

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

|                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>GAIL G ELLIS FOUNDATION INC<br>C/O DAVID FRIEDLANDER FGMK                                                                                                                                                                                                                                                                                    |  | A Employer identification number<br>36-4076867                                                                                      |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>2801 LAKESIDE DRIVE - 3RD FLOOR                                                                                                                                                                                                                                               |  | Room/suite                                                                                                                          |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>BANNOCKBURN, IL 60015                                                                                                                                                                                                                                                                  |  | B Telephone number (see instructions)<br>(847) 374-0400                                                                             |  |
| G Check all that apply:<br><div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> |  | D 1. Foreign organizations, check here.....<br>2. Foreign organizations meeting the 85% test, check here and attach computation ... |  |
| H Check type of organization:<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><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 .....                                          |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 12,507,473                                                                                                                                                                                                                                                                 |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....                                       |  |
| J Accounting method:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                                                                                 |  |                                                                                                                                     |  |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small> |                                                                                                       | (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)                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                                  | 49,708                             | 49,708                    |                         |                                                             |
|                                                                                                                                                                                    | 4 Dividends and interest from securities                                                              | 99,085                             | 99,085                    |                         |                                                             |
|                                                                                                                                                                                    | 5a Gross rents                                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net rental income or (loss)                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10                                              | 309,168                            |                           |                         |                                                             |
|                                                                                                                                                                                    | b Gross sales price for all assets on line 6a                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2)                                                      |                                    | 309,168                   |                         |                                                             |
|                                                                                                                                                                                    | 8 Net short-term capital gain                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 9 Income modifications                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 10a Gross sales less returns and allowances 14,000                                                    |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | b Less: Cost of goods sold                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Gross profit or (loss) (attach schedule)                                                            | 14,000                             |                           | 14,000                  |                                                             |
|                                                                                                                                                                                    | 11 Other income (attach schedule)                                                                     | 174,249                            | 174,249                   | 0                       |                                                             |
|                                                                                                                                                                                    | 12 Total. Add lines 1 through 11                                                                      | 646,210                            | 632,210                   | 14,000                  |                                                             |
|                                                                                                                                                                                    | 13 Compensation of officers, directors, trustees, etc.                                                | 0                                  | 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)                                                         | 5,314                              | 5,314                     | 0                       | 0                                                           |
|                                                                                                                                                                                    | 19 Depreciation (attach schedule) and depletion                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 20 Occupancy                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 21 Travel, conferences, and meetings                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 22 Printing and publications                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 23 Other expenses (attach schedule)                                                                   | 158,689                            | 158,689                   | 0                       | 0                                                           |
|                                                                                                                                                                                    | 24 Total operating and administrative expenses. Add lines 13 through 23                               | 164,003                            | 164,003                   | 0                       | 0                                                           |
|                                                                                                                                                                                    | 25 Contributions, gifts, grants paid                                                                  | 617,710                            |                           |                         | 617,710                                                     |
|                                                                                                                                                                                    | 26 Total expenses and disbursements. Add lines 24 and 25                                              | 781,713                            | 164,003                   | 0                       | 617,710                                                     |
|                                                                                                                                                                                    | 27 Subtract line 26 from line 12:                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | a Excess of revenue over expenses and disbursements                                                   | -135,503                           |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net investment income (if negative, enter -0-)                                                      |                                    | 468,207                   |                         |                                                             |
|                                                                                                                                                                                    |                                                                                                       |                                    |                           | 14,000                  |                                                             |

| 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 . . . . .                                                                                            | 106,189                                                                                                              | 82,091         | 82,091                |
|                                                                                                       | 3 Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                                |                                                                                                                      |                |                       |
|                                                                                                       | 4 Pledges receivable ▶ _____<br>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) ▶ _____<br>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 ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                      |                                                                                                                      |                |                       |
|                                                                                                       | 12 Investments—mortgage loans . . . . .                                                                                                       |                                                                                                                      |                |                       |
|                                                                                                       | 13 Investments—other (attach schedule) . . . . .                                                                                              | 11,491,203                                                                                                           | 12,576,589     | 12,425,382            |
|                                                                                                       | 14 Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                                  |                                                                                                                      |                |                       |
| 15 Other assets (describe ▶ _____)                                                                    |                                                                                                                                               |                                                                                                                      |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 11,597,392                                                                                                                                    | 12,658,680                                                                                                           | 12,507,473     |                       |
| 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) . . . . .                                                                              | 7,672                                                                                                                | 88,163         |                       |
|                                                                                                       | 22 Other liabilities (describe ▶ _____)                                                                                                       |                                                                                                                      |                |                       |
|                                                                                                       | 23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                               | 7,672                                                                                                                | 88,163         |                       |
| Net Assets or Fund Balances                                                                           | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b> |                                                                                                                      |                |                       |
|                                                                                                       | 24 Net assets without donor restrictions . . . . .                                                                                            | 11,589,720                                                                                                           | 12,570,517     |                       |
|                                                                                                       | 25 Net assets with donor restrictions . . . . .                                                                                               |                                                                                                                      |                |                       |
|                                                                                                       | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 26 through 30.</b>         |                                                                                                                      |                |                       |
|                                                                                                       | 26 Capital stock, trust principal, or current funds . . . . .                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 27 Paid-in or capital surplus, or land, bldg., and equipment fund                                                                             |                                                                                                                      |                |                       |
|                                                                                                       | 28 Retained earnings, accumulated income, endowment, or other funds                                                                           |                                                                                                                      |                |                       |
|                                                                                                       | 29 <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                      | 11,589,720                                                                                                           | 12,570,517     |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 11,597,392                                                                                                                                    | 12,658,680                                                                                                           |                |                       |

