

WINDES, INC.  
P.O. BOX 87  
LONG BEACH, CA 90801-0087

ARCHSTONE FOUNDATION  
301 E. OCEAN BLVD, NO. 1850  
LONG BEACH, CA 90802



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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ARCHSTONE FOUNDATION</b>	Taxpayer identification number (TIN) <b>33-0133359</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>301 E. OCEAN BLVD, NO. 1850</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LONG BEACH, CA 90802</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CHRISTOPHER A. LANGSTON**

- The books are in the care of ▶ **301 EAST OCEAN BLVD., SUITE 1850 - LONG BEACH, CA 90802**  
Telephone No. ▶ **562-590-8655** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>117,106.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Private Foundation**

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

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2020 or tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**

Name of foundation <b>ARCHSTONE FOUNDATION</b>		A Employer identification number <b>33-0133359</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>301 E. OCEAN BLVD</b>	Room/suite <b>1850</b>	B Telephone number <b>562-590-8655</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LONG BEACH, CA 90802</b>		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>122,922,827.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)			<b>N/A</b>	
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	<b>6,974,453.</b>	<b>1,524,108.</b>		<b>STATEMENT 2</b>
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	<b>2,086,210.</b>			<b>STATEMENT 1</b>
b Gross sales price for all assets on line 6a <b>36,141,833.</b>				
7 Capital gain net income (from Part IV, line 2)		<b>21,789,800.</b>		
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)				
11 Other income	<b>47,023,685.</b>	<b>-117,392.</b>		<b>STATEMENT 3</b>
12 <b>Total.</b> Add lines 1 through 11	<b>56,084,348.</b>	<b>23,196,516.</b>		
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	<b>969,651.</b>	<b>65,896.</b>		<b>897,982.</b>
14 Other employee salaries and wages	<b>567,610.</b>	<b>10,563.</b>		<b>548,406.</b>
15 Pension plans, employee benefits	<b>504,437.</b>	<b>17,598.</b>		<b>243,309.</b>
16a Legal fees <b>STMT 4</b>	<b>4,246.</b>	<b>277.</b>		<b>3,625.</b>
b Accounting fees <b>STMT 5</b>	<b>74,605.</b>	<b>5,046.</b>		<b>62,041.</b>
c Other professional fees <b>STMT 6</b>	<b>586,215.</b>	<b>586,215.</b>		<b>0.</b>
17 Interest				
18 Taxes <b>STMT 7</b>	<b>727,836.</b>	<b>2,568.</b>		<b>47,381.</b>
19 Depreciation and depletion	<b>60,000.</b>	<b>0.</b>		
20 Occupancy	<b>209,096.</b>	<b>18,458.</b>		<b>241,669.</b>
21 Travel, conferences, and meetings	<b>20,547.</b>	<b>1,406.</b>		<b>18,409.</b>
22 Printing and publications				
23 Other expenses <b>STMT 8</b>	<b>495,531.</b>	<b>18,001.</b>		<b>468,881.</b>
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>4,219,774.</b>	<b>726,028.</b>		<b>2,531,703.</b>
25 Contributions, gifts, grants paid	<b>2,985,314.</b>			<b>3,434,869.</b>
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>7,205,088.</b>	<b>726,028.</b>		<b>5,966,572.</b>
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<b>48,879,260.</b>			
b <b>Net investment income</b> (if negative, enter -0-)		<b>22,470,488.</b>		
c <b>Adjusted net income</b> (if negative, enter -0-)			<b>N/A</b>	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing	347.	347.	347.		
	2	Savings and temporary cash investments	1,221,829.	1,167,276.	1,167,276.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges	119,819.	144,413.	144,413.		
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 9	100,533,853.	121,366,703.	121,366,703.		
14	Land, buildings, and equipment: basis	628,847.					
	Less: accumulated depreciation	404,053.	270,115.	224,794.	224,794.		
15	Other assets (describe DEPOSITS)		19,294.	19,294.	19,294.		
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		102,165,257.	122,922,827.	122,922,827.		
Liabilities	17	Accounts payable and accrued expenses	273,869.	312,670.			
	18	Grants payable	1,817,446.	1,367,891.			
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe STATEMENT 10)		1,215,487.	1,067,874.		
23	<b>Total liabilities</b> (add lines 17 through 22)		3,306,802.	2,748,435.			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions	98,858,455.	120,174,392.			
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	<b>Total net assets or fund balances</b>		98,858,455.	120,174,392.			
30	<b>Total liabilities and net assets/fund balances</b>		102,165,257.	122,922,827.			

