DLN: 93491316005339

2018

OMB No 1545-0052

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.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd ending 12-31-	2018	
		indation DBERTA DEUTSCH FOUNDATION		A Employer Id	entification numbe	r
Cr	NE O NO	SERIN SECTION OF THE SERIES OF THE SECTION OF THE S		95-4610378		
		I street (or P O box number if mail is not delivered to street address) .SHIRE BLVD NO 600	Room/suite	B Telephone nu	mber (see instruction	าร)
			(310) 453-0055	5		
		, state or province, country, and ZIP or foreign postal code ICA, CA 90403		C If exemption	application is pendin	g, check here
G Ch	eck al	I that apply	former public charity	D 1. Foreign or	ganizations, check he	ere \square
		Final return Amended return	,	_	ganizations meeting	▶ ⊔
		☐ Address change ☐ Name change		test, chec	k here and attach co	mputation 🕨 🔲
H Ch	eck ty	pe of organization Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec	
	ection	· · · · · · · · · · · · · · · · · · ·	e private foundation	under section	11 307(1)(1)(1), chec	K Here
			☐ Cash ☑ Accru		ation is in a 60-montl	
		rom Part II, col (c), ▶\$ 139,782,018 ☐ Other (specify) (Part I, column (d) must	be on cash basis)	under sectio	n 507(b)(1)(B), chec	k here • L
Pa	rt I	Analysis of Revenue and Expenses (The total	(-) D			(d) Disbursements
		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	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach				(cash basis only)
	_	schedule)	8,853,798			
	2	Check ► ☐ If the foundation is not required to attach				
	3	Sch B Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,355,848	1,355,848		
	5a	Gross rents				
	ь	Net rental income or (loss)				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	998,546			
Reverkie	b	Gross sales price for all assets on line 6a				
Şe∧	_	30,407,630 Capital gain net income (from Part IV, line 2)		8,477,308		
_	7 8	Net short-term capital gain		8,477,306		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	9	2,506,155		
	12	Total. Add lines 1 through 11	11,208,192	12,339,311		
	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages	172,514	0		172,514
Š	15	Pension plans, employee benefits	14,695	0		14,695
1156	16a	Legal fees (attach schedule)	% J 768	0		768
Expenses	ь	Accounting fees (attach schedule)	118,000	0		118,000
	С	Other professional fees (attach schedule)	9 631,159	280,562		350,597
and Administrative	17	Interest				
stra	18	Taxes (attach schedule) (see instructions)	226,799	51,154		20
ੂ	19	Depreciation (attach schedule) and depletion				
€	20	Occupancy				
Ρ	21	Travel, conferences, and meetings	16,865	0		16,865
	22	Printing and publications				
	23	Other expenses (attach schedule)	9 65,147	697,115		65,147
Operating	24	Total operating and administrative expenses.				
<u>pe</u>		Add lines 13 through 23	1,245,947			738,606
ں	25	Contributions, gifts, grants paid	5,849,700			5,849,700
	26	Total expenses and disbursements. Add lines 24 and 25	7,095,647	1,028,831		6,588,306
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and disbursements	4,112,545			
	b	Net investment income (if negative, enter -0-)	-7,112,343	11,310,480		
	c	Adjusted net income (if negative, enter -0-)		22,523,100		
For	Paper	work Reduction Act Notice, see instructions.	I	Cat No 11289>	r √ For	m 990-PF (2018)

136,259,322

136,593,987

526,522

526,522

136,067,465

136,067,465

136,593,987

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133,161,289

139.782.018

6,772,745

6,772,745

133,009,273

133,009,273 139,782,018

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136,067,465

140,180,010

133,009,273 Form 990-PF (2018)

7,170,737

4,112,545

6,389,960

133.161.289

6,389,960

139,782,018

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2	8
Assets	9
As	10
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29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

4

5

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

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) .

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

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule)

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Unrestricted

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Grants payable

	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs	How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a CAPITAL GAINS FROM PA						
b CAPITAL GAINS FROM PU						
c CAPITAL GAINS FROM PU	JBLICLY TRADED SECURITIES		D			
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or c	g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
	(of allowable)	pius expe	ilise of sale	(e) plus (i	2,046,710	
a b 24,39	4,864		23,277,046		1,117,818	
	2,766		699,986		5,312,780	
d	2,700		033,300		3,312,700	
e						
_			13/31/60			
(i) F M V as of 12/31/69	s showing gain in column (h) and ow (j) Adjusted basis as of 12/31/69	Excess	k) of col (i) (j), if any	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or om col (h))	
a	as 01 12/31/03	0761 601	()), ii aiiy	20000 (2,046,710	
b					1,117,818	
c					5,312,780	
d					3,312,700	
e						
	or (net capital loss) gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructions 1		art I, line 7	3	8,477,308	
-	Inder Section 4940(e) for Re rivate foundations subject to the sec eave this part blank					
	e section 4942 tax on the distributal of qualify under section 4940(e) Do		in the base period?	У Ц Y	es 🔽 No	
1 Enter the appropriate an	nount 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	e-use assets	(d) Distribution rati (col (b) divided by c		
2017	6,817,259		126,865,505		0 053736	
2016	6,016,062		115,751,717		0 051974	
2015	6,355,083		122,771,195		0 051764	
2014	6,346,569		126,197,861		0 050291	
2013	6,100,199	1	117,023,948		0 052128	
number of years the four 4 Enter the net value of no	for the 5-year base period—divide to idation has been in existence if less in incharitable-use assets for 2018 from	the total on line 2 by 5 than 5 years	0, or by the 3		0 259893 0 051979 132,720,117	
5 Multiply line 4 by line 3			5		6,898,659	
	ent income (1% of Part I, line 27b)		6		113,105	
					7,011,764	
	ons from Part XII, line 4 , eater than line 7, check the box in Pa		<u>8</u> plete that part usin			
				Ea	rm 000-DE (2019)	

