

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

Return of Private Foundation
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 www.irs.gov/form990pf.

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE LOREEN ARBUS FOUNDATION		A Employer identification number 75-3126107	
Number and street (or P O box number if mail is not delivered to street address) Room/suite 8383 WILSHIRE BLVD SUITE 240		B Telephone number (see instructions) (323) 658-5477	
City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90211		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 22,786		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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) (see instructions))		(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 (attach schedule)	816,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18	18		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			0	
	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) (attach schedule)					
11 Other income (attach schedule)	50,000		0		
12 Total. Add lines 1 through 11	866,018		18		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0		0	
	14 Other employee salaries and wages	26,597			26,597
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	1,103		0	1,103
	b Accounting fees (attach schedule)	75,458		0	75,458
	c Other professional fees (attach schedule)	8,631		0	8,631
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	3,154		0	3,154
	19 Depreciation (attach schedule) and depletion	937		0	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	18,955		0	18,945
	24 Total operating and administrative expenses. Add lines 13 through 23	134,835		0	133,888
	25 Contributions, gifts, grants paid	674,733			674,733
26 Total expenses and disbursements. Add lines 24 and 25	809,568		0	808,621	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	56,450				
b Net investment income (if negative, enter -0-)			18		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		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	38,571	20,610	20,610
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ 14,981 Less accumulated depreciation (attach schedule) ▶ 12,805	3,113	2,176	2,176
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	41,684	22,786	22,786	
Liabilities	17 Accounts payable and accrued expenses	480	312	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	75,180		
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	75,660	312	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	-33,976	22,474		
30 Total net assets or fund balances (see instructions)	-33,976	22,474		
31 Total liabilities and net assets/fund balances (see instructions) .	41,684	22,786		

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	-33,976
2 Enter amount from Part I, line 27a	2	56,450
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	22,474
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	22,474

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			

(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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
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) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	724,026	98,682	7 336961
2015	751,899	53,436	14 071020
2014	612,002	77,018	7 946220
2013	714,439	108,853	6 563338
2012	656,277	234,717	2 796035

2 Total of line 1, column (d)	2	38 713574
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	7 742715
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	20,926
5 Multiply line 4 by line 3	5	162,024
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	162,024
8 Enter qualifying distributions from Part XII, line 4	8	808,621

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount due is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 8383 WILSHIRE BLVD SUITE 240 BEVERLY HILLS CA ZIP+4 90211

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here. ▶		<input type="checkbox"/>	5b
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LOREEN ARBUS 8383 WILSHIRE BLVD SUITE 240 BEVERLY HILLS, CA 90211	PRESIDENT 30 00	0	0	0
HOLLY TOPLITZKY 8383 WILSHIRE BLVD SUITE 240 BEVERLY HILLS, CA 90211	SECRETARY/TREASURER 10 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SAMANTHA MORAN 87 BAXTER STREET 14 NEW YORK, NY 10013	ASS'T ADMIN 40 00	26,597	0	0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
HAJOMA INC 8383 WILSHIRE BLVD 240 BEVERLY HILLS, CA 90211	ACCOUNTING SERVICES	57,453
RONALD D TOPLITZKY CPA 8383 WILSHIRE BLVD 240 BEVERLY HILLS, CA 90211	INCOME TAX SERVICES	18,005
SAMANTHA MORAN 87 BAXTER STREET 14 NEW YORK, NY 10013	MANAGEMENT CONSULTING	7,581
THE INDUSTRY EDGE 1496 STEARNS DRIVE LOS ANGELES, CA 90035	COMPUTER CONSULTING	2,187
GREENBERG TRAURIG 1840 CENTURY PARK EAST 1900 LOS ANGELES, CA 90067	LEGAL SERVICES	1,103

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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3. **0**

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	0
b	Average of monthly cash balances.	1b	21,245
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	21,245
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	21,245
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	319
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	20,926
6	Minimum investment return. Enter 5% of line 5.	6	1,046

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	1,046
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,046
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,046
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	1,046

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	808,621
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	808,621
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	808,621

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,046
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	644,541			
b From 2013.	708,996			
c From 2014.	608,151			
d From 2015.	749,227			
e From 2016.	719,092			
f Total of lines 3a through e.	3,430,007			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>808,621</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				1,046
e Remaining amount distributed out of corpus	807,575			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,237,582			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
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).		0		
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	644,541			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,593,041			
10 Analysis of line 9				
a Excess from 2013.	708,996			
b Excess from 2014.	608,151			
c Excess from 2015.	749,227			
d Excess from 2016.	719,092			
e Excess from 2017.	807,575			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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 organization 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))
LOREEN ARBUS

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

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 email address of the person to whom applications should be addressed

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 <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				674,733
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