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	98,858,455.
2	Enter amount from Part I, line 27a	2	48,879,260.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	147,737,715.
5	Decreases not included in line 2 (itemize) UNREALIZED LOSS ON INVESTMENTS	5	27,563,323.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	120,174,392.

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

	(a) List and describe the kind(s) of property sold (for example, 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				
b	SEE ATTACHED STATEMENT			
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				
b				
c				
d				
e	36,141,833.		14,352,033.	21,789,800.

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			21,789,800.

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	21,789,800.
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	N/A

**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	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	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), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	312,340.
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	312,340.
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	312,340.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		817,106.
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	817,106.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	504,766.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax 504,766.   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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
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.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	X	
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	X	
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	X	
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 tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.



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

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RUSSELL TRUST COMPANY 1301 SECOND AVENUE, SEATTLE, WA 98101	INVESTMENT MANAGEMENT	413,387.
CAMBRIDGE ASSOCIATES 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	172,825.
KATE O'MALLEY CONSULTING 240 CLOVER COURT, LANGLEY, WA 98260	CONSULTING SERVICES AND GRANT EVALUATION	53,518.
STRATEGIC COMMUNICATIONS AND PLANNING - 40 WEST EVERGREEN AVE., SUITE 101, PHILADELPHIA,	BLOG, NEWSLETTER, SOCIAL MEDIA SUPPORT	53,094.
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>0</b>

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

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

**Part IX-B Summary of Program-Related Investments**

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

**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	109,948,780.
b	Average of monthly cash balances .....	1b	2,116,022.
c	Fair market value of all other assets .....	1c	244,088.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	112,308,890.
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	112,308,890.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,684,633.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	110,624,257.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	5,531,213.

**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	5,531,213.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	312,340.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	312,340.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	5,218,873.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	5,218,873.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	5,218,873.

**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	5,966,572.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	5,966,572.
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 .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	5,966,572.

**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				5,218,873.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015	1,113,404.			
b From 2016	1,128,919.			
c From 2017	1,122,708.			
d From 2018	1,485,188.			
e From 2019	1,087,105.			
f Total of lines 3a through e	5,937,324.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	5,966,572.			
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				5,218,873.
e Remaining amount distributed out of corpus	747,699.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,685,023.			
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 instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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	1,113,404.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	5,571,619.			
10 Analysis of line 9:				
a Excess from 2016	1,128,919.			
b Excess from 2017	1,122,708.			
c Excess from 2018	1,485,188.			
d Excess from 2019	1,087,105.			
e Excess from 2020	747,699.			

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

1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).)

NONE

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.

NONE

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.

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

SEE STATEMENT 12

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

c Any submission deadlines:

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

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALLIANCE FOR LEADERSHIP AND EDUCATION 1107 9TH STREET, SUITE 701 SACRAMENTO, CA 95814	NONE	PC	TO SUPPORT WEBTALK WEBINARS IN 2021 TO EDUCATE AND SUPPORT THE ADULT DAY SERVICES COMMUNITY.	22,500.
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD., SUITE 400 LOS ANGELES, CA 90010	NONE	PC	TO SUPPORT THE SKILLS TRAINING & EDUCATION FOR UNDERSERVED CAREGIVERS: EXPANDING CAPACITY TO SERVE	117,608.
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY, SUITE 200 IRVINE, CA 92614	NONE	PC	TO SUPPORT THE IMPLEMENTATION OF PROGRAM ENHANCEMENTS TO ITS ADULT DAY AND HEALTH CARE FACILITIES	10,000.
AMERICAN SOCIETY ON AGING 575 MARKET STREET, SUITE 2100 SAN FRANCISCO, CA 94105-2869	NONE	PC	TO SUPPORT SIX SESSIONS/PRESENTATIONS FOR THE VIRTUAL AIA20.	2,500.
AMERICAN SOCIETY ON AGING 605 MARKET STREET, SUITE 1111 SAN FRANCISCO, CA 94105-2869	NONE	PC	TO SUPPORT ASA RISE, A SOCIAL JUSTICE AND LEADERSHIP PROGRAM FOR PEOPLE OF COLOR IN THE FIELD OF AGING.	45,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3,434,869.</b>
<b>b Approved for future payment</b>				
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074-4872	NONE	PC	GENERAL PURPOSE	165,738.
THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY, SUITE 400 LONG BEACH, CA 90806	NONE	PC	GENERAL PURPOSE	100,000.
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760 OAKLAND, CA 94612	NONE	PC	GENERAL PURPOSE	5,653.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>1,367,891.</b>