Page **6**

Pai	t VII-B	Statements Regard	ding .	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During the	year did the foundation	pay or	ıncur any amount to						Yes	No
	(1) Carry	on propaganda, or other	wise at	rise attempt to influence legislation (section 4945(e))?							
(2) Influence the outcome of any specifi				ecific public election (see section 4955), or to carry							
	on, di	rectly or indirectly, any vo	ter re	gistration drive?		🗆 ,,		.			
	(3) Provide a grant to an individual for travel study or other similar purposes?						No				
		le a grant to an organizat				☐ Yes	¥	No			
		tion 4945(d)(4)(A)? See i			· -		. 2				
		le for any purpose other t				· · □ Yes	✓	No			
		tional purposes, or for the		- ·	• • • • • • • • • • • • • • • • • • • •						
b		wer is "Yes" to $5a(1)-(5)$		•		⊔ Yes	✓	No			
		ns section 53 4945 or in a		-					5b		
	_	ons relying on a current r					·	F			
С	_	wer is "Yes" to question 5									
٠		se it maintained expenditi			·		_				
		ttach the statement requi				· · L Yes	Ш	No			
6a	Did the fo	undation, during the year	, recei	ve any funds, directly or	indirectly, to pay premiu	ims on					
	a persona	benefit contract?				. Vac	✓	No			
b	Did the fo	undation, during the year	, pay p	premiums, directly or inc	irectly, on a personal bei	nefit contract?		140	6b		No
	If "Yes" to	6b, file Form 8870									
7a	At any tim	e during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trar	nsaction?	✓	N.			
ь	If yes, did	the foundation receive ar	ny pro	ceeds or have any net in	come attributable to the	transaction?		NO	7b		
8	Is the four	ndation subject to the sec	tion 4	960 tax on payment(s) c	f more than \$1,000,000	in remuneration or					
	excess pa	rachute payment during t	he yea	ar [?]		· ·		.			
	•	Information About	Office	are Directore Truct	oos Foundation Ma			No L			
Pai	t VIII	and Contractors	Office	ers, Directors, Trust	ees, roundation Ma	mayers, migniy Fa	IU EII	пріоу	ccs,		
1	List all of	ficers, directors, truste	oc fo	undation managers ar	d their compensation	Coo instructions					
	LISC AII OI	ncers, unectors, truste		b) Title, and average	(c) Compensation (If	(d) Contributions	to	Ī , , ,	_		
	(a) Na	me and address		hours per week	not paid, enter	employee benefit plan	s and			se acci	
			+	devoted to position	-0-)	deferred compensat	ion	"		- Torraine	
	DEUTSCH		PRESI	IDENT							0
	WILSHIRE BL A MONICA, CA			DENT	0		0				U
			1 00	BENT	0		0				Ü
	INA DEUTSC	90403			_						
2444 WILSHIRE BLVD SUITE 600 SANTA MONICA, CA 90403				ETARY	0		0				0
SANTA		A 90403 H VD SUITE 600	SECRI		_						
	WILSHIRE BL	A 90403 H .VD SUITE 600 A 90403	SECRI 1 00	ETARY	_						
WILLI 2444	WILSHIRE BL A MONICA, CA AM E HOLLER WILSHIRE BL	A 90403 H .VD SUITE 600 A 90403 R .VD SUITE 600	SECRI 1 00	ETARY	0		0				0
WILLI 2444 SANTA	WILSHIRE BL A MONICA, CA AM E HOLLER WILSHIRE BL A MONICA, CA	A 90403 H LVD SUITE 600 A 90403 R LVD SUITE 600 A 90403	SECRI 1 00 VP/TR 1 00	ETARY	0		0		ter "I	NONE.	0
WILLI 2444	WILSHIRE BL A MONICA, CA AM E HOLLER WILSHIRE BL A MONICA, CA	A 90403 H .VD SUITE 600 A 90403 R .VD SUITE 600	SECRI 1 00 VP/TR 1 00	ETARY REAS aployees (other than t	0	.—see instructions).	0 If nor		ter "l	NONE.	0
WILLI 2444 SANTA	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compens	A 90403 H LVD SUITE 600 A 90403 R LVD SUITE 600 A 90403	SECRI 1 00 VP/TR 1 00	ETARY REAS Inployees (other than the control of t	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit	0 If nor	ne, en	xpens	se acco	0 0
WILLI 2444 SANTA	WILSHIRE BLA MONICA, CA AM E HOLLER WILSHIRE BLA MONICA, CA Compens: Name and a	A 90403 H LVD SUITE 600 A 90403 R LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY REAS aployees (other than t	0	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens		0 0
2444 SANT/ 2 (a)	WILSHIRE BL MONICA, CA AM E HOLLEF WILSHIRE BL MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit	0 If nor	ne, en	xpens	se acco	0 0
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2444 SANT/ 2 (a)	WILSHIRE BL MONICA, CA AM E HOLLEF WILSHIRE BL MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens	se acco	0 0
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2444 SANT/ 2 (a)	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens	se acco	0 0
2444 SANT/ 2 (a)	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens	se acco	0 0
2444 SANT/ 2 (a)	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens	se acco	0 0
2444 SANT/ 2 (a)	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens	se acco	0 0
2444 SANT/ 2 (a)	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compens Name and a	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	SECRI 1 00 VP/TR 1 00	ETARY SEAS Sployees (other than the control of th	0 nose included on line 1	.—see instructions). (d) Contributions employee benefit plans and deferre	0 If nor	ne, en	xpens	se acco	0 0
WILLI 2444 SANT/ 2 (a)	WILSHIRE BL A MONICA, CA AM E HOLLEF WILSHIRE BL A MONICA, CA Compensa Name and a mo	A 90403 H LVD SUITE 600 A 90403 LVD SUITE 600 A 90403 ation of five highest-pa	VP/TR 1 00	EEAS Iployees (other than the second point of the second point of the second position)	0 nose included on line 1	—see instructions). (d) Contributions employee benefit plans and deferre compensation	0 If nor	ne, en	xpens	se acco	0 0

