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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 10-01-2020 , and ending 09-30-2021

Name of foundation
LEICHTAG FOUNDATION

A Employer identification number
33-0466189

Number and street (or P.O. box number if mail is not delivered to street address)
441 SAXONY ROAD

Room/suite

B Telephone number (see instructions)
(760) 929-1090

City or town, state or province, country, and ZIP or foreign postal code
ENCINITAS, CA 92024

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 103,882,210

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

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)	24,262			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	2,621	2,621		
	4	Dividends and interest from securities	1,386,188	1,386,188		
	5a	Gross rents	2,218,890	2,218,890		
	b	Net rental income or (loss) 2,218,890				
	6a	Net gain or (loss) from sale of assets not on line 10	10,459,420			
	b	Gross sales price for all assets on line 6a 26,884,199				
	7	Capital gain net income (from Part IV, line 2)		10,459,420		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	5,376	0		
	12	**Total.** Add lines 1 through 11	14,096,757	14,067,119		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	922,321	559,956		252,133
	14	Other employee salaries and wages	1,775,305	351,696		665,729
	15	Pension plans, employee benefits	513,537	174,844		176,035
	16a	Legal fees (attach schedule)	246,361	238,049		2,633
	b	Accounting fees (attach schedule)	49,645	0		0
	c	Other professional fees (attach schedule)	173,056	103,649		26,415
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	255,965	86,081		51,219
	19	Depreciation (attach schedule) and depletion	802,413	802,413		
	20	Occupancy				
	21	Travel, conferences, and meetings	34,290	0		24,199
	22	Printing and publications	3,960	12		140
	23	Other expenses (attach schedule)	1,066,784	814,190		96,813
	24	**Total operating and administrative expenses.** Add lines 13 through 23	5,843,637	3,130,890		1,295,316
	25	Contributions, gifts, grants paid	5,224,355			5,224,355
	26	**Total expenses and disbursements.** Add lines 24 and 25	11,067,992	3,130,890		6,519,671
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	3,028,765			
	b	**Net investment income** (if negative, enter -0-)		10,936,229		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	3,984,054	5,100,703	5,100,703
	3 Accounts receivable ▶ 235,511			
	Less: allowance for doubtful accounts ▶	333,432	235,511	235,511
	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) ▶ 487,585			
	Less: allowance for doubtful accounts ▶ 0	487,585	487,585	487,585
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	78,189	190,745	190,745
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)	19,858,934	17,573,552	17,573,552
	11 Investments—land, buildings, and equipment: basis ▶ 28,131,962			
	Less: accumulated depreciation (attach schedule) ▶ 3,914,327	23,522,418	24,217,635	24,217,635
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	49,134,806	56,076,479	56,076,479
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	154,954	0	0
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	97,554,372	103,882,210	103,882,210
Liabilities	17 Accounts payable and accrued expenses	566,552	749,906	
	18 Grants payable	6,173,424	5,127,126	
	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 **Total liabilities**(add lines 17 through 22)	6,739,976	5,877,032	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	90,814,396	98,005,178	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	90,814,396	98,005,178	
	30 **Total liabilities and net assets/fund balances** (see instructions)	97,554,372	103,882,210	

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	90,814,396
2	Enter amount from Part I, line 27a	2	3,028,765
3	Other increases not included in line 2 (itemize) ▶	3	4,162,017
4	Add lines 1, 2, and 3	4	98,005,178
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	98,005,178

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.)
1a	See Additional Data Table			
b				
c				
d				
e				

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

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

2	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 }	2	10,459,420
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	152,014
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	152,014
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	152,014
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 226,703		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	226,703
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	74,689
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ 74,689 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	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? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	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?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA			
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? *If "No," attach explanation*	8b	Yes	
9	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. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	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.	11		No
12	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	12	Yes	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.LEICHTAG.ORG

14 The books are in care of ▶ LEICHTAG FOUNDATION Telephone no. ▶ (760) 929-1090

Located at ▶ 441 SAXONY ROAD ENCINITAS CA ZIP+4 ▶ 92024

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

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.

1a	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?		☐ Yes ☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes ☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes ☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☑ Yes ☐ 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)?		☐ Yes ☑ No	
	(6) Agree to pay money or property to a government official? (**Exception.** 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.)		☐ Yes ☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** 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	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	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?	1c		No
2	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)):			
a	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? If "Yes," list the years ▶ 20____, 20____, 20____, 20____		☐ Yes ☑ No	
b	Are there any years listed in 2a for which the foundation is **not** 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 **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☑ Yes ☐ No	
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.)*	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

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

			Yes	No
5a	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))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☑ Yes ☐ 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? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** 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	5b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	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? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	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? ☐ Yes ☑ No			