ARCHSTONE FOUNDATION

**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 RUSSELL CORE BOND FUND	P	04/01/14	06/30/21
b RUSSELL CORE BOND FUND SEC 1256	P	04/01/14	06/30/21
c RUSSELL MULTI ASSET CORE PLUS FUND	P	04/01/14	06/30/21
d RUSSELL MULTI ASSET CORE PLUS FUND SEC 1256	P	04/01/14	06/30/21
e RUSSELL LOW DURATION BOND FUND	P	04/01/14	06/30/21
f RUSSELL LOW DURATION BOND FUND SEC 1256	P	04/01/14	06/30/21
g RUSSELL INV REAL ESTATE EQUITY FUND	P	04/01/14	06/30/21
h RUSSELL TOTAL RETURN FUND	P	04/01/14	06/30/21
i			
j			
k			
l			
m			
n			
o			

(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 297,553.			297,553.
b		96,499.	-96,499.
c 21,876,151.			21,876,151.
d		2,455,534.	-2,455,534.
e 47,399.			47,399.
f 958.			958.
g 33,562.			33,562.
h 13,886,210.		11,800,000.	2,086,210.
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			297,553.
b			-96,499.
c			21,876,151.
d			-2,455,534.
e			47,399.
f			958.
g			33,562.
h			2,086,210.
i			
j			
k			
l			
m			
n			
o			

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	21,789,800.
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). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
BET TZEDEK 3250 WILSHIRE BLVD., 13TH FLOOR LOS ANGELES, CA 90010	NONE	PC	TO SUPPORT THE EXPANSION OF THE FAMILY CAREGIVER PROJECT.	17,500.
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760 OAKLAND, CA 94612	NONE	PC	TO SUPPORT THE WIDE DISSEMINATION AND ENGAGEMENT OF THE CALOHII STATE HEALTH INFORMATION GUIDANCE	7,066.
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760 OAKLAND, CA 94612 OAKLAND, CA 94612	NONE	PC	TO SUPPORT THE ACTIVITIES TO NEWLY ENROLL UP TO 50,000 LOW-INCOME OLDER ADULTS (60 AND OLDER)	7,400.
CALIFORNIA STATE LOS ANGELES UNIVERSITY AUXILIARY SERVICES 5151 STATE COLLEGE DRIVE LOS ANGELES, CA 90032	NONE	PC	TO SUPPORT THE DEVELOPING AND INTEGRATING COVID-19 PANDEMIC CONTENT FOR THE HEALTH	42,880.
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR NEW YORK, NY 10016	NONE	PC	TO ASSIST THE FOUNDATION IN PROVIDING NON-MONETARY CAPACITY BUILDING SUPPORT TO NONPROFIT	72,000.
CATHOLIC CHARITIES OF LOS ANGELES, INC. 21600 HART ST CANOGA PARK LOS ANGELES, CA 91303	NONE	PC	TO SUPPORT THE EXPANSION OF THE OLDER ADULT SERVICES & INTERVENTION SYSTEM (OASIS) PROGRAM TO	22,738.
CHHS OFFICE OF HEALTH INFORMATION INTEGRITY 1600 9TH STREET, SUITE 460 SACRAMENTO, CA 95814	NONE	PC	TO SUPPORT THE INTEGRATION OF SOCIAL NEEDS CARE SERVICES INTO HEALTH CARE DELIVERY FOR THE	23,236.
CHHS OFFICE OF HEALTH INFORMATION INTEGRITY 1600 9TH STREET, SUITE 460 SACRAMENTO, CA 95814	NONE	PC	TO SUPPORT THE INTEGRATION OF SOCIAL NEEDS CARE SERVICES INTO HEALTH CARE DELIVERY FOR THE	24,115.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833	NONE	PC	TO SUPPORT A CAPACITY BUILDING GRANT FOR A NEW CUSTOMER RELATIONSHIP MANAGEMENT (CRM) FOR	39,145.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833	NONE	PC	TO PROVIDE GENERAL CONFERENCE SUPPORT FOR COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 'S 12TH	1,000.
<b>Total from continuation sheets</b>				<b>3,237,261.</b>

