

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation ROBERT A WALLER FOUNDATION		A Employer identification number 95-4509776	
Number and street (or P.O. box number if mail is not delivered to street address) 625 FAIR OAKS AVENUE SUITE 360		Room/suite	B Telephone number (see instructions) (626) 577-0758
City or town, state or province, country, and ZIP or foreign postal code SOUTH PASADENA, CA 91030		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 12,116,974		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	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 . . . . .	46	46		
	4 Dividends and interest from securities . . . . .	170,926	170,926		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	-52,608			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	118,364	170,972		
	13 Compensation of officers, directors, trustees, etc. . . . .	39,000	7,800		31,200
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	14,195	11,356		2,839
	c Other professional fees (attach schedule) . . . . .	121,748	30,437		91,311
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	1,678	1,678		
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	1,587	1,437		150
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	178,208	52,708		125,500
	25 Contributions, gifts, grants paid . . . . .	456,000			456,000
	26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	634,208	52,708		581,500
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-515,844			
	b Net investment income (if negative, enter -0-)		118,264		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .			
	2 Savings and temporary cash investments . . . . .	55,537	175,052	175,052
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	6,282,645	5,618,798	11,941,922
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment: basis ▶ _____ 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)	6,338,182	5,793,850	12,116,974	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .			
	25 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>			
	26 Capital stock, trust principal, or current funds . . . . .	6,338,182		
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds		5,793,850	
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	6,338,182	5,793,850	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	6,338,182	5,793,850		

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	6,338,182
2 Enter amount from Part I, line 27a . . . . .	2	-515,844
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3 . . . . .	4	5,822,338
5 Decreases not included in line 2 (itemize) ▶ _____	5	28,488
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	5,793,850

2	Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	2	-52,608
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> </div>	3	4

<b>1</b> Reserved	
<b>(a)</b> Reserved	<b>(b)</b> Reserved
<b>(c)</b> Reserved	<b>(d)</b> Reserved
<b>2</b> Reserved . . . . .	<b>2</b>
<b>3</b> Reserved. . . . .	<b>3</b>
<b>4</b> Reserved . . . . .	<b>4</b>
<b>5</b> Reserved . . . . .	<b>5</b>
<b>6</b> Reserved . . . . .	<b>6</b>
<b>7</b> Reserved . . . . .	<b>7</b>
<b>8</b> Reserved , . . . .	<b>8</b>

**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. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	1,644
<b>c</b>	All other domestic foundations enter 1.39% 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>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	1,644
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<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>	1,644
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	6,534
<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>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	6,534
<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>	
<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>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>10</b>	4,890
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 4,890 <b>Refunded</b>	<b>11</b>	

**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?	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ _____ <b>(2)</b> On foundation managers. ► \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	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>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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?	<b>6</b>	Yes
<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>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ► CA _____		
<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>	<b>8b</b>	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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	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>	<b>10</b>	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>WHITTIER TRUST COMPANY</u> Telephone no. ► <u>(626) 441-5188</u>			

Located at ► 625 FAIR OAKS AVE SUITE 360 SOUTH PASADENA CA ZIP+4 ► 91030

<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 2020, 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 checked="" type="checkbox"/> Yes <input 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 . . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<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 2020? . . . . .	<b>1c</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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <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.) . . . . .	<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 2020 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 2020.) . . . . .	<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 2020?	<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. . . . . 		
<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? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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? . . . . . If "Yes" to 6b, file Form 8870.	<b>6b</b>	No
<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
See Additional Data Table				
<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> . . . . . 				

**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
WHITTIER TRUST COMPANY	MGMT/PHILANTHRO	121,748
625 FAIR OAKS AVENUE SUITE 360		
SOUTH PASADENA, CA 91030		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**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> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

**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>	10,578,814
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	198,889
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	10,777,703
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	10,777,703
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	161,666
<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>	10,616,037
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	530,802

**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>	530,802
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	1,644
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	1,644
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	529,158
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	529,158
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<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>	529,158

**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>	581,500
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<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>	581,500
<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>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	581,500

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				529,158
<b>2</b> Undistributed income, if any, as of the end of the 2020:				
<b>a</b> Enter amount for 2019 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>581,500</u>				
<b>a</b> Applied to 2019, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2020 distributable amount. . . . .				529,158
<b>e</b> Remaining amount distributed out of corpus	52,342			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	52,342			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2021. 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). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	52,342			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .	52,342			

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<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 . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> 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. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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).)