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

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*****	2018-04-25	*****
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00015690
	RONALD D TOPLITZKY		2018-04-25		
	Firm's name ▶ RONALD D TOPLITZKY & COMPANY				Firm's EIN ▶ 95-4387514
Firm's address ▶ 8383 WILSHIRE BLVD STE 240 BEVERLY HILLS, CA 90211				Phone no (323) 658-5477	

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLIANCE FOR WOMEN IN MEDIA 1760 OLD MEADOW RD MCLEAN, VA 22102	NONE	501(C)(3)	ADVANCE THE INFLUENCE AND IMPACT OF WOMEN IN ALL FORMS OF MEDIA	5,000
AMERICAN FOLK ART MUSEUM 2 LINCOLN SQUARE NEW YORK, NY 10023	NONE	501(C)(3)	SUPPORT THE ARTS	2,500
AMERICANS FOR THE ARTS 1000 VERMONT AVE NW WASHINGTON, DC 20005	NONE	501(C)(3)	SUPPORTS THE ARTS	25,000
BROOKLYN COLLEGE FOUNDATION 2900 BEDFORD AVENUE BROOKLYN, NY 11210	NONE	501(C)(3)	SUPPORTS EDUCATION	15,000
BROOKLYN MUSEUM 200 EASTERN PKWY BROOKLYN, NY 11238	NONE	501(C)(3)	SUPPORT THE ARTS	4,575
Total ▶ 3a				674,733

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	NONE	501(C)(3)	SUPPORTS MEDICAL RESEARCH FOR CEREBRAL PALSY	13,500
CRYSTAL BRIDGES MUSEUM OF AMERICAN ART 600 MUSEUM WAY BENTONVILLE, AR 72712	NONE	501(C)(3)	SUPPORTS THE ARTS	50,000
DEMOCRACY NOW 207 W 25TH STREET 11TH FLOOR NEW YORK, NY 10001	NONE	501(C)(3)	INDEPENDENT NEWS PROGRAM SUPPORTED BY THE PUBLIC AUDIENCE	15,000
DISABILITY RIGHTS ADVOCATES 2001 CENTER STREET BERKELEY, CA 94704	NONE	501(C)(3)	ADVOCATES FOR EQUAL RIGHTS AND OPPORTUNITY FOR PEOPLE WITH ALL TYPES OF DISABILITIES	15,840
FIT FOUNDATION 227 W 27TH ST NEW YORK, NY 10001	NONE	501(C)(3)	SUPPORTS EDUCATION	2,500
Total ►				674,733
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, 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 <i>Paid during the year</i>				
GABRIELLE'S ANGEL FOUNDATION 136 EAST 57TH STREET 1704 NEW YORK, NY 10022	NONE	501(C)(3)	CANCER RESEARCH	2,500
HARVARD WOMEN'S LEADERSHIP BOARD 79 JFK STREET CAMBRIDGE, MA 02138	NONE	501(C)(3)	SUPPORTS THE CREATION OF GENDER EQUALITY AND THE IMPROVEMENT OF THE LIVES OF WOMEN	10,000
LINCOLN CENTER CORPORATE FUND 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	501(C)(3)	SUPPORTS THE PERFORMING ARTS	59,700
LOS ANGELES COUNTY MUSEUM OF ART 5905 WILSHIRE BLVD LOS ANGELES, CA 90036	NONE	501(C)(3)	ADVANCE APPRECIATION OF ART AND THE ARTS	14,120
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	501(C)(3)	SUPPORTS THE ARTS	23,488
Total 3a				674,733

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUSEUM OF ARTS & DESIGN 2 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE	501(C)(3)	EXPLORES ART, DESIGN AND CRAFTS	7,315
MUSEUM OF COMTEMPORARY ART 250 S GRAND AVENUE LOS ANGELES, CA 90012	NONE	501(C)(3)	SUPPORTS THE ARTS	4,285
MUSEUM OF THE CITY OF NEW YORK 1220 FIFTH AVE NEW YORK, NY 10029	NONE	501(C)(3)	SUPPORTS THE ARTS	4,800
NECO - ELLIS ISLAND MEDAL OF HONOR 16 WEST 36TH STREET 801 NEW YORK, NY 10018	NONE	501(C)(3)	RESTORATION AND MAINTENANCE OF ELLIS ISLAND	4,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	501(C)(3)	SUPPORTS THE ARTS	9,770
Total ▶ 3a				674,733