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(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				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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
SHARYN GOODSON 441 SAXONY RD ENCINITAS, CA 92024	VICE PRESIDENT, PHIL 40.00	213,954	47,172	0
LEILANI RASMUSSEN 441 SAXONY RD ENCINITAS, CA 92024	VP, FINANCE AND OPER 40.00	232,607	27,670	0
JENNIFER CAMHI 441 SAXONY RD ENCINITAS, CA 92024	CHIEF TALENT OFFICER 40.00	166,034	34,193	0
DEMPSEY SAWYER 441 SAXONY RD ENCINITAS, CA 92024	ENGINEERING DIRECTOR 40.00	123,058	18,186	0
JESSICA KORT 441 SAXONY RD ENCINITAS, CA 92024	DIRECTOR OF COMMUNIC 40.00	107,571	14,557	0
Total number of other employees paid over $50,000 ▶				14

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
JRS MANAGEMENT & CONSTRUCTION PO BOX 597 LA MESA, CA 91944	CONSTRUCTION SERVICES	475,246
TVD INC PO BOX 1205 CARDIFF, CA 92007	CONSTRUCTION SERVICES	317,158
ALLIED UNIVERSAL PO BOX 31001-2374 PASADENA, CA 91110	SECURITY	223,478
SCHMIDT ELECTRIC PO BOX 230123 ENCINITAS, CA 92024	REPAIRS & MAINTENANCE	187,261
AG-CON CONSTRUCTION INC 580 HARRISON STREET SAN JOSE, CA 92125	CONSTRUCTION SERVICES	149,603
Total number of others receiving over $50,000 for professional services. ▶		2

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	71,216,704
b	Average of monthly cash balances	1b	5,570,293
c	Fair market value of all other assets (see instructions)	1c	28,131,962
d	**Total** (add lines 1a, b, and c)	1d	104,918,959
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	104,918,959
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,573,784
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	103,345,175
6	**Minimum investment return.** Enter 5% of line 5	6	5,167,259

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	5,167,259
2a	Tax on investment income for 2020 from Part VI, line 5	2a	152,014		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	152,014
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	5,015,245
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	5,015,245
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	5,015,245

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	6,519,671
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,519,671
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,519,671

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
1 Distributable amount for 2020 from Part XI, line 7				5,015,245
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 4,261,140				
b From 2016. 828,816				
c From 2017. 3,049,722				
d From 2018. 2,574,778				
e From 2019. 2,777,438				
f **Total** of lines 3a through e.	13,491,894			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 6,519,671				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				5,015,245
e Remaining amount distributed out of corpus	1,504,426			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	14,996,320			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .	4,261,140			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	10,735,180			
10 Analysis of line 9:				
a Excess from 2016. . . . 828,816				
b Excess from 2017. . . . 3,049,722				
c Excess from 2018. . . . 2,574,778				
d Excess from 2019. . . . 2,777,438				
e Excess from 2020. . . . 1,504,426				

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)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				5,224,355
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,621	
4 Dividends and interest from securities			14	1,386,188	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	2,218,890	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	10,459,420	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a HIVE CATERING			01	5,376	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		14,072,495	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	14,072,495

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 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?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(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 **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

Sign Here

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.

******	2022-06-02	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
DEBRA D SMITH CPA		2022-06-02		P00646873

Firm's name ▶ ALDRICH CPAS AND ADVISORS LLP	Firm's EIN ▶93-0623286
Firm's address ▶ 5946 PRIESTLY DRIVE SUITE 200 CARLSBAD, CA 92008	Phone no. (760) 431-8440

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

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
CHARLES SCHWAB PUBLICLY TRADED SECURITIES		2020-01-01	2021-09-30
NET GAIN VINTAGE INVESTMENTS	P	2020-01-01	2021-09-30
NET GAIN JVP OPPORTUNITIES VII-VIII	P	2020-01-01	2021-09-30
NET GAIN GENERATION IM ASIA INVESTMENTS	P	2020-01-01	2021-09-30
NET GAIN LFAM2 LLC	P	2020-01-01	2021-09-30
FIXED ASSET DISPOSALS	P	2020-01-20	2021-09-30
SCHWAB CAPITAL GAIN DISTRIBUTIONS	P	2021-09-30	2021-09-30

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
25,561,584		16,413,223	9,148,361
274,584			274,584
61,837			61,837
173,712			173,712
65,263			65,263
3,360	11,944	23,500	-8,196
743,859			743,859

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			9,148,361
			274,584
			61,837
			173,712
			65,263
			-8,196
			743,859