JUDY WALLER

**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>	456,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
<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	46	
<b>4</b> Dividends and interest from securities. . . . .			14	170,926	
<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. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-52,608	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<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). . .				118,364	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .				118,364	118,364

[illegible]

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

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

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

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-04-21	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ANITA LEE		2021-04-28		P00006585
	Firm's name ▶ THEOREM LLP				Firm's EIN ▶ 20-5947643
	Firm's address ▶ 15706 CRENSHAW BLVD GARDENA, CA 90249				Phone no. (213) 344-5829

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT A WALLER JR	PRESIDENT 1.50	6,500	0	0
625 FAIR OAKS AVENUE SUITE 360 SOUTH PASADENA, CA 91030				
JUDY T WALLER	SEC/TREASURE 1.50	0	0	0
625 FAIR OAKS SUITE 360 SOUTH PASADENA, CA 91030				
WILLIAM J WALLER	BOARD MEMBER 1.50	6,500	0	0
625 FAIR OAKS AVENUE SUITE 360 SOUTH PASADENA, CA 91030				
SARAH W RIDDLE	BOARD MEMBER 1.50	6,500	0	0
625 FAIR OAKS SUITE 360 SOUTH PASADENA, CA 91030				
JOHN G WALLER	BOARD MEMBER 1.50	6,500	0	0
625 FAIR OAKS AVENUE SUITE 360 SOUTH PASADENA, CA 91030				
MARK W WALLER	BOARD MEMBER 1.50	6,500	0	0
625 FAIR OAKS AVENUE SUITE 360 SOUTH PASADENA, CA 91030				
ELLEN W HOTCHKIS	BOARD MEMBER 1.50	6,500	0	0
625 FAIR OAKS AVENUE SUITE 360 SOUTH PASADENA, CA 91030				
ASHLEY FONTANETTA	EXECUTIVE DI 000.00	0	0	0
625 FAIR OAKS AVENUE SUITE 360 SOUTH PASADENA, CA 91030				