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET 10TH FLOOR NEW YORK, NY 10001	NONE	501(C)(3)	FOCUS ON RESTORATION OF COMMUNITIES IN NEED	5,300
NEW YORK WOMEN IN FILM & TELEVISION 6 E 39TH STEET 1200 NEW YORK, NY 10016	NONE	501(C)(3)	SUPPORTS WOMEN IN THE PERFORMING ARTS	30,000
NEW YORK WOMEN'S FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	NONE	501(C)(3)	GIVE WOMEN A VOICE AND FIGHT POVERTY	2,500
PALEY CENTER - BH 465 N BEVERLY DRIVE BEVERLY HILLS, CA 90210	NONE	501(C)(3)	SUPPORTS THE PERFORMING ARTS	39,960
PALEY CENTER FOR MEDIA 25 W 52ND ST NEW YORK, NY 10019	NONE	501(C)(3)	SOCIAL SIGNIFICANCE OF FILM AND TELEVISION IN OUR SOCIETY	27,280
Total 3a				674,733

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALOME CHAMBER ORCHESTRA 20 WEST 64TH STREET SUITE 29V NEW YORK, NY 10023	NONE	501(C)(3)	SUPPORT THE ARTS	15,000
TELEVISION ACADEMY FOUNDATION 5220 LANKERSHIM BLVD NO HOLLYWOOD, CA 91601	NONE	501(C)(3)	ADVANCEMENT OF TELECOMMUNICATION ARTS AND SCIENCES AND TO FOSTER CREATIVE LEADERSHIP IN THE TELECOMMUNICATION INDUSTRY	35,000
THE BROOKINGS INSTITUTE 1775 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	NONE	501(C)(3)	DEVOTED TO INDEPENDENT RESEARCH AND INNOVATIVE POLICY SOLUTIONS	10,000
THE RUBIN MUSEUM OF ART 150 W 17TH STREET NEW YORK, NY 10011	NONE	501(C)(3)	SUPPORT THE ARTS	2,300
THE SYNERGOS INSTITUTE 51 MADISON AVE NEW YORK, NY 10010	NONE	501(C)(3)	SUPPORTS GLOBAL EFFORT FOR SOCIAL PROGRESS	24,500
Total 3a				674,733

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOWN HALL LOS ANGELES 515 S FLOWER ST LOS ANGELES, CA 90071	NONE	501(C)(3)	PRESENT ISSUES THAT EFFECT ANGELENOS AND PROVIDE A PLATFORM TO THE DISCUSSION OF SOLUTIONS FROM A NONPARTISAN POINT OF VIEW	10,000
UN WOMEN FOR PEACE ASSOCIATION 750 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10017	NONE	501(C)(3)	PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRL	18,500
WESTSIDE CENTER FOR INDEPENDENT LIVING (DCRC) 12901 VENICE BLVD LOS ANGELES, CA 90066	NONE	501(C)(3)	SUPPORTS PEOPLE WITH DISABILITIES AND SENIORS IN ORDER TO MAINTAIN AN INDEPENDENT LIFE	10,000
WHITNEY MUSEUM 945 MADISON AVENUE NEW YORK, NY 10021	NONE	501(C)(3)	SUPPORTS ART PROGRAMS AND PRESERVATION	3,000
WITNESS80 HANSON PLACE 5TH FLOOR BROOKLYN, NY 11217	NONE	501(C)(3)	USING THE POWER OF VIDEO TO DOCUMENT HUMAN RIGHTS ABUSES	2,500
Total 3a				674,733

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOMEN MOVING MILLIONS 19 FULTON ST 301 NEW YORK, NY 10038	NONE	501(C)(3)	GLOBAL COMMUNITY COMMITTED TO INVESTING IN WOMEN AND GIRLS	25,000
WOMEN'S DONORS NETWORK 565 COMMERCIAL ST 300 SAN FRANCISCO, CA 94111	NONE	501(C)(3)	ADVANCES A JUST, EQUITABLE, AND SUSTAINABLE WORLD THROUGH THE POWER OF PHILANTHROPY, WOMEN'S LEADERSHIP, AND COLLECTIVE AND INDIVIDUAL ACTION	4,400
WOMEN'S MEDIA CENTER 1825 K STREET NW SUITE 400 WASHINGTON, DC 20006	NONE	501(C)(3)	HAS THE GOAL OF MAKING WOMEN VISIBLE AND POWERFUL IN THE MEDIA	71,100
WOMEN'S PROJECT 55 WEST END AVENUE NEW YORK, NY 10023	NONE	501(C)(3)	SUPPORTS THE ARTS	3,000
WORLD SCIENCE FESTIVAL 475 RIVERSIDE DR 950 NEW YORK, NY 10115	NONE	501(C)(3)	CULTIVATE A GENERAL PUBLIC INFORMED BY SCIENCE	46,500
Total 3a				674,733

TY 2017 Accounting Fees Schedule**Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	75,458	0		75,458

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: THE LOREEN ARBUS FOUNDATION