**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 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 11,589,720 |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | -135,503   |
| 3 Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 1,116,300  |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 12,570,517 |
| 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 29 .                                                              | 6 | 12,570,517 |

**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)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                           |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

  

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

  

|                                                                                                                                                                                                           |                                                                                     |          |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                    | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | <b>2</b> | 309,168 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 |                                                                                     | <b>3</b> |         |

**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)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                     | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2018                                                                                                                                                                                     | 527,975                                  | 11,725,824                                   | 0.045027                                                    |
| 2017                                                                                                                                                                                     | 622,452                                  | 11,764,032                                   | 0.052911                                                    |
| 2016                                                                                                                                                                                     | 580,377                                  | 11,302,182                                   | 0.051351                                                    |
| 2015                                                                                                                                                                                     | 567,592                                  | 11,762,840                                   | 0.048253                                                    |
| 2014                                                                                                                                                                                     | 530,652                                  | 11,884,582                                   | 0.044650                                                    |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                     |                                          |                                              | <b>2</b> 0.242192                                           |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | <b>3</b> 0.048438                                           |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                    |                                          |                                              | <b>4</b> 11,909,103                                         |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                       |                                          |                                              | <b>5</b> 576,853                                            |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                      |                                          |                                              | <b>6</b> 4,682                                              |
| <b>7</b> Add lines 5 and 6                                                                                                                                                               |                                          |                                              | <b>7</b> 581,535                                            |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                            |                                          |                                              | <b>8</b> 617,710                                            |

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)**

|           |                                                                                                                                                                                                                                     |           |       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                | <b>1</b>  | 4,682 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                             |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  | 0     |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                          | <b>3</b>  | 4,682 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  | 0     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                            | <b>5</b>  | 4,682 |
| <b>6</b>  | <b>Credits/Payments:</b>                                                                                                                                                                                                            |           |       |
| <b>a</b>  | 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                   | <b>6a</b> | 6,470 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                       | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                       | <b>6c</b> | 0     |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                   | <b>6d</b> | 0     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                        | <b>7</b>  | 6,470 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                           | <b>8</b>  | 0     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>                                                                                                                      | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>                                                                                                          | <b>10</b> | 1,788 |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 1,788 <b>Refunded</b> <b>▶</b>                                                                                                                    | <b>11</b> | 0     |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         |     | No |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> |     | No |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   |     | No |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0                                                                                                                                                      |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0                                                                                                                                                                                                     |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                          |     | No |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             |     | No |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  |     | No |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       |     |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                    |     | No |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .            |     | No |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .                                                                                                                                                                                                     | Yes |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶ IL</b>                                                                                                                                                                                                                                      |     |    |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>                                                                                                                                    | Yes |    |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                                |     | No |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .                                                                                                                                                                                                   |     | No |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>                                                  | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ▶ <u>DAVID FRIEDLANDER</u> Telephone no. ▶ <u>(847) 940-3240</u>                                                                                                         |           |            |           |

Located at ▶ 2801 LAKESIDE 300 BANNOCKBURN IL ZIP+4 ▶ 60015

|           |                                                                                                                                                                                                     |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>                                                      |           |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>                                                                                               |           |            |           |
| <b>16</b> | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b> | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the 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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                            |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                               |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                              | <b>1b</b> |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .                                                                                                                                                                                                                                                                                                         | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                            |           |            |           |
| <b>a</b>  | At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                              |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                               |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                  |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                         | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|                                                                                                                                                                                                                                                 |                                                                     | Yes       | No        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----------|
| <b>5a</b> 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>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . . |                                                                     | <b>5b</b> |           |
| Organizations relying on a current notice regarding disaster assistance check here. . . . .                                                                                                                                                     | <input type="checkbox"/>                                            |           |           |
| <b>c</b> 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? . . . . .                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |           |
| <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>                                                                                                                                                             |                                                                     |           |           |
| <b>6a</b> 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>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                   |                                                                     | <b>6b</b> | <b>No</b> |
| <i>If "Yes" to 6b, file Form 8870.</i>                                                                                                                                                                                                          |                                                                     |           |           |
| <b>7a</b> 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>b</b> If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .                                                                                                                    |                                                                     | <b>7b</b> |           |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |

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

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| GAIL G ELLIS<br>1435 CIRCLE DRIVE<br>SAN MARINO, CA 91108                                                                           | DIRECTOR<br>0.00                                          | 0                                         | 0                                                                     | 0                                     |
| BRIAN C SULLIVAN<br>15040 ALTATA DRIVE<br>PACIFIC PALISADES, CA 90272                                                               | DIRECTOR<br>0.00                                          | 0                                         | 0                                                                     | 0                                     |
| CARRIE E SULLIVAN<br>1455 CIRCLE DRIVE<br>SAN MARINO, CA 91108                                                                      | DIRECTOR<br>0.00                                          | 0                                         | 0                                                                     | 0                                     |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b> . . . .                                                                  |                                                           |                                           |                                                                       | <b>0</b>                              |

