

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

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052  
**2019**  
**Open to Public Inspection**

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

Name of foundation THE LOREEN ARBUS FOUNDATION		<b>A Employer identification number</b> 75-3126107	
Number and street (or P.O. box number if mail is not delivered to street address) 8383 WILSHIRE BLVD SUITE 240	Room/suite	<b>B Telephone number</b> (see instructions) (323) 658-5477	
City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90211		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>36,324</u>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	391,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	62	62		
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	391,062	62			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0	0		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	75	0		75
	<b>b</b> Accounting fees (attach schedule)	68,363	0		68,363
	<b>c</b> Other professional fees (attach schedule)	27,914	0		27,914
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	85	0		85
	<b>19</b> Depreciation (attach schedule) and depletion	872	0		
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	8,443	0		8,443
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	105,752	0		104,880
	<b>25</b> Contributions, gifts, grants paid	457,424			457,424
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	563,176	0		562,304	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	-172,114				
<b>b Net investment income</b> (if negative, enter -0-)		62			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	207,134	35,892	35,892
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ 14,981 Less: accumulated depreciation (attach schedule) ▶ 14,549	1,304	432	432
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	208,438	36,324	36,324	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	208,438	36,324	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	208,438	36,324		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	208,438	36,324		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	208,438
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-172,114
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	36,324
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	36,324

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<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 If (loss), enter -0- in Part I, line 7 }	<b>2</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	}	<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?  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  Yes  No

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	559,256	268,240	2.084909
2017	808,621	20,926	38.641929
2016	724,026	98,682	7.336961
2015	751,899	53,436	14.071020
2014	612,002	77,018	7.946220
<b>2 Total</b> of line 1, column (d)			<b>2</b> 70.081039
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 14.016208
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 175,001
<b>5</b> Multiply line 4 by line 3			<b>5</b> 2,452,850
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 1
<b>7</b> Add lines 5 and 6			<b>7</b> 2,452,851
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 562,304

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

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

Table with 11 rows for excise tax calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Sub-table for credits/payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and state reporting requirements.

**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>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>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>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>HOLLY TOPLITZKY</u> Telephone no. ▶ <u>(323) 658-5477</u>		

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

<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 . . . . . ▶ <u>15</u>		
<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>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>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(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? . . . . . <input type="checkbox"/>	<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 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.) . . . . . <input type="checkbox"/>	<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. ▶ 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.) . . . . . <input type="checkbox"/>	<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 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
HAJOMA INC 8383 WILSHIRE BLVD 240 BEVERLY HILLS, CA 90211	BUSINESS MANAGEMENT	52,687
SAMANTHA MORAN 17202 AURORA AVE N 222 SHORELINE, WA 98133	MANAGEMENT CONSULTING	27,914
RONALD D TOPLITZKY CPA 8383 WILSHIRE BLVD 240 BEVERLY HILLS, CA 90211	ACCOUNTING SERVICES	15,675
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		<b>0</b>

**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 . . . . . ▶	<b>0</b>

<b>Part X Minimum Investment Return</b> (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> 177,666
<b>c</b> Fair market value of all other assets (see instructions). . . . .	<b>1c</b> 0
<b>d Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b> 177,666
<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> 177,666
<b>4</b> Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b> 2,665
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 175,001
<b>6 Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b> 8,750

<b>Part XI Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input type="checkbox"/> and do not complete this part.)	
<b>1</b> Minimum investment return from Part X, line 6. . . . .	<b>1</b> 8,750
<b>2a</b> Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b> 1
<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> 1
<b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b> 8,749
<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> 8,749
<b>6</b> Deduction from distributable amount (see instructions). . . . .	<b>6</b> 0
<b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b> 8,749

<b>Part XII Qualifying Distributions</b> (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> 562,304
<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 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 562,304
<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> 0
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b> 562,304

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				8,749
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<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. . . . .	608,151			
<b>b</b> From 2015. . . . .	749,227			
<b>c</b> From 2016. . . . .	719,092			
<b>d</b> From 2017. . . . .	807,575			
<b>e</b> From 2018. . . . .	545,846			
<b>f</b> Total of lines 3a through e. . . . .	3,429,891			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 562,304				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<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. . . . .				8,749
<b>e</b> Remaining amount distributed out of corpus	553,555			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,983,446			
<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 . . . . .				0
<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). . . . .	608,151			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	3,375,295			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	749,227			
<b>b</b> Excess from 2016. . . . .	719,092			
<b>c</b> Excess from 2017. . . . .	807,575			
<b>d</b> Excess from 2018. . . . .	545,846			
<b>e</b> Excess from 2019. . . . .	553,555			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 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				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, 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:

**a** "Assets" alternative test—enter:

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

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

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

**c** "Support" alternative test—enter:

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

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

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

**1 Information Regarding Foundation Managers:**

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

LOREEN ARBUS

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .	▶ <b>3a</b>			457,424
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .	▶ <b>3b</b>			0