EIN: 75-3126107

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DELL 30" MONITOR	2011-03-14	800	800	SL	5 000000000000	0	0		
COMPUTER	2011-02-22	2,002	2,002	SL	5 000000000000	0	0		
COMPUTER	2011-03-25	2,206	2,206	SL	5 000000000000	0	0		
KONICA MINOLTA COPIER C220	2013-01-24	2,500	1,817	200DB	7 000000000000	219	0		
KONICA MINOLTA COPIER C35	2013-01-24	2,500	1,817	200DB	7 000000000000	219	0		
ZEROX COPIER	2013-10-24	4,973	3,226	200DB	7 000000000000	499	0		

**TY 2017 Land, Etc.
Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
DELL 30" MONITOR	800	800	0	
COMPUTER	2,002	2,002	0	
COMPUTER	2,206	2,206	0	
KONICA MINOLTA COPIER C220	2,500	2,036	464	
KONICA MINOLTA COPIER C35	2,500	2,036	464	
ZEROX COPIER	4,973	3,725	1,248	

TY 2017 Legal Fees Schedule**Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,103	0		1,103

TY 2017 Other Expenses Schedule**Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	4,306	0		4,307
TELEPHONE	3,627	0		3,627
POSTAGE, SHIPPING, DELIVERY	5,114	0		5,114
INSURANCE	2,842	0		2,842
OUTSIDE COMPUTER SERVICE	2,187	0		2,187
BANK CHARGES	379	0		368
MARKETING	0	0		0
TRAVEL	0	0		0
BOOKS, SUBSCRIPTIONS, AND REFERENCE	500	0		500

TY 2017 Other Income Schedule**Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REFUND OF PRIOR YEAR DONATION	50,000		50,000

TY 2017 Other Professional Fees Schedule**Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT CONSULTING	8,631	0		8,631
PROGRAM SERVICE FEES	0	0		0

**TY 2017 Substantial Contributors
Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

Name	Address
LOREEN ARBUS	8383 WILSHIRE BLVD SUITE 240 BEVERLY HILLS, CA 90211
GOLDENSON ARBUS FOUNDATION	C/O MARYELLEN MASTROGIORGIO 35 UNDERHILL STREET TUCKAHOE STREET, NY 10707

TY 2017 Taxes Schedule**Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL	3,069	0		3,069
FILING FEES	85	0		85

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
THE LOREEN ARBUS FOUNDATION

Employer identification number
75-3126107

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE LOREEN ARBUS FOUNDATION

Employer identification number
75-3126107

Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE LOREEN ARBUS FOUNDATION	Employer identification number 75-3126107
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization THE LOREEN ARBUS FOUNDATION	Employer identification number 75-3126107
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

Additional Data

Software ID:

Software Version:

EIN: 75-3126107

Name: THE LOREEN ARBUS FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GOLDENSON ARBUS FOUNDATION <hr/> C/O M MASTROGIORGIO 35 UNDERHILL ST <hr/> TUCKAHOE, NY 10707	<hr/> \$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	GOLDENSON ARBUS FOUNDATION <hr/> C/O M MASTROGIORGIO 35 UNDERHILL ST <hr/> TUCKAHOE, NY 10707	<hr/> \$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	GOLDENSON ARBUS FOUNDATION <hr/> C/O M MASTROGIORGIO 35 UNDERHILL ST <hr/> TUCKAHOE, NY 10707	<hr/> \$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	LOREEN ARBUS <hr/> 8383 WILSHIRE BLVD SUITE 240 <hr/> BEVERLY HILLS, CA 90211	<hr/> \$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	LOREEN ARBUS <hr/> 8383 WILSHIRE BLVD SUITE 240 <hr/> BEVERLY HILLS, CA 90211	<hr/> \$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	LOREEN ARBUS <hr/> 8383 WILSHIRE BLVD SUITE 240 <hr/> BEVERLY HILLS, CA 90211	<hr/> \$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOREEN ARBUS	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240		
	BEVERLY HILLS, CA90211		
8	LOREEN ARBUS	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240		
	BEVERLY HILLS, CA90211		
9	LOREEN ARBUS	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240		
	BEVERLY HILLS, CA90211		
10	LOREEN ARBUS	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240		
	BEVERLY HILLS, CA90211		
11	LOREEN ARBUS	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240		
	BEVERLY HILLS, CA90211		
12	LOREEN ARBUS	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240		
	BEVERLY HILLS, CA90211		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LOREEN ARBUS		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240	\$ 18,000	
	BEVERLY HILLS, CA 90211		
14	LOREEN ARBUS		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240	\$ 18,000	
	BEVERLY HILLS, CA 90211		
15	LOREEN ARBUS		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8383 WILSHIRE BLVD SUITE 240	\$ 18,000	
	BEVERLY HILLS, CA 90211		