--|
| Name of organiza<br>DIANE AND DOROT | tion<br>HY BROOKS FOUNDATION   | Employer identification<br>20-2653929 | number   |
| Part I                              | Contributors (See instructions) Use duplicate copies of Part I if addi | itional space is needed               |  |
| (a)<br>No.                          | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions            | (d)<br>Type of contribution  |
| 1                                   | JAMES L BROOKS  11100 SANTA MONICA BL 400                              |                                       | Person   Payroll   |
|                                     | LOS ANGELES, CA 90025  | \$ 5,000,000                          | Noncash  (Complete Part II for noncash contributions)                  |
| (a)<br>No.                          | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions            | (d) Type of contribution   |
|                                     |  | \$                                    | Person Payroll Noncash  (Complete Part II for noncash                  |
| (a)<br>No.                          | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions               | (d) Type of contribution   |
|                                     |  | \$                                    | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No.                          | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions            | (d)<br>Type of contribution  |
| -                                   |  | \$                                    | Person Payroll Noncash  (Complete Part II for noncash contributions)   |
| (a)<br>No.                          | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|                                     |  |                                       | Person Payroll Noncash (Complete Part II for noncash contributions)    |
| (a)<br>No.                          | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions            | (d) Type of contribution   |
|                                     |  | \$                                    | Person Payroll Noncash  (Complete Part II for noncash                  |
|                                     |  |                                       | contributions )  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)