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 BRUNST MD PHD 441 SAXONY RD ENCINITAS, CA 92024	CFO AND TREASURER 2.00	0	0	0
BERNARD REITER 441 SAXONY RD ENCINITAS, CA 92024	CHAIRMAN 2.00	0	0	0
EMILY EINHORN 441 SAXONY RD ENCINITAS, CA 92024	VICE CHAIR 2.00	8,000	0	0
DR JEFFREY R SOLOMON 441 SAXONY RD ENCINITAS, CA 92024	VICE CHAIR 2.00	0	0	0
ANGELICA BERRIE 441 SAXONY RD ENCINITAS, CA 92024	DIRECTOR 2.00	6,000	0	0
JAMES S FARLEY 441 SAXONY RD ENCINITAS, CA 92024	PRESIDENT/CEO 40.00	583,834	42,242	0
CHARLENE SEIDLE 441 SAXONY RD ENCINITAS, CA 92024	EVP/EXECUTIVE DIRECTOR 40.00	318,487	45,453	0
LEO SPIEGEL 441 SAXONY RD ENCINITAS, CA 92024	DIRECTOR 2.00	6,000	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
2-1-1 SAN DIEGOPO BOX 420039 SAN DIEGO, CA 92142	NONE	PC	GENERAL OPERATING SUPPORT	2,680
AHAVAT YISROEL HUMANITY 5314 16TH AVE SUITE 244 BROOKLYN, NY 11204	NONE	PC	MOUNT MERNON RELIEF	1,300
AHAVAT YISROEL HUMANITY 5314 16TH AVE SUITE 244 BROOKLYN, NY 11204	NONE	PC	MOUNT MERNON RELIEF	3,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICA GIVES1732 1ST AVE NEW YORK, NY 10128	NONE	PC	GENERAL OPERATING SUPPORT	15,000
AMERICA ISRAEL CULTURAL FOUNDATION 322 8TH AVENUE NEW YORK, NY 10001	NONE	PC	ARTIST RELIEF FUND	3,600
AMERICA ISRAEL CULTURAL FOUNDATION 322 8TH AVENUE NEW YORK, NY 10001	NONE	PC	GENERAL OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF KIDUM 59 EAST 54TH ST SUITE 72 NEW YORK, NY 10022	NONE	PC	SOCIETY OF ADVANCEMENT OF EDUCATION	2,600
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE PO BOX 4124 NEW YORK, NY 10163	NONE	PC	INDIA RELIEF	36,000
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE PO BOX 4124 NEW YORK, NY 10163	NONE	PC	HAITI EARTHQUAKE ASSISTANCE	5,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PUBLIC GARDENS ASSOCIATION 351 LONGWOOD ROAD KENNETT SQUARE, PA 19348	NONE	PC	MEMBERSHIP	2,136
ANTI-DEFAMATION LEAGUE FOUNDATION 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	PC	GENERAL OPERATING SUPPORT	25,000
ASSOCIATION OF FUNDRAISING PROFESSIONALS SAN DIEGO CHAPTER PO BOX 882088 SAN DIEGO, CA 921682088	NONE	PC	BIPOC SCHOLARSHIPS	3,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FUNDRAISING PROFESSIONALS SAN DIEGO CHAPTER PO BOX 882088 SAN DIEGO, CA 921682088	NONE	PC	MEMBERSHIP & PROGRAM SCHOLARSHIPS	5,000
AUSTIN DISASTER RELIEF NETWORK PO BOX 15424 AUSTIN, TX 78761	NONE	PC	WINTER STORM RESPONSE RECOVERY EFFORTS	180
BARRIO LOGAN COLLEGE INSTITUTE 2114 NATIONAL AVENUE SAN DIEGO, CA 92113	NONE	PC	GENERAL OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOTANIC GARDENS CONSERVATION INT'L US 1151 OXFORD ROAD SAN MARINO, CA 91108	NONE	PC	CYCAD SPECIES CERTIFICATION	5,400
CATALYST OF SD & IMPERIAL COUNTIES 5060 SHOREHAM PLACE SAN DIEGO, CA 92122	NONE	PC	MEMBERSHIP	8,175
CATALYST OF SD & IMPERIAL COUNTIES 5060 SHOREHAM PLACE SAN DIEGO, CA 92122	NONE	PC	NANCY JAMISON FUND FOR SOCIAL JUSTICE	250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPIONS FOR HEALTH 4699 MURPHY CANYON ROAD SUITE 102 SAN DIEGO, CA 92123	NONE	PC	GENERAL OPERATING SUPPORT	500
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	650,000
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	SALARIES	32,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	80,000
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	PROFESSIONAL DEVELOPMENT	1,799
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	FARM FOUNDERS CIRCLE MEMBERSHIP	1,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	FARM FOUNDERS CIRCLE MEMBERSHIP	1,000
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	2020 END OF YEAR CAMPAIGN	300
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	EDUCATIONAL PROGRAMMING	500
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	1,000
COASTAL ROOTS FARM 441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	25,000
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PC	HOLIDAY LUNCH FOR STAFF	120
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PC	COVID-19 STAFF APPRECIATION	314
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PC	STAFF APPRECIATION	382
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	250