**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                                                                                       |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
| <b>Total</b> 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 |
|----------|----------|
| <b>1</b> |          |
|          |          |
|          |          |
| <b>2</b> |          |
|          |          |
|          |          |
| <b>3</b> |          |
|          |          |
|          |          |
| <b>4</b> |          |
|          |          |
|          |          |

**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 |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| <b>2</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                   | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                    |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |            |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 0          |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 94,140     |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 11,996,320 |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 12,090,460 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 12,090,460 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 181,357    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 11,909,103 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 595,455    |

**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.)

|           |                                                                                                                    |           |         |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 595,455 |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5. . . . .                                                    | <b>2a</b> | 4,682   |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 4,682   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 590,773 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 590,773 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 590,773 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 617,710 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 617,710 |
| <b>5</b> | 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. . . . . | <b>5</b>  | 4,682   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 613,028 |

**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)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                                |               |                            |             | 590,773     |
| <b>2</b> Undistributed income, if any, as of the end of 2019:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .                                                                                                                                               |               |                            | 568,419     |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                                     |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2017. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2018. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>617,710</u>                                                                                                      |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                                        |               |                            | 568,419     |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount. . . . .                                                                                                                                     |               |                            |             | 49,291      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                             | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     | 0             |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 541,482     |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2020.</b><br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                    | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                         |               |                            |             |             |

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, 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) 2019 | (b) 2018      | (c) 2017 | (d) 2016 |           |
|    |                                                                                                                            |          |               |          |          |           |

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| <b>b</b> 85% of line 2a . . . . . |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|

|                                                                                    |  |  |  |  |  |
|------------------------------------------------------------------------------------|--|--|--|--|--|
| c Qualifying distributions from Part XII,<br>line 4 for each year listed . . . . . |  |  |  |  |  |
|------------------------------------------------------------------------------------|--|--|--|--|--|

|          |                                                                                       |  |  |  |  |
|----------|---------------------------------------------------------------------------------------|--|--|--|--|
| <b>d</b> | Amounts included in line 2c not used directly for active conduct of exempt activities |  |  |  |  |
|----------|---------------------------------------------------------------------------------------|--|--|--|--|

|                                                                                                                                 |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>e</b> 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: |  |  |  |  |  |
|   |                                                            |  |  |  |  |  |

[illegible]

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| (1) Value of all assets . . . . . |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|

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

|                                                                                                                                 |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>b</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).)

GAIL G ELLIS

**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,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 617,710 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0       |

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                                                                                            | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions.) |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                                                                            | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue:                                                                                                          |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                                                                                       |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . . .                                                                                          |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash investments . . . . .                                                                      |                           |               | 14                                   | 49,708        |                                                                    |
| <b>4</b> Dividends and interest from securities. . . . .                                                                                   |                           |               | 14                                   | 99,085        |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate:                                                                                     |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                                                                                   |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                                                                               |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                                                                                |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                                                                                  |                           |               | 14                                   | 174,249       |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .                                                                |                           |               | 18                                   | 309,168       |                                                                    |
| <b>9</b> Net income or (loss) from special events:                                                                                         |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                                                                                   |                           |               |                                      |               | 14,000                                                             |
| <b>11</b> Other revenue: <b>a</b> _____                                                                                                    |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .                                                                                 |                           | 0             |                                      | 632,210       | 14,000                                                             |
| <b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .<br>(See worksheet in line 13 instructions to verify calculations.) |                           |               | <b>13</b>                            |               | <b>646,210</b>                                                     |

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]