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CHARLES SCHWAB	INVESTMENT MANAGEMENT	221,931
211 MAIN STREET SAN FRANCISCO, CA 94105		
JMC PHILANTHROPIC ADVISORS	CONSULTING	180,000
2444 WILSHIRE BOULEVARD SUITE 622 SANTA MONICA, CA 90403		
DELOITTE & TOUCHE LLP	PROFESSIONAL FEES	118,000
555 W 5TH STREET SUITE 2700 LOS ANGELES, CA 90013		
BLUE GARNET	CONSULTING	88,350
8055 WEST MANCHESTER AVENUE SUITE 430 LOS ANGELES, CA 90293		
ANGELES INVESTMENT ADVISORS LLC	INVESTMENT MANAGEMENT	58,582
429 SANTA MONICA BOULEVARD SUITE 650 SANTA MONICA, CA 90401		
Total number of others receiving over \$50,000 for professional services	5	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inc organizations and other beneficiaries served, conferences convened, research pape.	lude relevant statistical information such as the number of rs produced, etc	Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation of	,	Amount
1		
2		
All other programs valeted investments. Can instructions		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3		0

1b

2

3a 3b

4

5

6.588.306

6.588.306

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

b Total for prior years

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

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 > \$ 6,588,306 a Applied to 2017, 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 required—see instructions).

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **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 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

6 Enter the net total of each column as

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 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

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

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

3,582,592

2,827,204

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Page 9

Form	990-PF	(201
Pa	rt XII	3

0-PF (20	018)	
XIII	Undistributed Income	(see instructions)

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

(a)

Corpus

(b)

Years prior to 2017

<u>~</u>

0

0

(c)

2017

3,005,714

3,005,714



Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by section	(e) Related or exemp	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
	rship dues and assessments					
3 Interes investm	t on savings and temporary cash nents					
	ds and interest from securities			14	1,355,848	
5 Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
invento	• •			18	998,546	
	ome or (loss) from special events			10	990,540	
	profit or (loss) from sales of inventory					
	evenue a					
	al Add columns (b), (d), and (e).		0		2,354,394	
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	·	2,354,394
Part XV	-B Relationship of Activities to the	e Accomplish	ment of Exemi	ot Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expressions (
	l .					

)-PF (20	710)	Pa	à
(VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	•	
ne organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		

Part >	XVII	Exempt Organi	-	ansiers ro	and Transactio	iis alia Kelati	onsinps with None	ciidiitabic		
			directly engag				cion described in section	n 501	Yes	No
a Trans	sfers fr	om the reporting foun	idation to a no	oncharitable e	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)	Reımb	ursement arrangemen	its					1b(4)		No
(5)	Loans	or loan guarantees.						. 1b(5)		No
(6) F	Perforn	nance of services or m	embership or	fundraising s	olicitations			1b(6)		No
	-	facılıtıes, equipment, r		•				. <u>1</u> c		No
of th	e good	s, other assets, or ser	vices given by	the reporting	g foundation If the	foundation receiv	always show the fair marked less than fair marke sets, or services receive	et value		
(a) Line I	No	(b) Amount involved	(c) Name of r	noncharitable ex	xempt organization	(d) Description	of transfers, transactions, a	and sharing arra	ngement	ts
	+									
	\top									
	_									
	_									
	+									
desci	rıbed ır	dation directly or indirent on section 501(c) (other mplete the following s	r than section		,			s 🗹 No		
	•	(a) Name of organization	on		(b) Type of organization	on	(c) Description o	f relationship		
	of my		, it is true, co				ying schedules and sta er than taxpayer) is bas			
Sign Here	*	****			2019-11-11	*****		May the IRS di return with the prepa		
	s	ignature of officer or t	rustee		Date	Title		below (see instr)?	✓ _{Yes} [□ _{No}
		Print/Type preparer's		Preparer's Si	gnature	Date	Check if self- employed ▶ □	FIN P00966	5494	
Paid Prepa	irer	JOAN S MCMAHON Firm's name ▶ DEL0	OITTE TAX LLI	P				I FINE CO	100=	
Jse 0	nly						Fı	rm's EIN ▶86	-10657	12
			55 MISSION S AN FRANCISCO				Pł	none no (415) 783-4	1000

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 24TH STREET THEATRE COMPANY NONE PC ARTS EDUCATION 40,000 1117 WEST 24TH STREET LOS ANGELES, CA 90007

A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	NONE	PC	SOCIAL SERVICES	25,000
ADVANCEMENT THROUGH OPPORTUNITY AND KNOWLEDGE 1200 WEST 37TH PLACE LOS ANGELES, CA 90007	NONE	PC	YOUTH DEVELOPMENT	5,000

Total . .

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 ARTS FOR INCARCERATED YOUTH NONE PC YOUTH DEVELOPMENT 100,000 NETWORK 830 TRACTION AVENUE SUITE 3A LOS ANGELES, CA 90013

BEAUTY FOR FREEDOM 300 EAST 89TH STREET 4B NEW YORK, NY 10128	NONE	PC	SOCIAL SERVICES	1,000
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET SUITE 400 LOS ANGELES, CA 90012	NONE	PC	COMMUNITY IMPROVEMENT	307,000

Total .

