

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 www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 06-01-2018 , and ending 05-31-2019

Name of foundation EMANUEL BACHMANN FOUNDATION		A Employer identification number 95-4300107	
Number and street (or P.O. box number if mail is not delivered to street address) 915 WILSHIRE BLVD STE 1760		Room/suite	
B Telephone number (see instructions) (213) 483-3300		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90017		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,511,974</u>		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)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(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)	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,527	1,527		
	4 Dividends and interest from securities	43,870	43,870		
	5a Gross rents	48,891	48,891		
	b Net rental income or (loss)	48,891			
	6a Net gain or (loss) from sale of assets not on line 10	33,035			
	b Gross sales price for all assets on line 6a	33,035			
	7 Capital gain net income (from Part IV, line 2)		33,035		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	127,323	127,323			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	5,161	5,161		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	534	534		0
	24 Total operating and administrative expenses. Add lines 13 through 23	5,695	5,695		0
	25 Contributions, gifts, grants paid	110,000			110,000
26 Total expenses and disbursements. Add lines 24 and 25	115,695	5,695		110,000	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	11,628				
b Net investment income (if negative, enter -0-)		121,628			
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	21,327	19,414	19,414
	3 Accounts receivable ▶ <u>126,062</u>			
	Less allowance for doubtful accounts ▶ _____	49,920	126,062	126,062
	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)	251,338	251,338	889,800
	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)	122,750	85,264	476,698	
14 Land, buildings, and equipment basis ▶ _____				
Less accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	445,335	482,078	1,511,974	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	208,293	233,444	
	23 Total liabilities (add lines 17 through 22)	208,293	233,444	
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	237,042	248,634		
30 Total net assets or fund balances (see instructions)	237,042	248,634		
31 Total liabilities and net assets/fund balances (see instructions) .	445,335	482,078		

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	237,042
2 Enter amount from Part I, line 27a	2	11,628
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	248,670
5 Decreases not included in line 2 (itemize) ▶ _____	5	36
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	248,634

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)
1 a VIA 6100 CONDOR LLC	D		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 33,035			33,035
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			33,035
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	33,035
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (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))
2017	99,073	1,555,676	0 063685
2016	93,196	1,491,180	0 062498
2015	89,302	1,563,576	0 057114
2014	84,000	1,626,001	0 051660
2013	81,000	1,614,695	0 050164

2 Total of line 1, column (d)	2	0 285121
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 057024
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	1,548,559
5 Multiply line 4 by line 3	5	88,305
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,216
7 Add lines 5 and 6	7	89,521
8 Enter qualifying distributions from Part XII, line 4	8	110,000

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 owed is 16.

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, distribution to donor advised funds, public inspection requirements, and books in care of.

Located at 915 WILSHIRE BLVD STE 1760 LOS ANGELES CA ZIP+4 90017

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 or authority over a bank, securities, or other financial account in a foreign country.

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

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
NONE		
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 NONE	0
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 NONE	0
2	
All other program-related investments. See instructions	
3 	0
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	949,288
b	Average of monthly cash balances.	1b	146,155
c	Fair market value of all other assets (see instructions).	1c	476,698
d	Total (add lines 1a, b, and c).	1d	1,572,141
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	1,572,141
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	23,582
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,548,559
6	Minimum investment return. Enter 5% of line 5.	6	77,428

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	77,428
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	1,216
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,216
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	76,212
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	76,212
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	76,212

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	110,000
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	110,000
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	1,216
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	108,784

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				76,212
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.			9,445	
e From 2017.			23,143	
f Total of lines 3a through e.	32,588			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>110,000</u>				
a Applied to 2017, 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 2018 distributable amount.				76,212
e Remaining amount distributed out of corpus	33,788			
5 Excess distributions carryover applied to 2018 (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	66,376			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	66,376			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.			9,445	
d Excess from 2017.			23,143	
e Excess from 2018.			33,788	

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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				
b <i>Approved for future payment</i>				
Total ▶ 3b				