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>				
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003		501(C)(3)	SUPPORT	1,500
ALTADENA MOUNTAIN RESCUE TEAM 780 E ALTADENA DRIVE ALTADENA, CA 91001		501(C)(3)	SUPPORT	5,000
ALZHEIMER'S ASSOCIATION CA SOUTHLA 9606 S SANTA MONICA BLVD SUITE 200 BEVERLY HILLS, CA 90210		501(C)(3)	SUPPORT	2,500
<b>Total . . . . .</b>			<b>▶ 3a</b>	456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION CA SOUTHLA 9606 S SANTA MONICA BLVD SUITE 200 BEVERLY HILLS, CA 90210		501(C)(3)	SUPPORT	5,000
AMERICAN AUTOIMMUNE RELATED DISEASE 22100 GRATIOT AVENUE EASTPOINTE, MI 48021		501(C)(3)	SUPPORT	2,000
AMERICAN AUTOIMMUNE RELATED DISEASE 22100 GRATIOT AVENUE EASTPOINTE, MI 48021		501(C)(3)	SUPPORT	5,000
<b>Total</b> . . . . .			▶ <b>3a</b>	456,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN RED CROSS LOS ANGELES REGI 1450 S CENTRAL AVE LOS ANGELES, CA 90021		501(C)(3)	SUPPORT	2,000
BALLET PACIFICA1603 AVIATION BLVD REDONDO BEACH, CA 90278		501(C)(3)	SUPPORT	10,000
BALLET PACIFICA1603 AVIATION BLVD REDONDO BEACH, CA 90278		501(C)(3)	SUPPORT	14,250
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOISE PUBLIC SCHOOLS EDUCATION FOUN 8169 WEST VICTORY ROAD BOISE, ID 83709		501(C)(3)	SUPPORT	5,250
BOISE PUBLIC SCHOOLS EDUCATION FOUN 8169 WEST VICTORY ROAD BOISE, ID 83709		501(C)(3)	SUPPORT	1,000
BOYS & GIRLS CLUB OF HOLLYWOOD 805 N CAHUENGA BLVD LOS ANGELES, CA 90038		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRAIN & BEHAVIOR RESEARCH FOUNDATIO 747 THIRD AVENUE 33RD FLOOR NEW YORK, NY 10017		501(C)(3)	SUPPORT	1,250
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036		501(C)(3)	SUPPORT	2,000
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD M/C 5-32 PASADENA, CA 911250001		501(C)(3)	SUPPORT	3,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 10006		501(C)(3)	SUPPORT	2,500
CANCER SUPPORT COMMUNITY REDONDO BE 109 W TORRANCE BLVD SU REDONDO BEACH, CA 90277		501(C)(3)	SUPPORT	1,000
CATE SCHOOL1960 CATE MESA ROAD CARPINTERIA, CA 93013		501(C)(3)	SUPPORT	2,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATE SCHOOL1960 CATE MESA ROAD CARPINTERIA, CA 93013		501(C)(3)	SUPPORT	1,000
CATHEDRAL OF ST JOHN THE EVANGELIS 707 N 8TH ST BOISE, ID 83702		501(C)(3)	SUPPORT	1,000
CHILDREN OF THE NIGHT 3450 CAHUENGA BLVD W SUITE 602 LOS ANGELES, CA 91411		501(C)(3)	SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN OF THE NIGHT 3450 CAHUENGA BLVD W SUITE 602 LOS ANGELES, CA 91411		501(C)(3)	SUPPORT	5,000
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD 29 LOS ANGELES, CA 90027		501(C)(3)	SUPPORT	2,000
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD 29 LOS ANGELES, CA 90027		501(C)(3)	SUPPORT	1,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010		501(C)(3)	SUPPORT	2,000
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010		501(C)(3)	SUPPORT	1,500
COLLEGE ACCESS PLAN 871 E WASHINGTON BLVD SUITE 207 PASADENA, CA 91104		501(C)(3)	SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027		501(C)(3)	SUPPORT	250
DIAN FOSSEY GORILLA FUND INTERNATIO 800 CHEROKEE AVENUE SE ATLANTA, GA 30315		501(C)(3)	SUPPORT	1,000
DIAN FOSSEY GORILLA FUND INTERNATIO 800 CHEROKEE AVENUE SE ATLANTA, GA 30315		501(C)(3)	SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				456,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLO NEW YORK, NY 100061705		501(C)(3)	SUPPORT	1,000
DONORSCHOOSEORG 134 W 37TH STREET 11TH NEW YORK, NY 10001		501(C)(3)	SUPPORT	1,250
DR SUSAN LOVE RESEARCH FOUNDATION 16133 VENTURA BLVD SUIT ENCINO, CA 91436		501(C)(3)	SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EAGLE MOUNT BOZEMAN 6901 GOLDENSTEIN LANE BOZEMAN, MT 59715		501(C)(3)	SUPPORT	1,500
FAMILY PROMISE OF GALLATIN VALLEY 429 EAST STORY STREET BOZEMAN, MT 59715		501(C)(3)	SUPPORT	2,000
FAMILY PROMISE OF THE SOUTH BAY 2930 EL DORADO ST TORRANCE, CA 90503		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852		501(C)(3)	SUPPORT	5,000
FIVE ACRES - THE BOYS & GIRLS AID S 760 W MOUNTAIN VIEW STRE ALTADENA, CA 91001		501(C)(3)	SUPPORT	1,000
FLINTRIDGE PREPARATORY SCHOOL 4543 CROWN AVENUE LA CANADA FLINTRIDGE, CA 91011		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIEDKIN CONSERVATION FUND 1375 ENCLAVE PKWY HOUSTON, TX 770772026		501(C)(3)	SUPPORT	2,000
FRIENDS OF THE HOLLYWOOD CENTRAL PA 6464 SUNSET BLVD HOLLYWOOD, CA 90028		501(C)(3)	SUPPORT	500
GALLATIN COUNTY LOVE IN THE NAME OF PO BOX 7117 BOZEMAN, MT 59771		501(C)(3)	SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOLD RUSH CURE FOUNDATION 27671 ROSEBUD WAY LAGUNA NIGUEL, CA 92677		501(C)(3)	SUPPORT	1,000
GRADES OF GREEN 1730 EAST HOLLY AVE EL SEGUNDO, CA 90245		501(C)(3)	SUPPORT	1,000