**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e.g., real estate,<br><b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | <b>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo., day, yr.) | <b>(d)</b><br>Date sold<br>(mo., day, yr.) |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| K-1 GORE CREEK STOCK FUND S1                                                                                                                 | P                                                      |                                                |                                            |
| K-1 GORE CREEK STOCK FUND S1                                                                                                                 | P                                                      |                                                |                                            |
| K-1 GORE CREEK PRIVATE FUND S1B                                                                                                              | P                                                      |                                                |                                            |
| K-1 GORE CREEK PRIVATE FUND S1B                                                                                                              | P                                                      |                                                |                                            |
| K-1 GORE CREEK HEDGE FUND S1                                                                                                                 | P                                                      |                                                |                                            |
| K-1 GORE CREEK HEDGE FUND S1                                                                                                                 | P                                                      |                                                |                                            |
| K-1 GORE CREEK BOND FUND S1                                                                                                                  | P                                                      |                                                |                                            |
| K-1 GORE CREEK PRIVATE FUND S1                                                                                                               | P                                                      |                                                |                                            |
| K-1 GORE CREEK PRIVATE FUND S1                                                                                                               | P                                                      |                                                |                                            |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| <b>(e)</b> Gross sales price | <b>(f)</b> Depreciation allowed<br>(or allowable) | <b>(g)</b> Cost or other basis<br>plus expense of sale | <b>(h)</b> Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------|---------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
|                              |                                                   |                                                        | 18,321                                              |
|                              |                                                   |                                                        | 204,104                                             |
|                              |                                                   |                                                        | -1,658                                              |
|                              |                                                   |                                                        | -34,014                                             |
|                              |                                                   |                                                        | 12,635                                              |
|                              |                                                   |                                                        | 69,610                                              |
|                              |                                                   |                                                        | -4,163                                              |
|                              |                                                   |                                                        | -759                                                |
|                              |                                                   |                                                        | 45,092                                              |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                             |                                                        | <b>(l)</b> Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>(i)</b> F.M.V. as of 12/31/69                                                            | <b>(j)</b> Adjusted basis<br>as of 12/31/69 | <b>(k)</b> Excess of col. (i)<br>over col. (j), if any |                                                                                                       |
|                                                                                             |                                             |                                                        | 18,321                                                                                                |
|                                                                                             |                                             |                                                        | 204,104                                                                                               |
|                                                                                             |                                             |                                                        | -1,658                                                                                                |
|                                                                                             |                                             |                                                        | -34,014                                                                                               |
|                                                                                             |                                             |                                                        | 12,635                                                                                                |
|                                                                                             |                                             |                                                        | 69,610                                                                                                |
|                                                                                             |                                             |                                                        | -4,163                                                                                                |
|                                                                                             |                                             |                                                        | -759                                                                                                  |
|                                                                                             |                                             |                                                        | 45,092                                                                                                |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ABILITYFIRST1300 E GREEN STREET<br>PASADENA, CA 91106                                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 4,000   |
| ACADEMY OF ST JOAN OF ARC<br>9245 LAWNDAL AVE<br>EVANSTON, IL 602031308                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| ADOPTAPLANTOONPO BOX 234<br>LOZANO, TX 78568                                                             |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| AIM FOR MENTAL HEALTHPO BOX 4235<br>CARMEL BY THE SEA, CA 93921                                          |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| ALZHEIMER'S ASSOCIATION<br>4709 GOLF RD<br>SKOKIE, IL 60076                                              |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| AM LUNG ASSOCIATIONPO BOX 11039<br>LEWISTON, MD 04243                                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                                   |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                  |                                                                                                                    |                                      |                                     |         |
| AMERICAN HEART ASSOCIATION<br>208 S LASALLE ST STE 1500<br>CHICAGO, IL 60604          |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| AMERICAN INSTITUTE FOR CANCER<br>RESEARCH<br>PO BOX 97167<br>WASHINGTON, DC 200907167 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| AMERICAN RED CROSSPO BOX 37639<br>BOONE, IA 50037                                     |                                                                                                                    |                                      | PUBLIC CHARITY                      | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                           |                                                                                                                    |                                      |                                     | 617,710 |