**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>				
ALLIANCE FOR WOMEN IN MEDIA 2365 HARRODSBURG ROAD A325 LEXINGTON, KY 40504	NONE	501(C)(3)	ADVANCE THE INFLUENCE AND IMPACT OF WOMEN IN ALL FORMS OF MEDIA	5,000
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	NONE	501(C)(3)	CONDUCTS RESEARCH AND EDUCATION IN THE SOCIAL SCIENCES, PRIMARILY IN ECONOMICS, METROPOLITAN POLICY, GOVERNANCE, FOREIGN POLICY, GLOBAL ECONOMY, AND ECONOMIC DEVELOPMENT	10,000
BROOKLYN MUSEUM 200 EASTERN PKWY BROOKLYN, NY 11238	NONE	501(C)(3)	SUPPORT THE ARTS	4,575
<b>Total . . . . .</b> ▶ <b>3a</b>				457,424

**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>				
CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	NONE	501(C)(3)	ENABLES REAL WORLD IMPACT BY COLLABORATING WITH INFLUENTIAL RESEARCHERS, THINKERS, AND ORGANIZATIONS AROUND THE WORLD TO DRIVE SIGNIFICANT CHANGE.SUPPORTS MEDICAL RESEARCH FOR CEREBRAL PALSY	33,000
CHINA INSTITUTE NY 100 WASHINGTON ST NEW YORK, NY 10006	NONE	501(C)(3)	PROGRAMS RELATING TO CHINA AND CHINESE CULTURE	5,000
CRYSTAL BRIDGES MUSEUM OF AMERICAN ART 600 MUSEUM WAY BENTONVILLE, AR 72712	NONE	501(C)(3)	SUPPORTS THE ARTS	50,000
<b>Total . . . . .</b> ▶ <b>3a</b>				457,424

**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>				
DISABILITY RIGHTS ADVOCATES 2001 CENTER STREET BERKELEY, CA 94704	NONE	501(C)(3)	TO ADVANCE EQUAL RIGHTS AND OPPORTUNITY FOR PEOPLE WITH ALL TYPES OF DISABILITIES NATIONWIDE.ADVOCATES FOR EQUAL RIGHTS AND OPPORTUNITY FOR PEOPLE WITH ALL TYPES OF DISABILITIES	60,000
FASHION INSTITUTE OF TECHNOLOGY NY 227 W 27TH ST NEW YORK, NY 10001	NONE	501(C)(3)	PROGRAMS DEVOTED TO THE APPAREL INDUSTRY.PREPARES STUDENTS FOR PROFESSIONAL EXCELLENCE IN DESIGN AND BUSINESSPREPARES STUDENTS FOR PROFESSIONAL EXCELLENCE IN DESIGN AND BUSINESS	4,000
HARVARD WOMEN'S LEADERSHIP BOARD 79 JFK STREET CAMBRIDGE, MA 02138	NONE	501(C)(3)	SUPPORTS THE CREATION OF GENDER EQUALITY AND THE IMPROVEMENT OF THE LIVES OF WOMEN	10,000
<b>Total . . . . . ▶ 3a</b>				457,424

**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>				
MARLENE MEYERSON JCC MANHATTAN 334 AMSTERDAM AVE NEW YORK, NY 10023	NONE	501(C)(3)	CREATES OPPORTUNITIES FOR PEOPLE TO CONNECT, GROW, AND LEARN WITHIN AN EVER-CHANGING JEWISH LANDSCAPE.	30,000
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	501(C)(3)	THE METROPOLITAN MUSEUM OF ART COLLECTS, STUDIES, CONSERVES, ANDPRESENTS SIGNIFICANT WORKS OF ART ACROSS ALL TIMES AND CULTURES INORDER TO CONNECT PEOPLE TO CREATIVITY, KNOWLEDGE, AND IDEAS.SUPPORTS THE ARTS	23,615
NEW YORK WOMEN IN FILM & TELEVISION 6 E 39TH STEET 1200 NEW YORK, NY 10016	NONE	501(C)(3)	SUPPORTS WOMEN IN THE PERFORMING ARTS	58,300
<b>Total . . . . . ▶ 3a</b>				457,424

**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>				
PALEY CENTER FOR MEDIA 25 W 52ND ST NEW YORK, NY 10019	NONE	501(C)(3)	SOCIAL SIGNIFICANCE OF FILM AND TELEVISION IN OUR SOCIETY	1,734
PROJECT ANGEL FOOD922 VINE STREET LOS ANGELES, CA 90038	NONE	501(C)(3)	PREPARES AND DELIVERS HEALTHY MEALS TO FEED PEOPLE IMPACTED BY SERIOUS ILLNESS, BRINGING COMFORT AND HOPE EVERY DAY	1,000
SHARE INCPO BOX 1342 BEVERLY HILLS, CA 90213	NONE	501(C)(3)	HELP THE DISABLED	2,200
<b>Total . . . . .</b>				457,424