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD SANTA ROSA, CA 95403	NONE	PC	TO SUPPORT THE SONOMA CARE COLLABORATIVE PROJECT (SCCP), CONTINUATION.	5,000.
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD SANTA ROSA, CA 95403	NONE	PC	TO SUPPORT THE SONOMA CARE COLLABORATIVE PROJECT IN COLLABORATION WITH THE PETALUMA HEALTH	67,500.
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD SANTA ROSA, CA 95403	NONE	PC	TO SUPPORT THE SONOMA CARE COLLABORATIVE PROJECT IN COLLABORATION WITH THE PETALUMA HEALTH	15,000.
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 55 E. JACKSON BLVD., STE 490 CHICAGO, IL 60604	NONE	PC	TO SUPPORT THE CARE PARTNERS/SENIOR STRENGTH: PEER SUPPORT SERVICES IN COLLABORATIVE CARE	15,000.
DOWNTOWN WOMENS CENTER 442 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PC	TO SUPPORT A CAPACITY BUILDING GRANT THAT ADDRESSES AGE/RACE DISPARITIES IN HEALTH CARE PROVISION FOR	45,000.
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER PO BOX 449 SAN BERNARDINO, CA 92402	NONE	PC	TO SUPPORT THE SAN BERNARDINO DEPRESSION IN LATE-LIFE PROGRAM II, CONTINUATION PROJECT.	5,000.
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	NONE	PC	TO SUPPORT THE COMMUNITY COLLABORATIVE CARE PARTNERSHIP (CCCP) EXPANSION.	5,000.
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	NONE	PC	THIS GRANT SUPPORTS: 1) ORGANIZATIONAL DEVELOPMENT AND CORE PROGRAMMATIC ACTIVITIES, INCLUDING	112,500.
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	NONE	PC	THIS GRANT SUPPORTS: 1) ORGANIZATIONAL DEVELOPMENT AND CORE PROGRAMMATIC ACTIVITIES, INCLUDING	12,500.
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	NONE	PC	THIS GRANT SUPPORTS: 1) ORGANIZATIONAL DEVELOPMENT AND CORE PROGRAMMATIC ACTIVITIES, INCLUDING	112,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1100 WASHINGTON, DC 20036	NONE	PC	TO SUPPORT THE GIH-GIA COLLABORATIVE: STRENGTHENING HEALTHY AGING PHILANTHROPY.	5,769.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1100 WASHINGTON, DC 20036	NONE	PC	CONTINUATION FUNDING TO SUPPORT THE GIH-GIA COLLABORATIVE: STRENGTHENING HEALTHY AGING PHILANTHROPY,	33,246.
KAISER FOUNDATION HOSPITALS C/O: KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR OAKLAND, CA 94612	NONE	PC	TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION	67,416.
LA NET COMMUNITY HEALTH RESOURCE NETWORK 927 PINE AVE LONG BEACH, CA 90813	NONE	PC	TO SUPPORT A RAPID-CYCLE PROOF-OF-CONCEPT DEMONSTRATION OF VIRTUAL COMMUNITIES OF	50,000.
LA NET COMMUNITY HEALTH RESOURCE NETWORK 927 PINE AVE LONG BEACH, CA 90813	NONE	PC	TO SUPPORT A RAPID-CYCLE PROOF-OF-CONCEPT DEMONSTRATION OF VIRTUAL COMMUNITIES OF	50,000.
LTSC COMMUNITY DEVELOPMENT CORPORATION 231 E. 3RD ST. STE. G106 LOS ANGELES, CA 90013	NONE	PC	TO SUPPORT THE SENIOR SERVICES CASE MANAGEMENT SOFTWARE PROJECT.	45,000.
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET ESCONDIDO, CA 92025	NONE	PC	TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION	67,500.
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET ESCONDIDO, CA 92025	NONE	PC	TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION	15,000.
ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406	NONE	PC	TO SUPPORT THE INTELLECTUAL/DEVELOPME DISABILITY AND ALZHEIMERS DISEASE AND RELATED DEMENTIA	45,000.
ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406	NONE	PC	TO PROVIDE ADULT DAY HEALTH CARE AND ADULT DAY CARE PROGRAM SERVICES TO ITS PROGRAM PARTICIPANTS,	10,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
OPICA ADULT DAY PROGRAM AND COUNSEL 11759 MISSOURI AVE. LOS ANGELES, CA 90025	NONE	PC	TO SUPPORT TECHNOLOGY IMPROVEMENTS AT OPICA.	45,000.
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT STREET, SUITE 150 SAN FERNANDO, CA 91340	NONE	PC	TO SUPPORT A TWO-YEAR PROJECT TO REDESIGN AND SCALE A HIGHLY EFFECTIVE TRAINING CURRICULUM FOR	124,512.
PATHWAYS VOLUNTEER HOSPICE 4645 WOODRUFF AVE. LAKEWOOD, CA 90713	NONE	PC	TO SUPPORT THE CARE NAVIGATION PROGRAM COLLABORATION, A NEW MODEL OF CARE DESIGNED MEALS ON WHEELS OF	14,625.
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038-2702	NONE	PC	TO SUPPORT PHASE II OF THEIR FACILITIES EXPANSION PROJECT.	45,000.
PROJECT OPEN HAND 730 POLK ST SAN FRANCISCO, CA 94109	NONE	PC	TO SUPPORT THE LAUNCH OF THE FIRST-IN-THE-NATION, MEDI-CAL MEDICALLY TAILORED MEALS PILOT	50,447.