CSU SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	NONE	PC	CSUS INNOVATION HUB	2,500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CSU SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	NONE	PC	SOCIAL WORK INTERN	2,500
CSU SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	NONE	PC	FALL 2021 PRESIDENTS REPORT	8,000
DIMENSIONS EDUCATIONAL CONSULTING 716 BEACON STREET NEWTON, MA 02459	NONE	PC	GENERAL OPERATING SUPPORT - LEADERSHIP COUNTS WEBINAR HONORARIUM	1,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDERHELP OF SAN DIEGO 3860 CALLE FORTUNADA SUITE 101 SAN DIEGO, CA 92123	NONE	PC	GENERAL OPERATING SUPPORT	180
ELDERHELP OF SAN DIEGO 3860 CALLE FORTUNADA SUITE 101 SAN DIEGO, CA 92123	NONE	PC	ANNUAL GALA	180
ENCINITAS 4 EQUALITY 1900 NORTH COAST HIGHWAY ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENCINITAS ENVIRONMENT DAY INC 1859 AUTUMN PLACE ENCINITAS, CA 92024	NONE	PC	ECOFEST 2021	2,500
ENCINITAS FRIENDS OF THE ARTS 1155 MELBA ROAD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	200
ENCINITAS ROTARY CLUB FOUNDATION P O BOX 230223 ENCINITAS, CA 92023	NONE	PC	ANNUAL WINE & FOOD FESTIVAL	1,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL HEALTH COALITION 2727 HOOVER AVENUE SUITE 202 NATIONAL CITY, CA 91950	NONE	PC	GENERAL OPERATING SUPPORT	100
FAMILY ELDERCARE 1700 RUTHERFORD LANE AUSTIN, TX 78754	NONE	PC	WINTER FREEZE RECOVERY EFFORTS	180
FIRSTFRUITS FARM SLOPO BOX 5157 SAN LUIS OBISPO, CA 93403	NONE	PC	GENERAL OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR WOMEN WARRIORS 1185 PARK CENTER DRIVE SUITE O VISTA, CA 92081	NONE	PC	HOLIDAY-SEASON GIFTS FOR FWW EMPLOYEE	600
FRIENDS OF OROT FUND 111 JOHN STREET SUITE 1720 NEW YORK, NY 10038	NONE	PC	AMUTAH#580578151	2,600
GOOD PEOPLE FUND INC 384 WYOMING AVENUE MILBURN, NJ 07041	NONE	PC	MOUNT MERNON RELIEF	750
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD PEOPLE FUND INC 384 WYOMING AVENUE MILBURN, NJ 07041	NONE	PC	MOUNT MERNON RELIEF	1,800
GOOD PEOPLE FUND INC 384 WYOMING AVENUE MILBURN, NJ 07041	NONE	PC	MOUNT MERNON RELIEF	2,300
GRANT PROFESSIONALS ASSOCIATION 10540 MARTY STREET SUITE 240 OVERLAND PARK, KS 66212	NONE	PC	BIPOC SCHOLARSHIPS	5,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMIFAL COOPERATIVE HA-MAARAVIM STREET NUMBER 3 JERUSALEM 91013 IS	NONE	PC	GENERAL OPERATING SUPPORT	50,000
HEBREW FREE LOAN OF SAN DIEGO 9404 GENESEE AVENUE SUITE 200 LA JOLLA, CA 92037	NONE	PC	GENERAL OPERATING SUPPORT	50,000
HILLEL OF SAN DIEGO 5717 LINDO PASEO SAN DIEGO, CA 92115	NONE	PC	LEICHTAG AD FOR HILLEL ANNUAL MEETING	360
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLEL OF SAN DIEGO 5717 LINDO PASEO SAN DIEGO, CA 92115	NONE	PC	SUPPORT NC JEWISH STUDENTS	30,000
IDENTITY THEFT RESOURCE CENTER 2514 JAMACHA ROAD SUITE 502-525 EL CAJON, CA 92018	NONE	PC	GENERAL OPERATING SUPPORT	350
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	FOR MGSDII GEN OPER SUPPORT	43,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	13,664
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	MGSDII - GENERAL OPERATING SUPPORT	14,166
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	MGSDII OPERATING SUPPORT	14,166
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	LATINA GIVING CIRCLE - GENERAL OPERTING SUPPORT	20,000
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	SD GIVES SPONSORSHIP	2,500
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	COVID-19 NEIGHBORHOOD HEALTHCARE	18,000
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	COVID-19 CHAMPIONS FOR HEALTH	18,000
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	TEXAS WINTER STORMS	18,612
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	JERUSALEM PHILANTHROPIC INITIATIVES - GENERAL OPERATING SUPPORT	50,000
IMPACT CUBED441 SAXONY RD ENCINITAS, CA 92024	NONE	PC	JPI GENERAL OPERATING SUPPORT	1,000
INTERFAITH COMMUNITY SERVICES 550 W WASHINGTON AVE SUITE B ESCONDIDO, CA 92025	NONE	PC	GENERAL OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH COMMUNITY SERVICES 550 W WASHINGTON AVE SUITE B ESCONDIDO, CA 92025	NONE	PC	GENERAL OPERATING SUPPORT - ALLIANCE FOR REGIONAL SOLUTIONS	30,000
INTERFAITH COMMUNITY SERVICES 550 W WASHINGTON AVE SUITE B ESCONDIDO, CA 92025	NONE	PC	STAFF HOLIDAY GIFT CARDS	2,250
INTERFAITH COMMUNITY SERVICES 550 W WASHINGTON AVE SUITE B ESCONDIDO, CA 92025	NONE	PC	STAFF APPRECIATION LUNCH	3,600