▶ 3a

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 CALIFORNIA HOSPITAL MEDICAL NONE PC HEALTH 90,000 CENTER FOUNDATION 1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015

CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	NONE	PC	WELFARE	5,000
CASA OF LOS ANGELES 201 CENTRE PLAZA DRIVE 1100	NONE	PC	YOUTH DEVELOPMENT	100,000

Total			▶ 3a	5,849,700
CASA OF LOS ANGELES 201 CENTRE PLAZA DRIVE 1100 MONTEREY PARK, CA 91754	NONE	PC	YOUTH DEVELOPMENT	100,000
MALIBU, CA 90265				

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 CENTER FOR NONVIOLENT EDUCATION NONE PC **EDUCATION** 60,000 AND PARENTING 1000 SUNSET BOULEVARD 201 LOS ANGELES, CA 90012

CITY OF HOPE 1055 WILSHIRE BOULEVARD LOS ANGELES, CA 90017	NONE	PC	HEALTH	10,000
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET 240 LOS ANGELES, CA 90012	NONE	PC	WELFARE	130,000

Total . .

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 Daid during the year

a Falu during the year				
DOOR OF HOPEPO BOX 90455 PASADENA, CA 91109	NONE	PC	SOCIAL WELFARE	75,000
DOWNTOWN WOMEN'S CENTER	NONE	PC	SOCIAL SERVICES	100,000

ENCORDECCO MEVER LANE 204B	NONE	DC.	EDUCATION	2.5
442 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PC	SOCIAL SERVICES	100,

LOS ANGELES, CA 90013				
ENCORPS608 MEYER LANE 204B REDONDO BEACH, CA 90278	NONE	PC	EDUCATION	25,000

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 ESPERANZA COMMUNITY HOUSING NONE PC COMMUNITY DEVELOPMENT 100,000 3655 SOUTH GRAND AVENUE SUITE 280 LOS ANGELES, CA 90007

ETM-LA 2501 WEST BURBANK BOULEVARD NONE PC ARTS EDUCATION	60,000
2301 WEST BUNDANN BOULEVAND	,
SUITE 301	
BURBANK, CA 91505	

301 BURBANK, CA 91505				
EVERYCHILD FOUNDATIONPO BOX 1808 PACIFIC PALISADES, CA 90272	NONE	PC	EDUCATION	10,000

Total .

▶ 3a

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 **EXCEPTIONAL CHILDREN'S** NONE PC WELFARE 35,000 **FOUNDATION** 8740 WASHINGTON BOULEVARD CULVER CITY, CA 90232

FERNANDO PULLUM COMMUNITY ARTS CENTER 3351 WEST 43RD STREET LOS ANGELES, CA 90008	NONE	PC	ARTS EDUCATION	20,000
FIRST PLACE FOR YOUTH 426 17TH STREET NUMBER 100 OAKLAND, CA 94612	NONE	PC	YOUTH DEVELOPMENT	30,000

Total .

▶ 3a

Recipient If recipient is an individual, Purpose of grant or 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 FOOD ON FOOT NONE PC SOCIAL WELFARE 25,000 9663 SANTA MONICA BOULEVARD 743 BEVERLY HILLS, CA 90210 FOOTHILL FAMILY NONE PC SOCIAL WELFARE 90,000 SEAR EACT ERRYHILL BOLLEVARD

SUITE 300 PASADENA, CA 91107				
FOSTERING MEDIA CONNECTIONS 412 WEST 6TH STREET SUITE 925	NONE	PC	CHILD WELFARE	32,500

PASADENA, CA 91107				
FOSTERING MEDIA CONNECTIONS 412 WEST 6TH STREET SUITE 925 LOS ANGELES, CA 90014	NONE	PC	CHILD WELFARE	32,500
Total			▶ 3a	5,849,700

Recipient If recipient is an individual, Purpose of grant or 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 FOUNDATION FOR CALIFORNIA NONE PC EDUCATION 90,000 COMMUNITY COLLEGES 1102 Q STREET SUITE 4800

SACRAMENTO, CA 95811

Total . .

FRIENDS OF CABRILLO MARINE AQUARIUM 3720 STEPHEN WHITE WAY SAN PEDRO, CA 90731	NONE	PC	WELFARE	10,000
FRIENDS OF EXPO CENTER	NONE	PC	YOUTH DEVELOPMENT	10,000

SAN PEDRO, CA 90731				
FRIENDS OF EXPO CENTER 3980 BILL ROBERTSON LANE SUITE 203 LOS ANGELES, CA 90037	NONE	PC	YOUTH DEVELOPMENT	10,000

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 **FULCRUM ARTS** NONE PC ARTS EDUCATION 100,000 495 EAST COLORADO BOULEVARD PASADENA, CA 91101 GOODWILL INDUSTRIES OF SOUTHERN NONE PC WELFARE 100,000

CALIFORNIA 342 NORTH SAN FERNANDO ROAD LOS ANGELES, CA 90031				
HARMONY PROJECT 4322 WILSHIRE BOULEVARD SUITE 101	NONE	PC	YOUTH DEVELOPMENT	100,000

LOS ANGELES, CA 90031				
HARMONY PROJECT 4322 WILSHIRE BOULEVARD SUITE 101 LOS ANGELES, CA 90010	NONE	PC	YOUTH DEVELOPMENT	100,000

Total . .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year				
HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES 100 WEST WALNUT STREET	NONE	PC	SOCIAL SERVICES	101,000

HOMEDON INDUSTRIES	NONE	DC	VOLITILI DEVEL ODMENIT	100.000
HILLSIDES940 AVENUE 64 PASADENA, CA 91105	NONE	PC	YOUTH DEVELOPMENT	100,000
PASADENA, CA 91124				