REBUILDING TOGETHER MOUNTAIN COMMUNITIES P.O. BOX 3540 BLUE JAY, CA 92317	NONE	PC	TO SUPPORT REBUILDING DAY 2020 AND EMERGENCY HOME REPAIRS.	1,500.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE LOS ANGELES, CA 90095-9000	NONE	PC	TO SUPPORT THE CALIFORNIA HEALTH INTERVIEW SURVEY.	80,181.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE LOS ANGELES, CA 90095-9000	NONE	PC	TO SUPPORT THE CALIFORNIA HEALTH INTERVIEW SURVEY.	13,958.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE LOS ANGELES, CA 90095-9000	NONE	PC	TO SUPPORT THE CALIFORNIA HEALTH INTERVIEW SURVEY.	21,967.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074-4872	NONE	PC	TO SUPPORT THE IMPROVING SUPPORTIVE CARE FOR FAMILY CAREGIVERS OF PATIENTS WITH SERIOUS ILLNESS	81,000.
<b>Total from continuation sheets</b> .....				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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
REGENTS OF THE UNIVERSITY OF CALIFORNIA (UNIVERSITY OF CALIFORNIA, DAVIS) PO BOX 989062 WEST SACRAMENTO, CA 95798-9062	NONE	PC	TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION	50,000.
SADDLEBACK MEMORIAL FOUNDATION 24451 HEALTH CENTER DRIVE LAGUNA HILLS, CA 92653	NONE	PC	TO SUPPORT THE HOSPITAL ELDER LIFE PROGRAM (HELP), AN EFFECTIVE AND INNOVATIVE MODEL OF	39,600.
SENIORSERV DBA SENIORSERV 1200 N. KNOLLWOOD CIRCLE ANAHEIM, CA 92801	NONE	PC	TO INTEGRATE EVIDENCE-BASED CAREGIVER SUPPORT SERVICES INTO THEIR ADULT DAY SERVICES	32,080.
SOMANG SOCIETY 5836 CORPORATE AVE. #110 CYPRESS, CA 90630	NONE	PC	TO SUPPORT STAFF CAPACITY DEVELOPMENT TO BETTER SERVE KOREAN AMERICAN OLDER ADULTS.	45,000.
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST. LOS ANGELES, CA 90057-3309	NONE	PC	TO SUPPORT THE 2020 AGING INTO THE FUTURE CONFERENCE.	1,500.
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST. LOS ANGELES, CA 90057-3309	NONE	PC	TO SUPPORT THE 2020 SUMMIT ON AGING.	1,650.
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST. LOS ANGELES, CA 90057-3309	NONE	PC	TO SUPPORT BOARD AND LEADERSHIP DEVELOPMENT THAT WILL IMPROVE ORGANIZATIONAL EFFECTIVENESS AND	24,651.
THE CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	NONE	PC	TO SUPPORT THREE SESSIONS FOR CEP'S 20TH ANNIVERSARY VIRTUAL SPEAKER SERIES	22,500.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005-4018	NONE	PC	TO CARRY ON AND EXPAND THE WORK THAT INITIALLY BEGAN BY GRANTMAKERS IN AGING (GIA) TO REFRAME THE	33,750.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005-4018	NONE	PC	TO CARRY ON AND EXPAND THE WORK THAT INITIALLY BEGAN BY GRANTMAKERS IN AGING (GIA) TO REFRAME THE	16,250.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY, SUITE 400 LONG BEACH, CA 90806	NONE	PC	TO SUPPORT THE DEVELOPMENT OF THE CALIFORNIA MASTER PLAN FOR AGING.	100,000.
THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY, SUITE 400 LONG BEACH, CA 90806	NONE	PC	TO SUPPORT THE DEVELOPMENT OF THE CALIFORNIA MASTER PLAN FOR AGING.	50,000.
THE UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109-9903	NONE	PC	TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE DEVELOPMENT EFFORTS AT	45,000.
THE UCLA FOUNDATION 10920 WILSHIRE BLVD., SUITE 900 LOS ANGELES, CA 90024	NONE	PC	TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE DEVELOPMENT EFFORTS AT	10,000.
THE UCLA FOUNDATION 10920 WILSHIRE BLVD., SUITE 900 LOS ANGELES, CA 90024	NONE	PC	TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE DEVELOPMENT EFFORTS AT	45,000.
THE UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109-9903	NONE	PC	TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE DEVELOPMENT EFFORTS AT	50,000.
UCSF FOUNDATION PO BOX 748872 LOS ANGELES, CA 90074-4872	NONE	PC	TO EXPAND GERIPAL, A PODCAST AND BLOG THAT SERVES AS AN INNOVATIVE WORKFORCE DEVELOPMENT PLATFORM	45,000.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO SUPPORT THE IMPLEMENTATION OF THE THIRD PHASE OF THE REFRAMING ELDER ABUSE PROJECT.	36,780.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO SUPPORT THE IMPLEMENTATION OF THE THIRD PHASE OF THE REFRAMING ELDER ABUSE PROJECT.	23,142.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO PROVIDE PARTIAL FUNDING FOR THE CALIFORNIA TASK FORCE ON FAMILY CAREGIVING, WHICH SEEKS TO IMPROVE	8,955.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO SUPPORT THE IMPLEMENTATION OF THE THIRD PHASE OF THE REFRAMING ELDER ABUSE PROJECT.	13,316.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO SUPPORT THE ELDER ABUSE CURRICULUM FOR MEDICAL RESIDENTS PROJECT.	51,136.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO SUPPORT THE ELDER ABUSE CURRICULUM FOR MEDICAL RESIDENTS PROJECT.	132,954.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	TO SUPPORT THE IMPLEMENTATION OF THE THIRD PHASE OF THE REFRAMING ELDER ABUSE PROJECT.	18,513.
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	NONE	PC	TO SUPPORT TECHNICAL ASSISTANCE, TRAINING, AND EVALUATION FOR PHASE 2 OF THE CARE PARTNERS DEPRESSION IN	663,511.