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH COMMUNITY SERVICES 550 W WASHINGTON AVE SUITE B ESCONDIDO, CA 92025	NONE	PC	OPERATING SUPPORT	250
INTERNATIONAL REFUGEE ASSISTANCE PROJECT ONE BATTERY PARK PLAZA 4TH FLOOR NEW YORK, NY 10004	NONE	PC	AFGHAN REFUGEE SUPPORT	290
JERUSALEM INTERCULTURAL CENTER PO BOX 1477 JERUSALEM 91013 IS	NONE	PC	COMMUNITY GARDEN, GENERAL OPERATING SUPPORT	121,545
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERUSALEM PHILANTHROPIC INITATIVES SHLOMZION HAMALKA NUMBER 4 JERUSALEM IS	NONE	PC	GENERAL OPERATING SUPPORT	405,246
JEWISH COMMUNITY FEDERATION OF SF 121 STEUART STREET SAN FRANCISCO, CA 94105	NONE	PC	JEWISH PRIDE FUND GIVING CIRCLE	500
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123	NONE	PC	GENERAL OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SAN DIEGO COUNTY 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	PC	GENERAL OPERATING SUPPORT	180
JEWISH FEDERATION OF SAN DIEGO COUNTY 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	PC	MICHAEL JESER OUTSTANDING JEWISH PROFESSIONAL AWARD FUND	18,000
JEWISH FEDERATION OF SAN DIEGO COUNTY 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	PC	2021 CAMPAIGN	250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	NONE	PC	BELIBA CHOMA COVID-19	40,000
JEWISH JUMPSTART 2801 OCEAN PARK BLVD 348 SANTA MONICA, CA 90405	NONE	PC	ECOSYSTEM 2.0	3,000
JEWISH WOMEN INTERNATIONAL 1129 20TH STREET NW SUITE 801 WASHINGTON, DC 20036	NONE	PC	HIVE NEGOTIATION WORKSHOPS	1,800
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWS FOR RACIAL & ECONOMIC JUSTICE 330 7TH AVE SUITE 1901 NEW YORK, NY 10001	NONE	PC	HIVE'S REBBEE - RABBI MIRA RIVERA	1,500
JOIN ISRAEL 135 ROCKAWAY TURNPIKE SUITE 101 LAWRENCE, NY 11559	NONE	PC	LEV SHOMEA - MOUNT MERON RELIEF	1,500
JPRO25 BROADWAY NEW YORK, NY 10004	NONE	PC	LEICHTAG FOUNDATION MEMBERSHIP FY 2022	1,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JTA - MJL DBA -70 FACES MEDIA DBA 70 FACES MEDIA NEW YORK, NY 10018	NONE	PC	ALMA - ISRAEL-RELATED CONTENT	50,000
JUST IN TIMEPO BOX 601627 SAN DIEGO, CA 92160	NONE	PC	GENERAL OPERATING SUPPORT	180
KEREN SHITUF TORMIN DONOR-AVISED FUNDLTD PO BOX 376 SHFAYIM 6099000 IS	NONE	PC	JERUSALEM GRANTMAKING	500,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KESHET284 AMORY STREET BOSTON, MA 02130	NONE	PC	HIVE'S REBBEE - RABBI MICAH BUCK-YAEL'S	1,500
KITCHENS FOR GOOD 404 EUCLID AVENUE SAN DIEGO, CA 92114	NONE	PC	GENERAL OPERATING SUPPORT	100
LAWRENCE FAMILY JCC OF SD COUNTY 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	NONE	PC	SHABBAT SAN DIEGO CELEBRATION	5,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE FAMILY JCC OF SD COUNTY 4126 EXECUTIVE DRIVE LA JOLLA, CA 92037	NONE	PC	GENERAL OPERATING SUPPORT	36,250
LITVAK DANCE ARTS FOUNDATION 2031 SHADOW GROVE WAY ENCINITAS, CA 92024	NONE	PC	CHOREOGRAPHY BY RONEN IZHAKI - HIVE	3,000
MAGDELENA ECKE FAMILY YMCA 200 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	POINSETTIA BALL SPONSOR	10,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGDELENA ECKE FAMILY YMCA 200 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	DISTANCE LEARNING PROGRAM	10,000
MAMA'S KITCHEN3960 HOME AVENUE SAN DIEGO, CA 92105	NONE	PC	GENERAL OPERATING SUPPORT	180
MEALS-ON-WHEELS SAN DIEGO 2254 SAN DIEGO AVE 200 SAN DIEGO, CA 92110	NONE	PC	GENERAL OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLE COLLEGIATE CHURCH 50 EAST 7TH STREET NEW YORK, NY 10003	NONE	PC	GENERAL OPERATING SUPPORT	500
MOISHE HOUSE441 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	FOR OPERATING SUPPORT	200,500
NATIONAL COUNCIL OF JEWISH WOMEN INC 2055 L STREET NW WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT-LEADERSHIP COUNTS WEBINAR HONARARIUM	1,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HEALTHCARE 1540 E VALLEY PARKWAY ESCONDIDO, CA 92027	NONE	PC	GENERAL OPERATING SUPPORT	500
NEW ISRAEL FUND 6 EAST 39TH STREET SUITE 301 NEW YORK, NY 10016	NONE	PC	MADRASSA - GENERAL OPERATING SUPPORT	40,000
NEW ISRAEL FUND 6 EAST 39TH STREET SUITE 301 NEW YORK, NY 10016	NONE	PC	JERUSALEM AFRICAN COMMUNITY - GENERAL OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ISRAEL FUND 6 EAST 39TH STREET SUITE 301 NEW YORK, NY 10016	NONE	PC	JACC	1,000