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>				
ABILITY FIRST 1300 EAST GREEN STREET PASADENA, CA 91106	NONE	HEALTH RESEARCH FACI	SUPPORT	750
ALPHA CHI OMEGA FOUNDATION 5939 CASTLE CREEK PKWY NORTH DRIVE INDIANAPOLIS, IN 46250	NONE	EDUCATION	SUPPORT	500
ALPHA TAU OMEGA FOUNDATION 32 EAST WASHINGTON STREET INDIANAPOLIS, IN 46204	NONE	EDUCATION	SUPPORT	500
Total ▶ 3a				110,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ALZHEIMERS FOUNDATION 9606 S SANTA MONICA BLVD BEVERLY HILLS, CA 90210	NONE	HEALTH RESEARCH FACI	RESEARCHSUPPORT	500
AMERICAN CANCER SOCIETY 3333 WILSHIRE BLVD STE 900 LOS ANGELES, CA 900101110	NONE	HEALTH RESEARCH FACI	RESEARCH	750
AMERICAN RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	HEALTH RESEARCH FACI	RESEARCH	5,000
Total				110,000

▶ **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, 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>				
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 904053213	NONE	PUBLIC CHARITY	SUPPORT	1,000
ANGEL HEALTH CARE 994 S LA BREA AVENUE INGLEWOOD, CA 90301	NONE	HEALTH RESEARCH FACI	RESEARCH	500
ARTHRITIS FOUNDATION 800 W SIXTH STREET SUITE 1250 LOS ANGELES, CA 90017	NONE	HEALTH RESEARCH FACI	RESEARCH	750
Total ▶ 3a				110,000

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

Recipient	If recipient is an individual, 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>				
ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA 1370 N ST ANDREWS PLACE LOS ANGELES, CA 90028	NONE	PUBLIC CHARITY	SUPPORT	750
BARLOW RESPIRATORY HOSPITAL FOUNDATION 2000 STADIUM WAY LOS ANGELES, CA 900262696	NONE	HEALTH RESEARCH FACI	RESEARCH	1,000
BREATHE CALIFORNIA OF LOS ANGELES COUNTY 5858 WILSHIRE BLVD STE 300 LOS ANGELES, CA 900360926	NONE	HEALTH RESEARCH FACI	SUPPORT	750
Total ▶ 3a				110,000

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

Recipient	If recipient is an individual, 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>				
BRIGHT FOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	NONE	HEALTH RESEARCH FACI	SUPPORT	1,000
BRUNNER LITERACY CENTER 4825 SALEM AVENUE DAYTON, OH 45416	NONE	EDUCATION	SUPPORT	1,500
CALIFORNIA EDUCATIONAL THEATRE ORGANIZATION PO BOX 48750 LOS ANGELES, CA 900480750	NONE	EDUCATION	RESEARCH	500
Total ▶ 3a				110,000

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

Recipient	If recipient is an individual, 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>				
CASA OF VENTURA COUNTY PO BOX 1135 CAMARILLO, CA 930111135	NONE	HEALTH RESEARCH FACI	SUPPORT	1,000
CENTER THEATRE GROUP 601 W TEMPLE STREET LOS ANGELES, CA 90012	NONE	EDUCATION	SUPPORT	2,000
CHILDRENS HOME SOCIETY OF CALIFORNIA 1300 W FOURTH STREET LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	SUPPORT	750
Total ▶ 3a				110,000

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

Recipient	If recipient is an individual, 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>				
CHILDRENS HOSPITAL - LA FOUNDATION 4650 SUNSET BLVD MAILSTOP 29 LOS ANGELES, CA 90027	NONE	HEALTH RESEARCH FACI	RESEARCH	14,000
CITY OF HOPE1500 EAST DUARTE ROAD DUARTE, CA 910103000	NONE	HEALTH RESEARCH FACI	RESEARCH	750
COLLEGE OF THE HOLY CROSS 1 COLLEGE DRIVE WORCESTER, MA 016102395	NONE	EDUCATION	SUPPORT	2,000
Total ▶ 3a				110,000

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

Recipient	If recipient is an individual, 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>				
CORNELIA CONNELLY SCHOOL 2323 W BROADWAY ANAHEIM, CA 928042398	NONE	EDUCATION	SUPPORT	1,000
DIABETES CAMPING AND EDUCATIONAL SERVICES 12045 WATERFRONT DRIVE PLAYA VISTA, CA 900242536	NONE	HEALTH RESEARCH FACI	RESEARCH	1,000
DISABLED AMERICAN VETERANS PO BOX 14301 CICINNATI, OH 45250	NONE	PUBLIC CHARITY	SUPPORT	500
Total				110,000