PASADENA, CA 91105				
HOMEBOY INDUSTRIES 130 WEST BRUNO STREET LOS ANGELES, CA 90012	NONE	PC	YOUTH DEVELOPMENT	100,000

HOMEBOY INDUSTRIES 130 WEST BRUNO STREET LOS ANGELES, CA 90012	NONE	PC	YOUTH DEVELOPMENT	100,00
Total			▶ 3a	5,849,700

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
IFOSTERPO BOX 159 TRUCKEE, CA 96160	NONE	PC	YOUTH DEVELOPMENT	75,000
IMAGINE LOS ANGELES	NONE	PC	HOMELESS SERVICES	46,000

672 SOUTH LAFAYETTE PARK PLACE	HOME	' ~	THO THE ELEGIS SERVICES	10,000
UNIT				
28 LOS ANGELES, CA 90057				
INNER-CITY ARTS 720 KOULER STREET	NONE	DC.	ARTS EDUCATION	65,000

28 LOS ANGELES, CA 90057				
INNER-CITY ARTS720 KOHLER STREET LOS ANGELES, CA 90021	NONE	PC	ARTS EDUCATION	65,000

LOS ANGELES, CA 90057				
INNER-CITY ARTS720 KOHLER STREET LOS ANGELES, CA 90021	NONE	PC	ARTS EDUCATION	65,000

INNER-CITY ARTS720 KOHLER STREET LOS ANGELES, CA 90021	NONE	PC	ARTS EDUCATION	65,000
				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				
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BOULEVARD SUITE	NONE	PC	INTERNATIONAL RELIEF	20,000

1EWISH FREE LOAN ASSOCIATION	NONE	PC	SOCIAL SERVICES	
12400 WILSHIRE BOULEVARD SUITE 1500 LOS ANGELES, CA 90025				

•				
JEWISH FREE LOAN ASSOCIATION 6505 WILSHIRE BOULEVARD 715 LOS ANGELES, CA 90048	NONE	PC	SOCIAL SERVICES	5,000

LOS ANGELES, CA 90048				
JOVENES INC1208 PLEASANT AVENUE	NONE	PC	COMMUNITY SERVICES	100,000

LOS ANGELES, CA 90046				
JOVENES INC1208 PLEASANT AVENUE LOS ANGELES, CA 90033	NONE	PC	COMMUNITY SERVICES	100,000

5,849,700

JOVENES INC1208 PLEASANT AVENUE	NONE	PC	COMMUNITY SERVICES	100,00
LOS ANGELES, CA 90033				

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JVS SOCAL NONE PC SOCIAL SERVICES 100,000 6505 WILSHIRE BOULEVARD SUITE 200 LOS ANGELES, CA 90048 PC 4,000 KOREATOWN SENIOR AND COMMUNITY NONE SOCIAL SERVICES CENTER

965 SOUTH NORMANDIE AVENUE SUITE 200 LOS ANGELES, CA 90006				
KOREATOWN YOUTH AND COMMUNITY CENTER 3727 WEST SIXTH STREET LOS ANGELES, CA 90020	NONE	PC	WELFARE	75,000

5,849,700

Total .

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 LA UNITED METHODIST URBAN NONE PC. SOCIAL WELFARE 25,000 **FOUNDATION** 714 WEST OLYMPIC BOULEVARD LOS ANGELES, CA 90015

LOS ANGELES, CA 90012

Total .

LAKE AVENUE COMMUNITY FOUNDATION 712 EAST VILLA STREET PASADENA, CA 91101	NONE	PC	YOUTH SERVICES	50,000
LEARNING RIGHTS LAW CENTER	NONE	PC	SOCIAL WELFARE	25,000

▶ 3a

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 LONG BEACH DAY NURSERY NONE PC YOUTH SERVICES 100,000 1548 CHESTNUT AVENUE LONG BEACH, CA 90813 LOS ANGELES JEWISH HOME FOR THE NONE PC SOCIAL SERVICES 15,000

7150 TAMPA AVENUE RESEDA, CA 91335				
LOS ANGELES YOUTH NETWORK 1754 TAFT STREET	NONE	PC	EARLY EDUCATION	100,000

,				
LOS ANGELES YOUTH NETWORK 1754 TAFT STREET LOS ANGELES, CA 90028	NONE	PC	EARLY EDUCATION	100,000
Total			▶ 3a	5,849,700

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 MOTHERS' CLUB FAMILY LEARNING NONE PC SOCIAL SERVICES 60,000 CENTER 980 NORTH FAIR OAKS AVENUE

PASADENA, CA 91103

1453 16TH STREET SANTA MONICA, CA 90404

Total .

			1	
NEW DIRECTIONS 11303 WILSHIRE BOULEVARD BUILDING 116 LOS ANGELES, CA 90073	NONE	PC	WELFARE	45,000
OCEAN PARK COMMUNITY CENTER	NONE	PC	WELFARE	150,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

a Paid during the year				
OPERATION JUMP START 3515 LINDEN AVENUE LONG BEACH, CA 90807	NONE	PC	EDUCATION	75,000

recipient

100 000

OREGON COMMUNITY FOUNDATION 1221 SOUTHWEST YAMHILL STREET	NONE	PC	COMMUNITY IMPROVEMENT
100 PORTLAND, OR 97205			
101111111111111111111111111111111111111			

any foundation manager

or substantial contributor

Name and address (home or business)

1221 SOUTHWEST YAMHILL STREET 100 PORTLAND, OR 97205	None		estinoni i i interesti	133,333
PS ARTS6701 CENTER DRIVE SUITE 550	NONE	PC	ARTS EDUCATION	70,000