NEW ISRAEL FUND 6 EAST 39TH STREET SUITE 301 NEW YORK, NY 10016	NONE	PC	JACC - GENERAL OPERATING SUPPORT	20,000
NEW SPIRITPO BOX 2750 JERUSALEM 9102602 IS	NONE	PC	RESTREET RENTS, GENERAL OPERATING SUPPORT	107,600
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW STE 300 WASHINGTON, DC 20036	NONE	PC	COALITION/ GENERAL OPERATING COSTS	50,000
NORTH COAST REPERTORY THEATRE 987 LOMAS SANTA FE STE D SOLANA BEACH, CA 92075	NONE	PC	BECOMING DR. RUTH PRODUCTION	7,000
NORTH COUNTY AFRICAN AMERICAN WOMEN'S ASSOCIATION 4140 OCEANSIDE BLVD 159-161 OCEANSIDE, CA 92056	NONE	PC	GENERAL OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTY LGBTQ RESOURCE CNTR 3220 MISSION AVENUE OCEANSIDE, CA 92058	NONE	PC	STAFF APPRECIATION LUNCH COVID-19	200
NORTH COUNTY LIFELINE INC 200 MICHIGAN AVENUE VISTA, CA 92084	NONE	PC	EXECUTIVE SUCCESSION PLAN CONSULTANT	20,000
NORTH COUNTY LIFELINE INC 200 MICHIGAN AVENUE VISTA, CA 92084	NONE	PC	GENERAL OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTY LIFELINE INC 200 MICHIGAN AVENUE VISTA, CA 92084	NONE	PC	HOLIDAY SEASON GIFTS FOR LIFELINE EMPLOYEES	2,000
NORTH COUNTY LIFELINE INC 200 MICHIGAN AVENUE VISTA, CA 92084	NONE	PC	STAFF THANK YOU - GIFT CARDS- COVID-19	3,500
NORTH COUNTY PHILANTHROPY COUNCIL P O BOX 1641 CARLSBAD, CA 92018	NONE	PC	ANNUAL MEMBERSHIP	500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTY PHILANTHROPY COUNCIL P O BOX 1641 CARLSBAD, CA 92018	NONE	PC	BIPOC MEMBERSHIP & WORKSHOP SCHOLARSHIPS	1,500
NORTH COUNTY PHILANTHROPY COUNCIL P O BOX 1641 CARLSBAD, CA 92018	NONE	PC	NCPC VOLUNTEER AWARDS NOV 2021	2,500
NORTH COUNTY PHILANTHROPY COUNCIL P O BOX 1641 CARLSBAD, CA 92018	NONE	PC	WEBINAR SCHOLARSHIPS: COUNTYING ON COUNTY MONEY	230
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTY PHILANTHROPY COUNCIL P O BOX 1641 CARLSBAD, CA 92018	NONE	PC	MEMBERSHIP	500
NORTH COUNTY PHILANTHROPY COUNCIL P O BOX 1641 CARLSBAD, CA 92018	NONE	PC	MEMBERSHIP & WORKSHOP SCHOLARSHIPS	5,000
OTAY RANCH FOOTBALL BOOSTERS 601 E PALOMAR ST SUITE C116 CHULA VISTA, CA 91911	NONE	PC	2021 SEASON - YEAR END BANQUET	1,700
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	AVRATECH - GENERAL OPERATING SUPPORT	40,000
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	OUT FOR CHANGE - GENERAL OPERATING SUPPORT	40,000
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	JERUSALEM SECULAR YESHIVA	25,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	JERUSALEM BIENNALE - GENERAL OPERATING SUPPORT	40,000
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	BEIT PRAT - JERUSALEM PROGRAMMING	80,000
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	MUSLALA - JFR PROGRAM	20,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	MOUNT MERNON RELIEF	2,500
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	MOUNT MERNON RELIEF	1,800
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM COVID-19	2,600
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM COVID-19	2,600
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	NEHORA DEORAITA FOR FAMILIES ACTIVITY PACKS	2,600
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	SHLAVIM FOR RELIEF EFFORTS IN BNOT YERUSHALAYIM	3,860
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM - COVID-19	2,600
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM-SPEAK DIFFERENTLY PROGRAM COVID-19	2,600
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM - ACTIVITY PACKS FOR FAMILIES	2,600
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM-RAMADAN EVENT - MENINO BOM ACADEMY	4,000
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM-RAMADAN EVENT - MENINO BOM ACADEMY	4,000
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM-BEIT HANINA SHUAFAT NEIGHBORHOOD	3,500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEF ISRAEL ENDOWMENT FUNDS 630 THIRD AVENUE 15TH FLR NEW YORK, NY 10017	NONE	PC	KULNA YERUSHALAYIM - FOOD BASKETS FOR BEIT HANINA SHUAFAT NEIGHBORHOOD	5,000
PRODUCEGOOD4057 VIA DE LA PAZ OCEANSIDE, CA 92057	NONE	PC	GENERAL OPERATING SUPPORT	180
PROJECT SOUTH9 GAMMON AVENUE SE ATLANTA, GA 30315	NONE	PC	IMAGINE WATER WORKS HURRICANE IDA RELIEF	500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO COASTAL HUMANE SOCIETY 389 REQUEZA STREET ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	100