**▶ 3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TELEVISION ACADEMY FOUNDATION 5220 LANKERSHIM BLVD NO HOLLYWOOD, CA 91601	NONE	501(C)(3)	ADVANCEMENT OF TELECOMMUNICATION ARTS AND SCIENCES AND TO FOSTER CREATIVE LEADERSHIP IN THE TELECOMMUNICATION INDUSTRY	35,000
TOWN HALL LOS ANGELES 633 WEST FIFTH STREET 980 LOS ANGELES, CA 90071	NONE	501(C)(3)	PRESENT ISSUES THAT EFFECT ANGELENOS AND PROVIDE A PLATFORM TO THE DISCUSSION OF SOLUTIONS FROM A NONPARTISAN POINT OF VIEW	10,000
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT ST NEW YORK, NY 10014	NONE	501(C)(3)	ENGAGE WITH ARTISTS, CURATORS, WRITERS, AND SCHOLARS THROUGH INNOVATIVE PROGRAMS THAT EXPLORE THE WHITNEY'S CURRENT EXHIBITIONS AND PERMANENT COLLECTION.SUPPORTS ART PROGRAMS AND PRESERVATION	3,000
<b>Total . . . . . ▶ 3a</b>				457,424

**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>				
WOMEN'S ENEWS 163 AMSTERDAM AVE 1330 NEW YORK, NY 10023	NONE	501(C)(3)	PROVIDES ELECTRONIC NEWS OF WOMENS ISSUES	41,000
WOMEN'S MEDIA CENTER PO BOX 70967 WASHINGTON, DC 20024	NONE	501(C)(3)	HAS THE GOAL OF MAKING WOMEN VISABLE AND POWERFUL IN THE MEDIA	25,000
WORLD SCIENCE FOUNDATION 475 RIVERSIDE DRIVE 950 NEW YORK, NY 10115	NONE	501(C)(3)	TO CULTIVATE A GENERAL PUBLIC INFORMED BY SCIENCE, INSPIRED BY ITS WONDER, CONVINCED OF ITS VALUE, AND PREPARED TO ENGAGE WITH ITS IMPLICATIONS FOR THE FUTURE	45,000
<b>Total . . . . .</b> ▶ <b>3a</b>				457,424

**TY 2019 Accounting Fees Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	68,363	0		68,363

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

## TY 2019 Depreciation Schedule

**Name:** THE LOREEN ARBUS FOUNDATION

**EIN:** 75-3126107

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DELL 30" MONITOR	2011-03-14	800	800	SL	5.000000000000	0	0		
COMPUTER	2011-02-22	2,002	2,002	SL	5.000000000000	0	0		
COMPUTER	2011-03-25	2,206	2,206	SL	5.000000000000	0	0		
KONICA MINOLTA COPIER C220	2013-01-24	2,500	2,255	200DB	7.000000000000	219	0		
KONICA MINOLTA COPIER C35	2013-01-24	2,500	2,255	200DB	7.000000000000	219	0		
ZEROX COPIER	2013-10-24	4,973	4,159	200DB	7.000000000000	434	0		

**TY 2019 Land, Etc.  
Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
DELL 30" MONITOR	800	800	0	
COMPUTER	2,002	2,002	0	
COMPUTER	2,206	2,206	0	
KONICA MINOLTA COPIER C220	2,500	2,474	26	
KONICA MINOLTA COPIER C35	2,500	2,474	26	
ZEROX COPIER	4,973	4,593	380	

**TY 2019 Legal Fees Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	75	0		75

**TY 2019 Other Expenses Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	1,678	0		1,678
TELEPHONE	2,235	0		2,235
POSTAGE, SHIPPING, DELIVERY	1,444	0		1,444
INSURANCE	2,366	0		2,366
BANK CHARGES	295	0		295
BOOKS, SUBSCRIPTIONS, AND REFERENCE	425	0		425

**TY 2019 Other Professional Fees Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MANAGEMENT CONSULTING	27,914	0		27,914

**TY 2019 Substantial Contributors  
Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

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

**TY 2019 Taxes Schedule****Name:** THE LOREEN ARBUS FOUNDATION**EIN:** 75-3126107

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FILING FEES	85	0		85

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

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**

Name of the organization  
THE LOREEN ARBUS FOUNDATION

**Employer identification number**  
75-3126107

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
 THE LOREEN ARBUS FOUNDATION

**Employer identification number**  
 75-3126107

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization THE LOREEN ARBUS FOUNDATION	Employer identification number 75-3126107
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<b>Part II Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization  
THE LOREEN ARBUS FOUNDATION

Employer identification number  
75-3126107

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 75-3126107

**Name:** THE LOREEN ARBUS FOUNDATION

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

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

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

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

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

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