100 PORTLAND, OR 97205				
PS ARTS6701 CENTER DRIVE SUITE 550	NONE	PC	ARTS EDUCATION	70,000

TORTEAND, OR 37203				i .
PS ARTS6701 CENTER DRIVE SUITE 550 LOS ANGELES, CA 90045	NONE	PC	ARTS EDUCATION	70,000

PS ARTS6701 CENTER DRIVE SUITE 550 LOS ANGELES, CA 90045	NONE	PC	ARTS EDUCATION	70,00
Total			▶ 3a	5,849,700

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 PACIFIC LEGAL FOUNDATION NONE PC **EDUCATION** 50,000 555 CAPITAL MALL SUITE 350 SACRAMENTO, CA 95814 HEALTH PAINTED BRAIN NONE PC 7.500

1180 SOUTH BEVERLY DRIVE SUITE 608 LOS ANGELES, CA 90035				.,
PARA LOS NINOS	NONE	PC	YOUTH DEVELOPMENT	75,000

LOS ANGELES, CA 90035				
PARA LOS NINOS 5000 HOLLYWOOD BOULEVARD LOS ANGELES, CA 90027	NONE	PC	YOUTH DEVELOPMENT	75,000

Total .

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 PEOPLE ASSISTING THE HOMELESS NONE PC WELFARE 100,000 340 NORTH MADISON AVENUE LOS ANGELES, CA 90004 PEOPLE ORGANIZED FOR WESTSIDE NONE PC SOCIAL WELFARE 25,000

RENEWAL (POWER) 5617 HOLLYWOOD BOULEVARD SUITE 107 LOS ANGELES, CA 90028				
PHOENIX OF SANTA BARBARA 107 EAST MICHELTORENA STREET	NONE	PC	HEALTH	10,000

Total				5,849,700
PHOENIX OF SANTA BARBARA 107 EAST MICHELTORENA STREET	NONE	PC	HEALTH	10,000

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
PROFESSIONAL DANCER SOCIETY PO BOX 15605 BEVERLY HILLS, CA 90209	NONE	PC	WELFARE	8,700
DUDI TO COLINGE!	NONE	l nc	LIEALTH	75 000

recipient

PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	NONE	PC	HEALTH	75,000
RAPE FOUNDATION	NONE	PC	SOCIAL WELFARE	140,000

610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005				
RAPE FOUNDATION 1223 WILSHIRE BOULEVARD 410 SANTA MONICA. CA 90403	NONE	PC	SOCIAL WELFARE	140,000

LOS ANGELES, CA 90005				
RAPE FOUNDATION 1223 WILSHIRE BOULEVARD 410 SANTA MONICA, CA 90403	NONE	PC	SOCIAL WELFARE	140,00

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 REDF NONE PC SOCIAL SERVICES 60,000 TWO EMBARCADERO CENTER SUITE 650 SAN FRANCISCO, CA 94111

Total .

SAINT JOHN'S HOSPITAL HEALTH CENTER 2121 SANTA MONICA BOULEVARD SANTA MONICA, CA 90404	NONE	PC	HEALTH	60,000
SALVATION ARMY 906 SOUTH FRANCISCO STREET LOS ANGELES, CA 90071	NONE	PC	SOCIAL WELFARE	100,000

▶ 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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SECOND CHANCEPO BOX 643	NONE	PC	HEALTH	41,000

SHARE INCORPORATION NONE 165 WEST 46TH STREET SUITE 712	PC	HEALTH	25,0

SHARE INCORPORATION 165 WEST 46TH STREET SUITE 712 NEW YORK, NY 10036	NONE	PC	HEALTH	25,000
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300	NONE	PC	SOCIAL SERVICES	10,000

Total			▶ 3a	5,849,700
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 94040	NONE	PC	SOCIAL SERVICES	10,000
11211 101111,111 10050				
I NEW YORK, NY 10036	1	l .		1

Foundation Purpose of grant or Recipient 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 SKID ROW HOUSING TRUST NONE PC. SOCIAL WELFARE 70,000 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 SOUTH CENTRAL LOS ANGELES NONE PC RELIGIOUS 65,000 MINISTRY PROJECT 892 EAST 48TH STREET LOS ANGELES, CA 90011 SOUTHERN CALIFORNIA PUBLIC RADIO NONE PC COMMUNICATION 65.000

5,849,700

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

474 SOUTH RAYMOND AVENUE PASADENA, CA 91105

Total . .

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

Total .

a Paid during the year				
ST ANNE'S MATERNITY HOME 155 NORTH OCCIDENTAL BOULEVARD LOS ANGELES, CA 90026	NONE	PC	WELFARE	100,000

ST JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	NONE	PC	WELFARE	75,000
STEP UP ON SECOND STREET	NONE	PC	SOCIAL WELFARE	130,000

VENICE, CA 90291				
STEP UP ON SECOND STREET 1328 SECOND STREET SANTA MONICA, CA 90401	NONE	PC	SOCIAL WELFARE	130,000

5,849,700

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 THE ALLIANCE FOR CHILDREN'S NONE PC YOUTH DEVELOPMENT 125,000 RIGHTS 3333 WILSHIRE BOULEVARD NUMBER

550

Total .

LOC ANCELES CA 00040

LOS ANGELES, CA 90010				
THE GABRIELLA FOUNDATION 639 SOUTH COMMONWEALTH AVENUE LOS ANGELES, CA 90005	NONE	PC	ARTS EDUCATION	105,000
THE UNUSUAL SUSPECTS THEATRE COMPANY 3719 VERDUGO ROAD LOS ANGELES, CA 90065	NONE	PC	ARTS EDUCATION	50,000

5,849,700

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				
UC REGENTS 10945 LA CONTE AVENUE 3132	NONE	PC	EDUCATION	25,000

LOS ANGELES, CA 90095				
UCLA FOUNDATIONPO BOX 951784 LOS ANGELES, CA 90096	NONE	PC	HEALTH	220,000

LOS ANGELES, CA 90096				
UCLA JONSSON CANCER CENTER FOUNDATION PO BOX 951780 LOS ANGELES, CA 90095	NONE	PC	HEALTH	120,000

UCLA JONSSON CANCER CENTER FOUNDATION PO BOX 951780 LOS ANGELES, CA 90095	NONE	PC	HEALTH	120,000
Total			▶ 3a	5,849,700

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 UNITE LA350 SOUTH BIXEL STREET 200 NONE PC. **EDUCATION** 10,000 LOS ANGELES, CA 90017

▶ 3a

5,849,700

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

Total . .