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	NONE	PC	TO SUPPORT TECHNICAL ASSISTANCE, TRAINING, AND EVALUATION FOR PHASE 2 OF THE CARE PARTNERS DEPRESSION IN	49,242.
VIA CARE COMMUNITY HEALTH CENTER, INC. 501 S. ATLANTIC BLVD. LOS ANGELES, CA 90022	NONE	PC	TO SUPPORT THE EXPANSION OF ITS MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM TO A NEW	45,000.
OPENHOUSE 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
LONG BEACH GRAY PARTNERS 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
SALVATION ARMY OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
UC DAVIS FOUNDATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
JEWISH FAMILY & CHILDREN'S SERVICE 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
AMERICAN SOCIETY ON AGING 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
CATHOLIC BIG BROTHERS BIG SISTERS OF L.A. 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	4,000.
SAGE 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
SO. OREGON CTR. FOR COMMUNITY PARTNERSHIP 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
TCC FAMILY HEALTH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
ALTAMED HEALTH SERVICES 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
WISE & HEALTHY AGING 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
BAY AREA COMMUNITY SERVICES 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
MEALS ON WHEELS OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
INTERNATIONAL CITY THEATRE 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
UNIVERSITY AT BUFFALO FOUNDATION, INC. 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
ETHIOPIAN COMMUNITY & CULTURAL CENTER 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
ARTHRITIS FOUNDATION INC. 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	4,000.
LONG BEACH MUSEUM OF ART 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	3,000.
ST. BARNABAS SENIOR SERVICES 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	4,000.
DUKE UNIVERSITY 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	200.
CHILDREN'S HOSPITAL LOS ANGELES 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
GRANTMAKERS IN AGING 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
ENGAGE, INC. 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
CHRISTIAN OUTREACH IN ACTION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	500.
HISTORICAL SOCIETY OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
ALPERT JEWISH COMMUNITY CENTER OF LB 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	500.
ARTS COUNCIL FOR LONG BEACH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	750.
WEAVER ELEMENTARY PTA 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	200.
FRIENDS OF WEAVER 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	200.
LONG BEACH SYMPHONY ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	500.
SOUTHERN CA PUBLIC RADIO (KPCC) 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	250.
WOMENSHELTER OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
JUSTICE IN AGING 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	500.
AMERICAN PUBLIC HEALTH ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
SO. OREGON CTR. FOR COMMUNITY PARTNERSHIP 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
LONG BEACH MUSEUM OF ART 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
EQUAL JUSTICE INITIATIVE 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
AMERICAN PUBLIC HEALTH ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	125.
RIP MEDICAL DEBT 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
LOS ALAMITOS EDUCATION FOUNDATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	1,000.
ST. PIUS X - ST. MATTIAS ACADEMY 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	200.
DOGS WITHOUT BORDERS 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	150.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
CA. CONFERENCE FOR EQUALITY & JUSTICE 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	120.
PBS SOCAL 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	170.
NIXON ACADEMY PTA 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
LOVELAND CHURCH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
CSULB 49ER FOUNDATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	120.
AURICLE COMMUNICATIONS 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	210.
AMERICAN PUBLIC HEALTH ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
SUMMER HARVEST - FOOD FOR KIDS, INC 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