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

| Recipient                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                               |                                                                                                                    |                                      |                                     |         |
| ART CENTER COLLEGE OF DESIGN<br>1700 LIDA ST<br>PASADENA, CA 91103 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| ASPCA424 E 92ND ST<br>NEW YORK, NY 10128                           |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| ASSOC OF THE SACRED HEART<br>PO BOX 411821<br>ST LOUIS, MO 63147   |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                        |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| AUTISM SPEAKS<br>1 EAST 33RD STREET 4TH FLOOR<br>NEW YORK, NY 10016                                      |                                                                                                           |                                | PUBLIC CHARITY                   | 4,000   |
| AUTRY MUSEUM OF THE AMERICAN WEST<br>4700 WESTERN HERITAGE WAY<br>LOS ANGELES, CA 90027                  |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| BETTY FORD ALPINE GARDENS<br>530 SOUTH FRONTAGE ROAD EAST<br>VAIL, CO 81657                              |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| BOY SCOUTS OF AMERICA<br>1325 W WALNUT HILL LANE<br>IRVING, TX 75015                                     |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| BOYS AND GIRLS CLUB OF AMERICA<br>1275 PEACHTREE ST NE<br>ATLANTA, GA 303093506                          |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| BOY'S TOWN14100 CRAWFORD ST<br>BOYS TOWN, NE 68010                                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| BRaille INSTITUTE OF AMERICA<br>741 N VERMONT AVE<br>LOS ANGELES, CA 90029                               |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| BRAVO VAIL2271 N FRONTAGE RD W<br>VAIL, CO 81657                                                         |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| CAL FARLEY'S BOYS RANCH<br>PO BOX 98156<br>WASHINGTON, DC 20090                                          |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CALTECH1200 E CALIFORNIA BLVD<br>PASADENA, CA 91125                                                      |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| CAMPING AND EDUCATION<br>FOUNDATION<br>3515 MICHIGAN AVENUE<br>CINCINNATI, OH 45208                      |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| CASA OF LOS ANGELES<br>201 CENTRE PLAZA DR 1100<br>MONTEREY PARK, CA 91754                               |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                                       |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                      |                                                                                                                    |                                      |                                     |         |
| CATHOLIC RELIEF SERVICES<br>PO BOX 17145<br>BALTIMORE, MD 21298                           |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| CHILDREN'S BURN FOUNDATION<br>5000 VAN NUYS BOULEVARD SUITE 210<br>SHERMAN OAKS, CA 91403 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| CHILDREN'S HOSPITAL OF LA<br>4650 SUNSET BLVD<br>LOS ANGELES, CA 90027                    |                                                                                                                    |                                      | PUBLIC CHARITY                      | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                               |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CIRCLE OF FRIENDS225 E CHICAGO ST<br>CHICAGO, IL 60611                                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| CITY OF HOPE1500 EAST DUARTE ROAD<br>DUARTE, CA 91010                                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| CLASSICAL KUSCPO BOX 7913<br>LOS ANGELES, CA 90007                                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| COAST GUARD FOUNDATION<br>394 TAUGWONK RD<br>STONINGTON, CT 06378                                        |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| DOCTORS WITHOUT BORDERS<br>333 7TH AVENUE 2ND FLOOR<br>NEW YORK, NY 10001                                |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| DOWNTOWN WOMEN'S CENTER<br>442 SAN PEDRO ST<br>LOS ANGELES, CA 90013                                     |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| EARTHWATCH INSTITUTE<br>114 WESTERN AVE<br>BOSTON, MA 02134                                              |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| EASTER SEALSPO BOX 35908<br>LOS ANGELES, CA 900350906                                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| EDUCATIONAL FOUNDATION---<br>BARRINGTON<br>283 COUNTRY ROAD<br>BARRINGTON, RI 60011                      |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| EPILEPSY FOUNDATIONPO BOX 96548<br>WASHINGTON, DC 20077                                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| FEED THE CHILDREN333 N MERIDIAN<br>OKLAHOMA CITY, OK 73107                                               |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| FEEDING AMERICAPO BOX 96749<br>WASHINGTON, DC 20077                                                      |                                                                                                           |                                | PUBLIC CHARITY                   | 1,200   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| FINCAPO BOX 98048<br>WASHINGTON, DC 200908048                                                            |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| FIVE ACRES760 W MOUNTAIN VIEW ST<br>ALTADENA, CA 91001                                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| FLINTRIDGE PREPARATORY SCHOOL<br>4543 CROWN AVE<br>LA CANADA FLINTRIDGE, CA 91011                        |                                                                                                           |                                | PUBLIC CHARITY                   | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| FOOTHILL FAMILY SERVICES<br>2500 E FOOTHILL BLVD STE 300<br>PASADENA, CA 91107                           |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| FRESH AIR FOODPO BOX 4535<br>NEW YORK, NY 101644542                                                      |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| GENTLE GIANTS DRAFT HORSE RESCUE<br>PO BOX 5058<br>HAGERSTOWN, MD 21741                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| GEORGETOWN UNIVERSITY<br>3700 O ST NW<br>WASHINGTON, DC 20057                                            |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| GREATER LOS ANGELES ZOO ASSOCIATION<br>5333 ZOO DR<br>LOS ANGELES, CA 90027                              |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| GUIDING EYES FOR THE BLIND<br>611 GRANITE SPRINGS RD<br>YORKTOWN HEIGHTS, NY 10598                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HABITAT FOR HUMANITY INTERNATIONAL<br>800 N STATE ST<br>ELGIN, IL 60123                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| HATHAWAY-SYCAMORES<br>100 W WALNUT ST STE 375<br>PASADENA, CA 91124                                      |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| HEARTS THERAPEUTIC EQUESTRIAN CENTER<br>4420 CALLE REAL<br>SANTA BARBARA, CA 93110                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                       | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                             |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                            |                                                                                                                    |                                      |                                     |         |
| HEIFER INTERNATIONAL<br>1 WORLD AVENUE<br>LITTLE ROCK, AR 72202 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| HILLSIDES940 AVENUE 64<br>PASADENA, CA 91105                    |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| HOLLYWOOD BOWL<br>2301 N HIGHLAND AVE<br>LOS ANGELES, CA 90068  |                                                                                                                    |                                      | PUBLIC CHARITY                      | 5,010   |