▶ **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, 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>				
EPILEPSY FOUNDATION OF GREATER LOS ANGELES 5777 WEST CENTURY BLVD STE 820 LOS ANGELES, CA 90045	NONE	HEALTH RESEARCH FACI	RESEARCH	500
FAMILIES FORWARD LEARNING CENTER 980 NORTH FAIR OAKS AVENUE PASADENA, CA 91103	NONE	EDUCATION	SUPPORT	750
FAMILY IMPACTPO BOX 924 BOISE, ID 83702	NONE	PUBLIC CHARITY	RESEARCH	500
Total ▶ 3a				110,000

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

Recipient	If recipient is an individual, 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>				
GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA 342 N SAN FERNANDO ROAD LOS ANGELES, CA 90031	NONE	PUBLIC CHARITY	SUPPORT	750
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 105989986	NONE	HEALTH RESEARCH FACI	RESEARCH	750
HABITAT FOR HUMANITY 17700 S FIGUEROA STREET GARDENA, CA 90248	NONE	PUBLIC CHARITY	SUPPORT	750
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
HIGHER GROUND YOUTH AND FAMILY SERVICES 23001 E LA PALMA AVE STE 220A YORBA LINDA, CA 92805	NONE	PUBLIC CHARITY	SUPPORT	500
INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD STE 400 SANTA MONICA, CA 90404	NONE	HEALTH RESEARCH FACI	RESEARCH	1,000
INTERNATIONAL PARTNERS IN MISSION 3109 MAYFIELD ROAD STE 202 CLEVELAND HEIGHTS, OH 44118	NONE	PUBLIC CHARITY	SUPPORTSUPPORT	500
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
JUVENILE DIABETES RESEARCH FOUNDATION 432 PARK AVENUE SOUTH 15TH FLOOR NEW YORK, NY 10016	NONE	HEALTH RESEARCH FACI	RESEARCH	5,000
LA SALLE HIGH SCHOOL 3880 EAST SIERRA MADRE BLVD PASADENA, CA 91107	NONE	EDUCATION	SUPPORT	1,000
LOS ANGELES MISSION 303 EAST 5TH STREET LOS ANGELES, CA 90013	NONE	PUBLIC CHARITY	SUPPORT	750
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
MYCHAL'S LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90250	NONE	EDUCATION	SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 2440 S SEPULVEDA BLVD STE 115 LOS ANGELES, CA 90064	NONE	HEALTH RESEARCH FACI	RESEARCH	750
PEASLEE NEIGHBORHOOD CENTER 215 E 14TH STREET CICINNATI, OH 45202	NONE	PUBLIC CHARITY	SUPPORT	1,500
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
PEDIATRIC THERAPY NETWORK 1815 W 213TH STREET STE 100 TORRANCE, CA 90501	NONE	HEALTH RESEARCH FACI	RESEARCH	8,000
PENINSULA EDUCATION FOUNDATION PO BOX 2632 PALOS VERDES PENINSULA, CA 90274	NONE	EDUCATION	SUPPORT	1,000
PRECIOUS LIFE SHELTER 3622 FLORISTA ST LOS ALAMITOS, CA 90720	NONE	PUBLIC CHARITY	SUPPORT	1,000
Total ▶ 3a				110,000