UNIVERSITY OF MICHIGAN 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	200.
ARTHRITIS FOUNDATION INC. 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	2,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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
NEW YORK PUBLIC RADIO 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	120.
SANTA BARBARA BOTANIC GARDEN 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
NAT'L ASIAN PACIFIC AMERICAN WOMEN'S FORU 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
NEW YORK PUBLIC INTEREST RESEARCH GROUP 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	365.
PROJECT OPEN HAND 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
BELMONT HEIGHTS UNITED METHODIST CHURCH 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	950.
FILIPINO MIGRANT CENTER 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	100.
LONG BEACH CHORALE & CHAMBER ORCHESTRA 301 E. OCEAN BLVD. SUITE 1850 LONG BEACH, CA 90802	NONE	PC	GENERAL PURPOSE	300.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
ALZHEIMERS FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 92646	NONE	PC	GENERAL PURPOSE	26,023.
OPICA ADULT DAY PROGRAM AND COUNSEL 11759 MISSOURI AVE LOS ANGELES, CA 90025	NONE	PC	GENERAL PURPOSE	28,296.
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	NONE	PC	GENERAL PURPOSE	580,006.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089 1125 MURPHY HALL 405 HILGARD AVENUE LOS ANGELES, CA 90095-9000	NONE	PC	GENERAL PURPOSE	13,957.
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	NONE	PC	GENERAL PURPOSE	12,500.
CHHS OFFICE OF HEALTH INFORMATION INTEGRITY 1600 9TH STREET, SUITE 460 SACRAMENTO, CA 95814	NONE	PC	GENERAL PURPOSE	24,115.
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD., SUITE 400 LOS ANGELES, CA 90010	NONE	PC	GENERAL PURPOSE	7,430.
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET ESCONDIDO, CA 92025	NONE	PC	GENERAL PURPOSE	7,500.
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD SANTA ROSA, CA 95403	NONE	PC	GENERAL PURPOSE	7,500.
KAISER FOUNDATION HOSPITALS C/O: KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR OAKLAND, CA 94612	NONE	PC	GENERAL PURPOSE	14,996.
<b>Total from continuation sheets</b>				<b>1,096,500.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
KAISER FOUNDATION HOSPITALS C/O: KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR OAKLAND, CA 94612	NONE	PC	GENERAL PURPOSE	7,491.
PROJECT OPEN HAND 730 POLK ST SAN FRANCISCO, CA 94109	NONE	PC	GENERAL PURPOSE	14,565.
REGENTS OF THE UNIVERSITY OF CALIFORNIA (UNIVERSITY OF CALIFORNIA, DAVIS) PO BOX 989062 WEST SACRAMENTO, CA 95798-9062	NONE	PC	GENERAL PURPOSE	50,000.
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	NONE	PC	GENERAL PURPOSE	73,723.
CALIFORNIA STATE LOS ANGELES UNIVERSITY AUXILIARY SERVICES 5151 STATE COLLEGE DRIVE LOS ANGELES, CA 90032	NONE	PC	GENERAL PURPOSE	14,294.
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST. LOS ANGELES, CA 90057-3309	NONE	PC	GENERAL PURPOSE	2,739.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833	NONE	PC	GENERAL PURPOSE	4,349.
UCSF FOUNDATION PO BOX 748872 LOS ANGELES, CA 90074-4872	NONE	PC	GENERAL PURPOSE	37,500.
CATHOLIC CHARITIES OF LOS ANGELES, INC. 21600 HART ST CANOGA PARK LOS ANGELES, CA 91303	NONE	PC	GENERAL PURPOSE	5,053.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074-4872	NONE	PC	GENERAL PURPOSE	18,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
THE CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	NONE	PC	GENERAL PURPOSE	2,500.
ALLIANCE FOR LEADERSHIP AND EDUCATION 1107 9TH STREET, SUITE 701 SACRAMENTO, CA 95814	NONE	PC	GENERAL PURPOSE	2,500.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	GENERAL PURPOSE	5,606.
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760 OAKLAND, CA 94612	NONE	PC	GENERAL PURPOSE	1,413.
VIA CARE COMMUNITY HEALTH CENTER, INC. BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE LOS ANGELES, CA 90095-9000	NONE	PC	GENERAL PURPOSE	5,000.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE LOS ANGELES, CA 90095-9000	NONE	PC	GENERAL PURPOSE	40,446.
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074-4872	NONE	PC	GENERAL PURPOSE	18,415.
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 55 E. JACKSON BLVD., STE 490 CHICAGO, IL 60604	NONE	PC	GENERAL PURPOSE	7,500.
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089-8001	NONE	PC	GENERAL PURPOSE	4,628.
SOMANG SOCIETY 5836 CORPORATE AVE. #110 CYPRESS, CA 90630	NONE	PC	GENERAL PURPOSE	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Approved for Future Payment (Continuation)**