GRADES OF GREEN 1730 EAST HOLLY AVE EL SEGUNDO, CA 90245		501(C)(3)	SUPPORT	1,000
<b>Total . . . . .</b>			<b>3a</b>	456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER LOS ANGELES ZOO ASSOCIATION 5333 ZOO DRIVE LOS ANGELES, CA 90027		501(C)(3)	SUPPORT	5,000
HAVENPO BOX 752 BOZEMAN, MT 59771		501(C)(3)	SUPPORT	3,000
HEAL THE BAY1444 9TH STREET SANTA MONICA, CA 90401		501(C)(3)	SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780		501(C)(3)	SUPPORT	1,500
HUNTINGTON MEMORIAL HOSPITAL 100 WEST CALIFORNIA BOULE PASADENA, CA 91105		501(C)(3)	SUPPORT	25,000
HUNTINGTON MEMORIAL HOSPITAL 100 WEST CALIFORNIA BOULE PASADENA, CA 91105		501(C)(3)	SUPPORT	3,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
IDAHO HUMANE SOCIETY 4775 DORMAN ST BOISE, ID 83705		501(C)(3)	SUPPORT	2,500
IDAHO YOUTH RANCH INC 5465 W IRVING BOISE, ID 83706		501(C)(3)	SUPPORT	1,000
IMMUNE DEFICIENCY FOUNDATION 110 WEST ROAD SUITE 300 TOWSON, MD 21204		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
INNER CITY LAW CENTER1309 E 7TH ST LOS ANGELES, CA 90021		501(C)(3)	SUPPORT	1,500
JONATHAN ART FOUNDATION 545 S FIGUEROA STREET LOS ANGELES, CA 90071		501(C)(3)	SUPPORT	5,000
JOURNEY OF FAITH1243 ARTESIA BLVD MANHATTAN BEACH, CA 90266		501(C)(3)	SUPPORT	2,000
Total . . . . . ▶ 3a				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KCETLINK2900 W ALAMEDA AVENUE BURBANK, CA 91505		501(C)(3)	SUPPORT	1,000
KCRW1900 PICO BLVD SANTA MONICA, CA 90405		501(C)(3)	SUPPORT	1,250
LAMBDA CHI ALPHA EDUCATIONAL FOUNDA 11711 N PENNSYLVANIA ST SUITE 250 CARMEL, IN 46032		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAS MADRINASDEPARTMENT 6778 LOS ANGELES, CA 90084		501(C)(3)	SUPPORT	2,000
LAS MADRINASDEPARTMENT 6778 LOS ANGELES, CA 90084		501(C)(3)	SUPPORT	6,000
MAKE-A-WISH GREATER LOS ANGELES 11390 W OLYMPIC BLVD S LOS ANGELES, CA 90064		501(C)(3)	SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAKE-A-WISH GREATER LOS ANGELES 11390 W OLYMPIC BLVD S LOS ANGELES, CA 90064		501(C)(3)	SUPPORT	10,000
MAKE-A-WISH GREATER LOS ANGELES 11390 W OLYMPIC BLVD S LOS ANGELES, CA 90064		501(C)(3)	SUPPORT	2,000
MAKE-A-WISH IDAHO 310 W IDAHO STREET BOISE, ID 83702		501(C)(3)	SUPPORT	2,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BEACH, CA 90267		501(C)(3)	SUPPORT	1,000
MARCH OF DIMES 1275 MAMARONECK AVENUE ATTN DRFR WHITE PLAINS, NY 10605		501(C)(3)	SUPPORT	10,000
MATER DEI HIGH SCHOOL 1202 W EDINGER AVE SANTA ANA, CA 92707		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55905		501(C)(3)	SUPPORT	5,000
MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREE LOS ANGELES, CA 90014		501(C)(3)	SUPPORT	250
MIGHTY OAKS FOUNDATION 29910 MURRIETA HOT SPRING MURRIETA, CA 92563		501(C)(3)	SUPPORT	10,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NAMI MONTANAPO BOX 1021 HELENA, MT 596241021		501(C)(3)	SUPPORT	3,250
NATIONAL COURT APPOINTED SPECIAL AD 100 W HARRISON STREET NORTH TOWER SUITE 500 SEATTLE, WA 98119		501(C)(3)	SUPPORT	2,000
NORTH SHORE COUNTRY DAY SCHOOL 310 GREEN BAY ROAD DEVELOPMENT WINNETKA, IL 60093		501(C)(3)	SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OCEANOGRAPHIC TEACHING STATIONS INC PO BOX 1 MANHATTAN BCH, CA 90267		501(C)(3)	SUPPORT	1,000
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257		501(C)(3)	SUPPORT	250
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453		501(C)(3)	SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				456,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE SU MANHATTAN BEACH, CA 90266		501(C)(3)	SUPPORT	1,500
PARKINSON'S FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018		501(C)(3)	SUPPORT	3,000
PARKINSON'S FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018		501(C)(3)	SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
PASADENA COMMUNITY FOUNDATION 301 E COLORADO BLVD SU PASADENA, CA 91101		501(C)(3)	SUPPORT	5,000
PASADENA COMMUNITY FOUNDATION 301 E COLORADO BLVD SU PASADENA, CA 91101		501(C)(3)	SUPPORT	5,000
PASADENA HUMANE SOCIETY & SPCA 361 SOUTH RAYMOND AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	2,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PASADENA HUMANE SOCIETY & SPCA 361 SOUTH RAYMOND AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	10,000
PASADENA PLAYHOUSE STATE THEATER OF 39 SOUTH EL MOLINO AVENUE PASADENA, CA 91101		501(C)(3)	SUPPORT	10,000
PASADENA RONALD MCDONALD HOUSE 763 S PASADENA AVE PASADENA, CA 91105		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PASADENA RONALD MCDONALD HOUSE 763 S PASADENA AVE PASADENA, CA 91105		501(C)(3)	SUPPORT	5,000
PASADENA RONALD MCDONALD HOUSE 763 S PASADENA AVE PASADENA, CA 91105		501(C)(3)	SUPPORT	500