RANCHO SANTA FE FOUNDATION P O BOX 811 RANCHO SANTA FE, CA 92067	NONE	PC	COMMUNITY FUND IHO CHRISTY WILSON	1,800
RANCHO SANTA FE FOUNDATION P O BOX 811 RANCHO SANTA FE, CA 92067	NONE	PC	NORTH COUNTY COVID-19 RESPONSE FUND	15,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO SANTA FE FOUNDATION P O BOX 811 RANCHO SANTA FE, CA 92067	NONE	PC	CREATION OF DONOR ADVISED FUNDS	180,000
RANCHO SANTA FE FOUNDATION P O BOX 811 RANCHO SANTA FE, CA 92067	NONE	PC	CREATION OF DONOR ADVISED FUNDS	10,000
RANCHO SANTA FE FOUNDATION P O BOX 811 RANCHO SANTA FE, CA 92067	NONE	PC	NORTH COUNTY COVID-19 RESPONSE FUND	250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO SANTA FE FOUNDATION P O BOX 811 RANCHO SANTA FE, CA 92067	NONE	PC	LEO SPIEGEL FUND	25,000
REACHING THE HUNGRY 1018 RANGER ROAD FALLBROOK, CA 92028	NONE	PC	GENERAL OPERATING SUPPORT	250
SAN ANTONIO FOOD BANK 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 78227	NONE	PC	GENERAL OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO BALLET 2650 TRUXTUN RD STE 102 SAN DIEGO, CA 92106	NONE	PC	HIVE'S PURIM PROGRAM	2,000
SAN DIEGO BOTANIC GARDEN P O BOX 230005 ENCINITAS, CA 92023	NONE	PC	GENERAL OPERATING SUPPORT	190,000
SAN DIEGO BOTANIC GARDEN P O BOX 230005 ENCINITAS, CA 92023	NONE	PC	THE GARDEN PARTY SPONSORSHIP	5,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO BOTANIC GARDEN P O BOX 230005 ENCINITAS, CA 92023	NONE	PC	GARDEN PARTY	500
SAN DIEGO BOTANIC GARDEN P O BOX 230005 ENCINITAS, CA 92023	NONE	PC	GARDEN PARTY	250
SAN DIEGO FIRE RESCUE FOUNDATION PO BOX 235837 ENCINITAS, CA 92024	NONE	PC	GENERAL OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO GRANTMAKERS 5060 SHOREHAM PLACE SAN DIEGO, CA 92122	NONE	PC	NANCY JAMISON FUND FOR SOCIAL JUSTICE	12,500
SAN DIEGO LGBT PRIDE 3620 30TH STREET SUITE C SAN DIEGO, CA 92104	NONE	PC	GUARDIAN OF PRIDE	1,800
SAN DIEGO REPERTORY THEATRE 79 HORTON PLAZA SAN DIEGO, CA 92101	NONE	PC	SOULFARM CONCERT	1,700
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO REPERTORY THEATRE 79 HORTON PLAZA SAN DIEGO, CA 92101	NONE	PC	LIPINSKY FAMILY SD JEWISH ARTS FESTIVAL	20,000
SAN MARCOS PROMISE 255 PICO AVENUE SAN MARCOS, CA 92069	NONE	PC	FOR JOLI ANN LEICHTAG SCHOOL AND PACE	500,000
SAN MARCOS PROMISE 255 PICO AVENUE SAN MARCOS, CA 92069	NONE	PC	TWIN OAK HIGH SCHOOL COVID-19 SUPPORT	3,600
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN MARCOS PROMISE 255 PICO AVENUE SAN MARCOS, CA 92069	NONE	PC	GENERAL OPERATING SUPPORT	250
SEACREST FOUNDATION 211 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	STAFF APPRECIATION DINNER	2,000
SEACREST FOUNDATION 211 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	STAFF APPRECIATION DINNER	3,500
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEACREST FOUNDATION 211 SAXONY ROAD ENCINITAS, CA 92024	NONE	PC	2020 GIVING TUESDAY CAMPAIGN	500
SOCIAL GOOD FUND 12651-5473 SAN PABLO AVE RICHMOND, CA 94805	NONE	PC	DAYENU D.C. & SAN DIEGO	100,000
SOILLE SAN DIEGO HEBREW DAY SCHOOL 3630 AFTON ROAD SAN DIEGO, CA 92123	NONE	PC	VIRTUAL GALA	5,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDREN'S RESEARCH HOSPTIAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PC	GENERAL OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDATION 2817 MCGAW AVE IRVINE, CA 92614	NONE	PC	IHO MILEA MERRITT - RACE FOR THE CURE	500
TEMECH INC45 BROADWAY 25TH FLR NEW YORK, NY 10006	NONE	PC	COMMUNA PROGRAM	40,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE SOLEL3575 MANCHESTER AVE CARDIFF BY THE SEA, CA 92007	NONE	PC	SUMMER DAY CAMP SCHOLARSHIPS	3,640
TEMPLE SOLEL3575 MANCHESTER AVE CARDIFF BY THE SEA, CA 92007	NONE	PC	ANNUAL MEMBERSHIP	5,000
THEATRE DYBBUKPO BOX 292576 LOS ANGELES, CA 90029	NONE	PC	FACILITATION OF HIVE WORKSHOPS	2,250
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDES CENTER1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	NONE	PC	LEICHTAG FOUNDATION MEMBERSHIP FY 2022	350
TRUE BLUE ANIMAL RESCUE PO BOX 1107 BRENHAM, TX 77837	NONE	PC	GENERAL OPERATING SUPPORT	500
UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE 0937 LA JOLLA, CA 92093	NONE	PC	BIOMEDICAL RESEARCH BUILDING	500,000
Total . . . . . ▶ **3a**				5,224,355