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
RIDE TO FLYPO BOX 4991 PALOS VERDES PENINSULA, CA 90274	NONE	HEALTH RESEARCH FACI	SUPPORT	3,500
RONALD MCDONALD HOUSE 46560 FOUNTAIN AVENUE LOS ANGELES, CA 90029	NONE	PUBLIC CHARITY	SUPPORT	500
SACRED HEART CATHOLIC SCHOOL 131 N SUMMIT AVE PRESCOTT, AZ 86301	NONE	PUBLIC CHARITY	SUPPORT	2,000
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
SHRINERS HOSPITALS FOR CHILDREN - LOS ANGELES 3160 GENEVA STREET LOS ANGELES, CA 90020	NONE	RESEARCH	SUPPORT	2,000
SPIRITUAL CARE GUILD OF CHILDREN'S HOSPITAL LOS ANGELES PO BOX 50413 PASADENA, CA 91115	NONE	PUBLIC CHARITY	SUPPORT	500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	HEALTH RESEARCH FACI	RESEARCH	1,500
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
SYRACUSE UNIVERSITY 900 SOUTH CROUSE AVENUE SYRACUSE, NY 13244	NONE	EDUCATION	SUPPORT	2,000
TEEN LINEPO BOX 48750 LOS ANGELES, CA 900480750	NONE	PUBLIC CHARITY	SUPPORT	3,000
THE CHILDRENS BURN FOUNDATION 5000 VAN NUYS BLVD SUITE 450 SHERMAN OAKS, CA 91403	NONE	HEALTH RESEARCH FACI	RESEARCH	4,500
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE SALVATION ARMY 180 EAST OCEAN BLVD LONG BEACH, CA 908024709	NONE	PUBLIC CHARITY	SUPPORT	750
UNDER THE ANGEL'S WINGS RESCUE 9782 CLOVIS ROAD STE 293683 PHELAN, CA 923293683	NONE	PUBLIC CHARITY	SUPPORT	3,500
UNITED CEREBRAL PALSY FOUNDATION 6430 INDEPENDENCE AVE WOODLAND HILLS, CA 91367	NONE	HEALTH RESEARCH FACI	RESEARCH	1,000
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF GREATER LOS ANGELES 1150 OLIVE ST STE T500 LOS ANGELES, CA 90015	NONE	PUBLIC CHARITY	SUPPORT	750
UNIVERSITY OF ARIZONA 1111 N CHERRY AVENUE TUCSON, AZ 857210109	NONE	EDUCATION	SUPPORT	1,500
UNIVERSITY OF SOUTHERN CALIFORNIA 840 CHILDS WAY STE 400 LOS ANGELES, CA 900892545	NONE	EDUCATION	SUPPORT	2,500
Total ▶ 3a				110,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF SOUTHERN CALIFORNIA 840 CHILDS WAY STE 400 LOS ANGELES, CA 900892545	NONE	HEALTH RESEARCH FACI	RESEARCH	10,750
USOPO BOX 96860 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	SUPPORT	500
WOMEN IN AVIATION INTERNATIONAL 3647 STATE ROUTE 503 SOUTH WEST ALEXANDRIA, OH 453819354	NONE	PUBLIC CHARITY	SUPPORT	1,000
Total				110,000

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
LOS ANGELES COUNTY FIRE EXPLORERS PROGRAM 6301 S SANTA FE AVENUE HUNTINGTON PARK, CA 90255	NONE	EDUCATION	SUPPORT	500
ALPINE CAMP & CONFERENCE CENTER PO BOX 155 BLUE JAY, CA 92317	NONE	PUBLIC CHARITY	SUPPORT	1,000
BETA THETA PI FOUNDATION PO BOX 6277 OXFORD, OH 45056	NONE	EDUCATION	SUPPORT	500
Total ▶ 3a				110,000

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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>				
GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	PUBLIC CHARITY	SUPPORT	500
EXPLORERS FOR LIFE ASSOCIATION INC 1077 E PCH 219 SEAL BEACH, CA 90740	NONE	PUBLIC CHARITY	SUPPORT	500
UNSTOPPABLE AWARDS 1142 S DIAMOND BAR BLVD 834 DIAMOND BAR, CA 91765	NONE	PUBLIC CHARITY	SUPPORT	1,000
Total ▶ 3a				110,000

TY 2018 All Other Program Related Investments Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107**Category****Amount**

NONE

0

TY 2018 Investments Corporate Stock Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	251,338	889,800

TY 2018 Investments - Other Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
LIMITED PARTNERSHIP INTERESTS	AT COST	85,264	476,698

TY 2018 Other Decreases Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107

Description	Amount
NON DEDUCTIBLE EXPENSES	36

TY 2018 Other Expenses Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES	45	45		0
BANK CHARGES	187	187		0
INVESTMENT EXPENSES	52	52		0
TAX PREP FEES	250	250		0

TY 2018 Other Liabilities Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107

Description	Beginning of Year - Book Value	End of Year - Book Value
NEGATIVE BASIS IN LIMITED INTERESTS	208,293	233,444

TY 2018 Taxes Schedule**Name:** EMANUEL BACHMANN FOUNDATION**EIN:** 95-4300107

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE TAX EXPENSE	4,234	4,234		0
FEDERAL EXCISE TAXES	927	927		0