| <b>Total . . . . . ▶ 3a</b>                                     |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HOLY FAMILY CATHOLIC CHURCH<br>600 BROOK FOREST AVE<br>SHOREWOOD, IL 60404                               |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| HUMANE SOCIETY OF THE UNITED STATES<br>1255 23RD STREET NW STE 450<br>WASHINGTON, DC 20037               |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| HUNTINGTON HOSPITAL270 PARK AVE<br>HUNTINGTON, NY 11743                                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 40,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HUNTINGTON LIBRARY SOCIETY OF FELLOWS<br>1151 OXFORD ROAD<br>SAN MARINO, CA 91108                        |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| INNER CITY ARTS720 KOHLER ST<br>LOS ANGELES, CA 90021                                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| INTERNATIONAL MEDICAL CORPS<br>12400 WILSHIRE BLVD STE 1500<br>LOS ANGELES, CA 90025                     |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| JUNIOR LEAGUE OF PASADENA<br>149 S MADISON AVE<br>PASADENA, CA 91101                                     |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| K9 FOR WARRIORS<br>11050 LAKE UNDERHILL RD<br>ORLANDO, FL 32025                                          |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| KCET2900 WEST ALAMEDA AVE<br>BURBANK, CA 91505                                                           |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| KIDSPACE CHILDREN'S MUSEUM<br>480 N ARROYO BLVD<br>PASADENA, CA 91103                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 9,000   |
| LOS ANGELES MISSIONPO BOX 60127<br>LOS ANGELES, CA 30060                                                 |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| LOS ANGELES OPERA FUND<br>135 NORTH GRAND AVENUE<br>LOS ANGELES, CA 90012                                |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| LUPUS FOUNDATION OF AM<br>PO BOX 96864<br>WASHINGTON, DC 20090                                           |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| LYRIC OPERA-CHICAGO<br>20 N WACKER DR<br>CHICAGO, IL 60606                                               |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| MACH 11530 W BROADWAY ROAD<br>TEMPE, AZ 85282                                                            |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                        |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                       |                                                                                                                    |                                      |                                     |         |
| MADD<br>511 E JOHN CARPENTER FREEWAY<br>IRVING, TX 75062                   |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| MAGICAL STRINGS OF YOUTH<br>1250 RADCLIFFE ROAD<br>BUFFALO GROVE, IL 60089 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 20,000  |
| MAKE-A-WISH<br>640 NORTH LASALLE DRIVE SUITE 280<br>CHICAGO, IL 60654      |                                                                                                                    |                                      | PUBLIC CHARITY                      | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MARINE TOYS FOR TOTS<br>18251 QUANTICO GATEWAY DR<br>TRIANGLE, VA 22172                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| MD ANDERSON CANCER CENTER<br>1840 OLD SPANISH TRAIL<br>HOUSTON, TX 77054                                 |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| MEMORIAL SLOAN KETTERING<br>1275 YORK AVENUE<br>NEW YORK, NY 10065                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MENLO CHARITY1298 ROYAL ROAD<br>ANNVILLE, PA 17003                                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 13,000  |
| MERCY HOME FOR BOYS AND GIRLS<br>1140 W JACKSON BLVD<br>CHICAGO, IL 60607                                |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| MERCY SHIPSPO BOX 2020<br>GARDEN VALLEY, TX 75771                                                        |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| METHODIST HOSPITAL FOUNDATION<br>8701 W DODGE RD STE 450<br>OMAHA, NE 68114                              |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| MOBILE CARE FOUNDATION<br>321 N LOOMIS ST<br>CHICAGO, IL 60607                                           |                                                                                                           |                                | PUBLIC CHARITY                   | 150,000 |
| MUSCULAR DYSTROPHY FAMILY FOUNDATION<br>PO BOX 776<br>CARMEL, IN 46032                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                                            |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                           |                                                                                                                    |                                      |                                     |         |
| MY FRIENDS PLACE<br>5850 HOLLYWOOD BLVD<br>LOS ANGELES, CA 90028                               |                                                                                                                    |                                      | PUBLIC CHARITY                      | 5,000   |
| NAMI3803 N FAIRFAX DR SUITE 100<br>ARLINGTON, VA 22203                                         |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| NATIONAL ASSOCIATION OF BLIND<br>VETERANS<br>12516 HAMMOCK POINTE CIR<br>LAKE COUNTY, FL 34711 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                    |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>PO BOX 512098<br>LOS ANGELES, CA 900510098                        |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| NATURAL HISTORY MUSEUM<br>900 EXPOSITION BLVD<br>LOS ANGELES, CA 90007                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| NORTHWESTERN UNIVERSITY<br>633 CLARK ST<br>EVANSTON, IL 60208                                            |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| OPERATION SMILE3641 FACULTY BLVD<br>VIRGINIA BEACH, VA 23453                                             |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| PALM BEACH SYMPHONY<br>400 HIBISCUS ST 100<br>WEST PALM BEACH, FL 33401                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 10,000  |
| PARALYZED VETERANS OF AMERICA<br>801 EIGHTEENTH STREET NW<br>WASHINGTON, DC 20006                        |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| PARKINSON RESEARCH FOUNDATION<br>PO BOX 96318<br>WASHINGTON, DC 20090                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| PASADENA ART ALLIANCE<br>1028 N LAKE AVE 104<br>PASADENA, CA 91104                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| PASADENA HUMANE SOCIETY<br>361 S RAYMOND AVE<br>PASADENA, CA 91105                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| PASADENA PLAYHOUSE<br>39 S EL MOLINO AVE<br>PASADENA, CA 91101                                           |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| PASADENA SENIORS CENTER<br>85 E HOLLY ST<br>PASADENA, CA 91103                                           |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| PASADENA SHOWCASE HOURSE OF THE ARTS<br>PO BOX 93486<br>PASADENA, CA 91109                               |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                 |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                |                                                                                                                    |                                      |                                     |         |
| PASADENA SYMPHONY AND POPS<br>2 N LAKE AVE<br>PASADENA, CA 91101    |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| PAWS FOR PURPLE HEARTS<br>5860 LABATH AVE<br>ROHNERT PARK, CA 94928 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 2,000   |
| PBS-CO CAL<br>3080 BRISTOL STREET SUITE 100<br>COSTA MESA, CA 92626 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                  |                                                                                                                    |                                      |                                     | 617,710 |