UNITED STATES VETERANS INITIATIVE 800 WEST 6TH STREET LOS ANGELES, CA 90017	NONE	PC	WELFARE	115,000
UNITED WAY 1150 SOUTH OLIVE STREET T500 LOS ANGELES, CA 90015	NONE	PC	HUMAN SERVICES	100,000

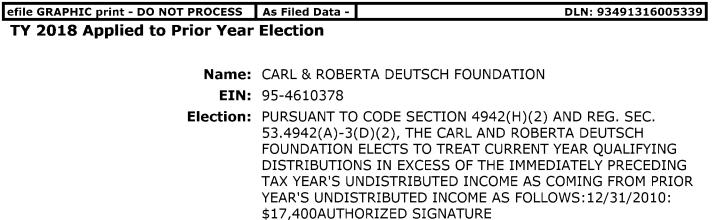
Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF SOUTHERN NONE PC **EDUCATION** 81,000 CALIFORNIA 3551 TROUSDALE PARKWAY SUITE 160

LOS ANGELES, CA 90089				
WESTSIDE INFANT - FAMILY NETWORK 8611 WASHINGTON BOULEVARD CULVER CITY, CA 90232	NONE	PC	SOCIAL SERVICES	115,000

Total .

5,849,700

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	Data -		DLN: 93491316005339		
TY 2018 Accounting F	TY 2018 Accounting Fees Schedule						
_							
Name: CARL & ROBERTA DEUTSCH FOUNDATION EIN: 95-4610378							
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		118,000	С		118,000		



Name: CARL & ROBERTA DEUTSCH FOUNDATION

eneral Explanation Attachment						
ldentifier	Return Reference	Explanation				
	1401010100					
1		PART VII-B,	AELD, INC , A RELATED PARTY TO THE FOUNDATION, DONATED OFFICE SPACE AND			
		QUESTION 1(A)	ADMINISTRATIVE SERVICES IN THE AMOUNT OF \$97,740 TO THE CARL & ROBERTA DEUTSCH			
		(3)	FOUNDATION DURING 2018 AT NO CHARGE. THIS IS AN EXCEPTED ACT OF SELF-DEALING			

UNDER IRC SECTION 4941(D)(2)(C)

EIN: 95-4610378

General Explanation Attachment Identifier Return Explanation

Reference

SECTION 1 263(A)-1(F) DI

RECORDS

PROPERTY REGULATIONS

TANGIBLE

DE MINIMIS SAFE HARBOR FLECTIONTAXPAYER IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER TREAS REG 1 263(A)-1(F) FOR ALL ELIGIBLE AMOUNTS PAID OR INCURRED DURING THE TAXABLE YEAR SECTION 1 263(A)-3(N)

CAPITALIZATION ELECTIONTAXPAYER HEREBY ELECTS TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER TREAS REG 1 263(A)-3(N) THE COSTS WERE INCURRED DURING THE TAXABLE YEAR IN THE ELECTING TAXPAYER'S TRADE OR BUSINESS AND THE

ELECTING TAXPAYER TREATS SUCH COSTS AS CAPITAL EXPENDITURES ON ITS BOOKS AND

General Explanation Attachment

Identifier	Return Reference	Explanation	
3		PART VII-B, QUESTION 1 (A)(4)	DURING THE 2018 TAX Y EAR, THE FOUNDATION PAID COMPENSATION IN THE AMOUNT OF \$180,000 TO JANIS MINTON CONSULTING, INC ("JMC"), A CORPORATION THAT IS WHOLLY OWNED BY ONE OF THE FOUNDATION'S DIRECTORS, JANIS MINTON JMC PROVIDED (AND CONTINUES TO PROVIDE) SUBSTANTIAL CORE WORK FUNCTIONS FOR THE FOUNDATION, WHICH INCLUDE BUT ARE NOT LIMITED TO, GENERAL FOUNDATION LEADERSHIP AND MANAGEMENT DUTIES, OVERSIGHT AND MANAGEMENT OF THE FOUNDATION'S GRANTMAKING AND OPERATIONAL PLAN, FOUNDATION ADMINISTRATION, PROGRAM MANAGEMENT, BOARD OF DIRECTOR SUPPORT (INCLUDING MEETING FACILITATION), WORKING WITH LEGAL AND OTHER ADVISORS, AND PROVIDING TRAINING AND EDUCATION TO ADVISORY BOARD MEMBERS JMC IS ADDITIONALLY RESPONSIBLE FOR PROGRAMMATIC ACTIVITIES THAT INCLUDE CREATING GRANT SYSTEMS, CONDUCTING DUE DILIGENCE, AND PROVIDING STRATEGIC DIRECTION UPON ADVICE OF COUNSEL, THE FOUNDATION'S BOARD OF DIRECTORS (THE "BOARD") HAS DETERMINED THAT THE PAY MENTS TO JMC ARE PROPERLY CLASSIFIED AS PAY MENTS TO A DISQUALIFIED PERSON FOR PERSONAL SERVICES WITHIN THE MEANING OF TREAS REG 53 4941(D)-3(C) AND THEREFORE QUALIFY FOR THE EXCEPTION TO SELF-DEALING SET FORTH IN IRC 4941(D)(2)(E) JMC'S SERVICES ARE REASONABLE AND NECESSARY TO CARRY OUT THE FOUNDATION'S EXEMPT PURPOSES THE FOUNDATION HAS OBTAINED A COMPENSATION STUDY FOR THE RELEVANT PERIOD THAT CONFIRMS THAT THE LEVEL OF COMPENSATION TO JMC IS WELL BELOW MARKET RATE FOR THE EXTENT OF SERVICES PROVIDED, AND IS THEREFORE REASONABLE AND NOT EXCESSIVE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316005339
TY 2018 Investments - Other S	Schedule	