PASADENA SENIOR CENTER 85 EAST HOLLY STREET PASADENA, CA 91103		501(C)(3)	SUPPORT	10,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PAWSLA-PETS ARE WONDERFUL SUPPORT 2121 S FLOWER STREET LOS ANGELES, CA 90007		501(C)(3)	SUPPORT	2,000
POLYTECHNIC SCHOOL 1030 EAST CALIFORNIA BLVD PASADENA, CA 91106		501(C)(3)	SUPPORT	1,000
POLYTECHNIC SCHOOL 1030 EAST CALIFORNIA BLVD PASADENA, CA 91106		501(C)(3)	SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RAIDERS FOUNDATION 1475 RAIDERS WAY HENDERSON, NV 89052		501(C)(3)	SUPPORT	1,500
REACH OUT & CARE WHEELS INC PO BOX 11765 BOZEMAN, MT 59719		501(C)(3)	SUPPORT	1,500
ROESSLER CHADWICK FOUNDATION DBA CH 26800 S ACADEMY DR PALOS VERDES PENINSULA, CA 90274		501(C)(3)	SUPPORT	2,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAINT SEBASTIAN SPORTS PROJECT INC PO BOX 1711 MANHATTAN BEACH, CA 90267		501(C)(3)	SUPPORT	1,000
SANDPIPERS PHILANTHROPY FUND INC PO BOX 72 HERMOSA BEACH, CA 90254		501(C)(3)	SUPPORT	5,000
SAVING INNOCENCEPO BOX 93037 LOS ANGELES, CA 90093		501(C)(3)	SUPPORT	2,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEQUOYAH SCHOOL 535 S PASADENA AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	15,500
SEQUOYAH SCHOOL 535 S PASADENA AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	15,500
SEQUOYAH SCHOOL 535 S PASADENA AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	7,500
<b>Total . . . . . ▶ 3a</b>				456,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEQUOYAH SCHOOL 535 S PASADENA AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	7,500
SEQUOYAH SCHOOL 535 S PASADENA AVENUE PASADENA, CA 91105		501(C)(3)	SUPPORT	1,500
SIERRA MADRE SEARCH AND RESCUE TEAM PO BOX 24 SIERRA MADRE, CA 91025		501(C)(3)	SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOHN'S NORTHWESTERN MILITARY AC 1101 GENESEE ST DELAFIELD, WI 53018		501(C)(3)	SUPPORT	5,000
ST JUDE CHILDREN'S RESEARCH HOSPIT 501 ST JUDE PLACE MEMPHIS, TN 38105		501(C)(3)	SUPPORT	2,000
ST JUDE CHILDREN'S RESEARCH HOSPIT 501 ST JUDE PLACE MEMPHIS, TN 38105		501(C)(3)	SUPPORT	3,750
<b>Total . . . . .</b>			<b>▶ 3a</b>	456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST LUKE'S HEALTH FOUNDATION 190 E BANNOCK ST BOISE, ID 83712		501(C)(3)	SUPPORT	5,000
STEP AHEAD IDAHO INC 967 E PARKCENTER BLVD BOISE, ID 83706		501(C)(3)	SUPPORT	2,500
THE HUNTINGTON LIBRARY ART COLLECT 1151 OXFORD ROAD SAN MARINO, CA 91108		501(C)(3)	SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE RONALD REAGAN PRESIDENTIAL FOUN 40 PRESIDENTIAL DRIVE SIMI VALLEY, CA 93065		501(C)(3)	SUPPORT	1,000
THE SALVATION ARMY 180 E OCEAN BLVD SUITE LONG BEACH, CA 90802		501(C)(3)	SUPPORT	500
THE UNIVERSITY OF NORTH CAROLINA AT 208 WEST FRANKLIN ST CHAPEL HILL, NC 27514		501(C)(3)	SUPPORT	3,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TINY TAILS K-9 RESCUEPO BOX 257 MANHATTAN, MT 59741		501(C)(3)	SUPPORT	3,500
TURNING POINT USA 4940 EAST BEVERLY ROAD PHOENIX, AZ 85044		501(C)(3)	SUPPORT	1,000
UNION RESCUE MISSION 545 SOUTH SAN PEDRO STREE LOS ANGELES, CA 90013		501(C)(3)	SUPPORT	750
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF CALIFORNIA BERKELEY F DONOR GIFT SERVICES 1995 UNIVERSITY AVE SUI BERKELEY, CA 947041070		501(C)(3)	SUPPORT	3,000
UNIVERSITY OF COLORADO FOUNDATION PARENT GIVING AND BOULDER 2055 REGENT DRIVE SUITE BOULDER, CO 80309		501(C)(3)	SUPPORT	3,000
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS LOS ANGELES, CA 90089		501(C)(3)	SUPPORT	3,000
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS LOS ANGELES, CA 90089		501(C)(3)	SUPPORT	7,500
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS LOS ANGELES, CA 90089		501(C)(3)	SUPPORT	10,000
VANDERBILT UNIVERSITY GIFT AND DONOR SERVICES P 2301 VANDERBILT PLACE NASHVILLE, TN 372407727		501(C)(3)	SUPPORT	3,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VISTAMAR SCHOOL737 HAWAII ST EL SEGUNDO, CA 90245		501(C)(3)	SUPPORT	10,000
WARRIORS & QUIET WATERS FOUNDATION 351 EVERGREEN DR STE A BOZEMAN, MT 59715		501(C)(3)	SUPPORT	8,750
WESTCOAST SPORTS ASSOCIATES INC 8939 S SEPULVEDA BLVD STE 110716 LOS ANGELES, CA 90045		501(C)(3)	SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				456,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WORLD WILDLIFE FUND 1250 24TH STREET NW PO BOX 97180 WASHINGTON, DC 200907180		501(C)(3)	SUPPORT	2,000
WORLD WILDLIFE FUND 1250 24TH STREET NW PO BOX 97180 WASHINGTON, DC 200907180		501(C)(3)	SUPPORT	1,000
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 666758517		501(C)(3)	SUPPORT	2,500
<b>Total . . . . . ▶ 3a</b>				456,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA, KS 666758517		501(C)(3)	SUPPORT	10,000
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580		501(C)(3)	SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				456,000