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

| Recipient                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                        |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                       |                                                                                                                    |                                      |                                     |         |
| PLANNED PARENTHOOD<br>114 UNIVERSITY AVENUE<br>ROCHESTER, NY 14605         |                                                                                                                    |                                      | PUBLIC CHARITY                      | 2,000   |
| POLYTECHNIC SCHOOL<br>1030 E CALIFORNIA BLVD<br>PASADENA, CA 91106         |                                                                                                                    |                                      | PUBLIC CHARITY                      | 50,000  |
| PROVIDENCE ST JOSEPH HOSPITAL<br>501 S BUENA VISTA ST<br>BURBANK, CA 91505 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 10,000  |
| <b>Total . . . . .</b> ► <b>3a</b>                                         |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| RONALD MCDONALD HOUSE<br>763 SOUTH PASADENA AVE<br>PASADENA, CA 91105                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| SAINT MATTHEWS PARISH SCHOOL<br>1555 GLEN ELLYN RD<br>GLENDALE HEIGHTS, IL 60139                         |                                                                                                           |                                | PUBLIC CHARITY                   | 20,000  |
| SALVATION ARMY<br>615 SLATERS LANE PO BOX 269<br>ALEXANDRIA, VA 22313                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                                       | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                             |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                            |                                                                                                                    |                                      |                                     |         |
| SAN MARINO FIRE ASSOCIATION<br>2200 HUNTINGTON DR<br>SAN MARINO, CA 91108       |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| SAN MARINO POLICE ASSOCIATION<br>2275 HUNTINGTON DR 411<br>SAN MARION, CA 91108 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| SAN MARINO SCHOOLS FOUNDATION<br>1665 WEST DR<br>SAN MARINO, CA 91108           |                                                                                                                    |                                      | PUBLIC CHARITY                      | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                     |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SAVE THE CHILDREN<br>501 KINGS HIGHWAY<br>FAIRFIELD, CT 06825                                            |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| SCHOOL YEAR ABROAD<br>120 WATER STREET SUITE 310<br>NORTH ANDOVER, MA 01845                              |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| SEMESTER AT SEA2410 OLD IVY ROAD<br>CHARLOTTESVILLE, VA 22903                                            |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

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

| Recipient                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                          |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                         |                                                                                                                    |                                      |                                     |         |
| SEMPER K9PO BOX 17619<br>WASHINGTON, DC 20041                                |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| SHRINERS HOSPITALS FOR CHILDREN<br>2900 N ROCKY POINT DR<br>TAMPA, FL 33607  |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| SOCIETY OF THE SACRED HEART<br>4120 FOREST PARK AVENUE<br>ST LOUIS, MO 63108 |                                                                                                                    |                                      | PUBLIC CHARITY                      | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                  |                                                                                                                    |                                      |                                     | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SOUTH PASADENA EDUCATIONAL FOUNDATION<br>351 S HUDSON AVE<br>PASADENA, CA 91101                          |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| SOUTH PASADENA SAN MARINO YMCA<br>1605 N GARFIELD AVE<br>SOUTH PASADENA, CA 91030                        |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| SPECIAL OLYMPICS<br>1133 19TH STREET NW<br>WASHINGTON, DC 20036                                          |                                                                                                           |                                | PUBLIC CHARITY                   | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ST JOSEPH'S INDIAN SCHOOL<br>1301 N MAIN ST<br>CHAMBERLAIN, SD 57325                                     |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| ST JUDES CHILDREN RESEARCH HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105                            |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| ST VINCENT MEALS ON WHEELS<br>2303 MIRAMAR ST<br>LOS ANGELES, CA 90057                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| STEADMAN PHIIPPON RESEARCH INSTITUTE<br>181 W MEADOW DR 1000<br>VAIL, CO 81657                           |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| SUSAN G KOMEN<br>213 W INSTITUTE PL SUITE 302<br>CHICAGO, IL 60610                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| TEAM USA PARA-OLYMPIC FOUNDATION<br>1 OLYMPIC PLAZA<br>COLORADO SPRINGS, CO 80909                        |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| THE ARTHRITIS FOUNDATION<br>1355 PEACHTREE ST NE 6TH FL<br>ATLANTA, GA 30309                             |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| THE COLBURN SCHOOL<br>200 S GRAND AVE<br>LOS ANGELES, CA 90012                                           |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| THE SMILE TRAIN<br>41 MADISON AVE 28TH FLOOR<br>NEW YORK, NY 10010                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THRIVE RESCUE360 E 1ST STREET 921<br>TUSTIN, CA 92780                                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| TROJAN ATHELTIC FUND<br>3501 WATT WAY HERITAGE HALL 203B<br>LOS ANGELES, CA 90089                        |                                                                                                           |                                | PUBLIC CHARITY                   | 10,000  |
| UNION RESCUE MISSION<br>545 S SAN PEDRO ST<br>LOS ANGELES, CA 90013                                      |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| UNION STATION FOUNDATION<br>825 E ORANGE GROVE BOULEVARD<br>PASADENA, CA 91104                           |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| UNITED STATES HOLOCAUST MEMORIAL<br>595 ELM PL<br>HIGHLAND PARK, IL 60035                                |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| UNITED STATES OLYMPIC COMMITTEE<br>1 OLYMPIC PLAZA<br>COLORADO SPRINGS, CO 80909                         |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| UNIVERSITY OF NOTRE DAME<br>400 MAIN BUILDING<br>NOTRE DAME, IN 46556                                    |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| URBAN COMPASS11100 S CENTRAL AVE<br>LOS ANGELES, CA 90059                                                |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| URYADI'S VILLAGEPO BOX 1086<br>SANDPOINT, ID 83864                                                       |                                                                                                           |                                | PUBLIC CHARITY                   | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| USET FOUNDATIONPO BOX 355<br>GLADSTONE, NJ 07934                                                         |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| USHJA FOUNDATION3870 CIGAR LANE<br>LEXINGTON, KY 07934                                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| USOPO BOX 96860<br>WASHINGTON, DC 20077                                                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| VAIL HEALTH FOUNDATION<br>PO BOX 1529<br>VAIL, CO 81658                                                  |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| VAIL VALLEY MEDICAL CENTER<br>FOUNDATION<br>322 BREAD CREEK RD<br>EDWARDS, CO 81632                      |                                                                                                           |                                | PUBLIC CHARITY                   | 5,000   |
| VIETNAM VETERANS MEMORIAL FUND<br>PO BOX 96764<br>WASHINGTON, DC 20090                                   |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| VILLA ESPERANZA2060 F VILLA<br>PASADENA, CA 91107                                                        |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| WILDLIFE WAYSTATION<br>14831 LITTLE TUJUNGA CANYON RD<br>SYLMAR, CA 91342                                |                                                                                                           |                                | PUBLIC CHARITY                   | 6,000   |
| WOUNDED WARRIOR PROJECT<br>84899 BELFORT RD STE 300<br>JACKSONVILLE, FL 32256                            |                                                                                                           |                                | PUBLIC CHARITY                   | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| YOUNG & HEALTHY<br>1905 LINCOLN AVE BUILDING D ROOM 416<br>PASADENA, CA 91103                            |                                                                                                           |                                | PUBLIC CHARITY                   | 6,000   |
| SAN MARINO PUBLIC LIBRARY CAMPAIGN<br>1890 HUNTINGTON BLVD<br>SAN MARINO, CA 91108                       |                                                                                                           |                                | PUBLIC CHARITY                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 617,710 |