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY CHILDREN'S CHARITY OF ST LOUIS 11840 WESTLINE INDUSTRAL DRIVE SUITE 22 ST LOUIS, MO 63146	NONE	PC	VARIETY THEATRE PROGRAM	400
Total . . . . . ▶ **3a**				5,224,355

TY 2020 Accounting Fees Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	49,645	0		0

TY 2020 General Explanation Attachment

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	FORM 990-PF PART VII-A, LINE 11	FORM 990-PF PART VII-A, LINE 11	NAME OF CONTROLLED ENTITY: LF VILLAS, LLC EMPLOYER ID NO: TAX EXEMPTEXCESS BUSINESS HOLDING [ ] YES [X] NO ADDRESS: 441 SAXONY ROAD ENCINITAS, CA 92024}} NAME OF CONTROLLED ENTITY: ENCINITAS PROPERTIES, LLC EMPLOYER ID NO: 45-4867829EXCESS BUSINESS HOLDING [ ] YES [X] NOADDRESS: 441 SAXONY ROAD ENCINITAS, CA 92024NAME OF CONTROLLED ENTITY: LF MANAGER, LLC EMPLOYER ID NO: TAX EXEMPT EXCESS BUSINESS HOLDING [ ] YES [X] NOADDRESS: 441 SAXONY ROAD ENCINITAS, CA 92024

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491181012282

TY 2020 Investments Corporate Bonds Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BOND FUNDS	17,573,552	17,573,552

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TY 2020 Investments - Other Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALTERNATIVE INVESTMENT	FMV	17,491,044	17,491,044
EQUITY SECURITIES	FMV	38,585,435	38,585,435

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TY 2020 Legal Fees Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	246,361	238,049		2,633

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TY 2020 Other Assets Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	154,954	0	0

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TY 2020 Other Expenses Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SYSTEMS SUPPORT	46,272	11,700		16,203
OFFICE EXPENSES	174,408	30,892		60,651
SUPPLIES	13,826	5,134		6,510
MAINTENANCE & REPAIRS	172,195	163,566		4,652
COMMUNITY EVENTS	7,171	0		6,611
INSURANCE	99,811	64,198		0
OTHER EXPENSES	10,227	126		766
SECURITY	224,573	224,573		0
INVESTMENT EXPENSES	313,563	313,563		0
MEALS & ENTERTAINMENT	4,738	438		1,420

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TY 2020 Other Income Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
HIVE CATERING	5,376		5,376

TY 2020 Other Increases Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Other Increases Schedule

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	3,102,196
PRESENT VALUE OF CONTRIBUTIONS ADJUSTMENT GAAP	1,059,821

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TY 2020 Other Professional Fees Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT CONSULTING	94,000	94,000		0
OTHER CONSULTING FEES	62,311	9,649		26,415
PAYROLL FEES	16,745	0		0

TY 2020 Taxes Schedule

Name: LEICHTAG FOUNDATION

EIN: 33-0466189

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	55,000	0		0
PAYROLL TAXES	149,417	50,872		51,219
STATE TAXES	15,072	0		0
PROPERTY TAXES	35,209	35,209		0
SALES & USE TAX	1,267	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491181012282

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 for the latest information.

OMB No. 1545-0047

2020

Name of the organization
LEICHTAG FOUNDATION

Employer identification number
33-0466189

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 1/3% 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
LEICHTAG FOUNDATION

Employer identification number
33-0466189

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES 3650 SCHRIEVER AVENUE MATHER, CA 95655	$ 15,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
LEICHTAG FOUNDATION

Employer identification number
33-0466189

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
LEICHTAG FOUNDATION

Employer identification number
33-0466189

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
-	