**TY 2020 Accounting Fees Schedule****Name:** ROBERT A WALLER FOUNDATION**EIN:** 95-4509776

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ROSE SNYDER	14,195	11,356		2,839

**TY 2020 Investments Corporate Stock Schedule****Name:** ROBERT A WALLER FOUNDATION**EIN:** 95-4509776**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SECURITIES	4,989,684	11,253,465
FIXED INCOME SECURITIES	629,114	688,457

**TY 2020 Other Decreases Schedule**

**Name:** ROBERT A WALLER FOUNDATION  
**EIN:** 95-4509776

Description	Amount
ACCRUAL TO CASH	28,488

**TY 2020 Other Expenses Schedule****Name:** ROBERT A WALLER FOUNDATION**EIN:** 95-4509776**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
REGISTRATION	765	765		
INSURANCE	750	600		150
INVESTMENT FEES	72	72		

**TY 2020 Other Professional Fees Schedule****Name:** ROBERT A WALLER FOUNDATION**EIN:** 95-4509776

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
WHITTIER TRUST	121,748	30,437		91,311

**TY 2020 Taxes Schedule****Name:** ROBERT A WALLER FOUNDATION**EIN:** 95-4509776**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAX PAID	1,598	1,598		
STATE FILING FEE	50	50		
STATE TAXES	30	30		