**TY 2019 Investments - Other Schedule**

**Name:** GAIL G ELLIS FOUNDATION INC  
C/O DAVID FRIEDLANDER FG MK

**EIN:** 36-4076867

**Investments Other Schedule 2**

| Category/ Item              | Listed at Cost or<br>FMV | Book Value | End of Year Fair<br>Market Value |
|-----------------------------|--------------------------|------------|----------------------------------|
| INVESTMENTS IN PARTNERSHIPS | AT COST                  | 12,576,589 | 12,425,382                       |

**TY 2019 Other Expenses Schedule**

**Name:** GAIL G ELLIS FOUNDATION INC  
C/O DAVID FRIEDLANDER FGMK

**EIN:** 36-4076867

**Other Expenses Schedule**

| Description                                       | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| INTEREST EXPENSE                                  | 2,786                          | 2,786                 | 0                   | 0                                     |
| INVESTMENT EXPENSES FROM GC BOND FUND S1 (TE)     | 2,581                          | 2,581                 | 0                   | 0                                     |
| INVESTMENT EXPENSES FROM GC HEDGE FUND (TE)       | 19,993                         | 19,993                | 0                   | 0                                     |
| INVESTMENT EXPENSES FROM GC PRIVATE FUND S1 (TE)  | 60,831                         | 60,831                | 0                   | 0                                     |
| INVESTMENT EXPENSES FROM GC PRIVATE FUND S1B (TE) | 46,416                         | 46,416                | 0                   | 0                                     |
| INVESTMENT EXPENSES FROM GC STOCK FUND S1 (TE)    | 25,634                         | 25,634                | 0                   | 0                                     |
| MISC. CHARITABLE EXPENSES                         | 448                            | 448                   | 0                   | 0                                     |

**TY 2019 Other Income Schedule**

**Name:** GAIL G ELLIS FOUNDATION INC  
C/O DAVID FRIEDLANDER FG MK

**EIN:** 36-4076867

**Other Income Schedule**

| Description              | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|--------------------------|-----------------------------------|--------------------------|---------------------|
| GC STOCK FUND S1 (TE)    | 45,237                            | 45,237                   |                     |
| GC BOND FUND S1 (TE)     | 120                               | 120                      |                     |
| GC HEDGE FUND (TE)       | 22,343                            | 22,343                   |                     |
| GC PRIVATE FUND S1 (TE)  | 14,720                            | 14,720                   |                     |
| GC PRIVATE FUND S1B (TE) | 91,829                            | 91,829                   |                     |

**TY 2019 Other Increases Schedule**

**Name:** GAIL G ELLIS FOUNDATION INC  
C/O DAVID FRIEDLANDER FG MK

**EIN:** 36-4076867

| Description                                     | Amount    |
|-------------------------------------------------|-----------|
| BOOK -TAX DIFFERENCES IN PASS THRU PARTNERSHIPS | 1,116,300 |

**TY 2019 Taxes Schedule**

**Name:** GAIL G ELLIS FOUNDATION INC  
C/O DAVID FRIEDLANDER FGMK

**EIN:** 36-4076867

| Category           | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------|--------|--------------------------|------------------------|---------------------------------------------|
| FEDERAL TAXES PAID | 1,300  | 1,300                    | 0                      | 0                                           |
| FOREIGN TAX PAID   | 4,014  | 4,014                    | 0                      | 0                                           |