Name: CARL & ROBERTA DEUTSCH FOUNDATION

FTN: 95-4610378

LIN. 95	4010370						
Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
MUTUAL FUNDS	FMV	42,550,730	42,550,730				
FUND OF FUNDS	FMV	18,078,683	18,078,683				
PRIVATE EQUITY	FMV	25,214,089	25,214,089				
US EQUITY FUNDS	FMV	86,134	86,134				
GLOBAL EQUITY	FMV	47,231,653	47,231,653				

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TY 2018 Legal Fees Schedule								
Nan	ne: CARL & ROB	ERTA DEUTSCH F	OUNDATION					
E	EIN: 95-4610378							
Category	Amount	Net Investment	Adjusted Net	Disbursements				
	Amount	Income	Income	for Charitable				
				Purposes				
LEGAL FEES	768	0		768				

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ADVANCE SUBSCRIPTION RECEIVABLES

Name: CARL & ROBERTA DEUTSCH FOUNDATION

Book Value

As Filed Data -

FIN:	95-46103/8	

Other Assets Schedule Description Beginning of Year -

End of Year - Book

End of Year - Fair Market Value

6,389,960

Value

6,389,960

DLN: 93491316005339

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TY 2018 Other Decreases Schedule								
Name:	CARL & ROBER	RTA DEUTSCH FOUNDATION						
EIN:	95-4610378							
De	Amount							

NET UNREALIZED GAIN (LOSS) 7,170,737

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TY 2018 Other Expenses Schedule								
Name:	Name: CARL & ROBERTA DEUTSCH FOUNDATION							
EIN: 95-4610378								
Other Expenses Schedule								
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for				

3,855

2,022

9,698

1,437

6,526

13,321

22,290

2,200

0

328

Income

0

0

0

0

0

0

0

0

0

697,115

Income

Charitable

Purposes

3,855

2,022

9,698

1,437

6,526

13,321

22,290

2,200

0

328

POSTAGE & COURIER

CHECKING ACCOUNT FEES

MISCELLANEOUS EXPENSES

PARTNERSHIP EXPENSES

OFFICE SUPPLIES

PAYROLL PREP FEE

INSURANCE

PARKING

TELEPHONE

HALO PROGRAM

Expenses per Books

· · · · · · · · · · · · · · · · · · ·	+	-		+
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	Books			Purposes

3,470

Other Expenses Schedule

OFFICE PLANTS

DLN: 93491316005339

2,506,155

Name: CARL & ROBERTA DEUTSCH FOUNDATION

EIN: 95-4610378

PARTNERSHIP INCOME

As Filed Data -

Other Income Schedule Description Revenue And Net Investment **Adjusted Net Income Expenses Per Books** Income

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491316005339			
TY 2018 Other Liabilities Schedule							
Name: 1	CARL & ROBE	RTA DEUTSC	H FOUNDATION				
		CIA DEGISC	III OUNDAIION				
EIN: '	95-4610378						
Description	1		Beginning of Year	Fnd of Year -			
Description			Beginning of Year - Book Value	End of Year - Book Value			
Description DEFERRED TAX LIABILTY							

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491316005339				
TY 2018 Other Professional Fees Schedule								
Name: CARL & ROBERTA DEUTSCH FOUNDATION EIN: 95-4610378								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
CONSULTING 268,350 0 268,350								
INVESTMENT EXPENSE	280,562	280,562		0				
OTHER PROFESSIONAL FEES	82,247	0		82,247				

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TY 2018 Taxes Schedule								
Name: CARL & ROBERTA DEUTSCH FOUNDATION EIN: 95-4610378								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
FOREIGN TAXES	0	51,154		0				
TAX PROVISION	226,779	0		0				
TAX FILING FEES	20	0		20				

efile GRAPHIC print - De	NOT PROCESS As Filed Da	ta -		DLN: 93491316005339
Schedule B	Scho	edule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www irs gov/Form990</u> for the latest information		mation	2018
Name of the organization			Employer id	dentification number
Organization type (chec	k one)		95-4610378	
	·			
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			
	cion filing Form 990, 990-EZ, or 9 property) from any one contributo			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) 9(a)(1) and 170(b)(1)(A)(vi), that one contributor, during the year on th, or (ii) Form 990-EZ, line 1	checked Schedule A (Form 990, total contributions of the greater	or 990-EZ), Part II, line 13,	16a, or 16b, and that
during the year, to	on described in section 501(c)(7), otal contributions of more than \$1 ne prevention of cruelty to childre	,000 exclusively for religious, ch	arıtable, scientific, literary, d	
during the year, of If this box is check purpose Don't co	on described in section 501(c)(7), contributions exclusively for religion ked, enter here the total contributions the parts unless the le, etc, contributions totaling \$5,	ous, charitable, etc., purposes, butions that were received during the General Rule applies to this o	ut no such contributions tota ne year for an <i>exclusively</i> re irganization because it rece	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the Genera t must answer "No" on Part IV, lii rm 990PF, Part I, line 2, to certify	ne 2, of its Form 990, or check th	ne box on line H of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number CARL & ROBERTA DEUTSCH FOUNDATION 95-4610378 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person CARL DEUTSCH 2444 WILSHIRE BOULEVARD Payroll \$8,853,798 Noncash SANTA MONICA, CA 90403 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)