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
DOWNTOWN WOMENS CENTER 442 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PC	GENERAL PURPOSE	5,000.
LTSC COMMUNITY DEVELOPMENT CORPORATION 231 E. 3RD ST. STE. G106 LOS ANGELES, CA 90013	NONE	PC	GENERAL PURPOSE	5,000.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005-4018	NONE	PC	GENERAL PURPOSE	5,000.
THE UCLA FOUNDATION 10920 WILSHIRE BLVD., SUITE 900 LOS ANGELES, CA 90024	NONE	PC	GENERAL PURPOSE	10,000.
UNIVERSITY OF SOUTHERN CALIFORNIA GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	NONE	PC	GENERAL PURPOSE	20,455.
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR NEW YORK, NY 10016	NONE	PC	GENERAL PURPOSE	8,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ALZHEIMER'S GREATER LOS ANGELES

TO SUPPORT THE SKILLS TRAINING & EDUCATION FOR UNDERSERVED CAREGIVERS:  
EXPANDING CAPACITY TO SERVE LATINO AND LOWER-LITERACY FAMILIES PROJECT  
TO BE DELIVERED IN LOS ANGELES, RIVERSIDE, AND SAN BERNARDINO COUNTIES.

NAME OF RECIPIENT - ALZHEIMER'S ORANGE COUNTY

TO SUPPORT THE IMPLEMENTATION OF PROGRAM ENHANCEMENTS TO ITS ADULT DAY  
AND HEALTH CARE FACILITIES TO BETTER SERVE AND SUPPORT FAMILY  
CAREGIVERS OF OLDER ADULTS.

NAME OF RECIPIENT - CALIFORNIA FOOD POLICY ADVOCATES

TO SUPPORT THE WIDE DISSEMINATION AND ENGAGEMENT OF THE CALOHII STATE  
HEALTH INFORMATION GUIDANCE (SHIG)

NAME OF RECIPIENT - CALIFORNIA FOOD POLICY ADVOCATES

TO SUPPORT THE ACTIVITIES TO NEWLY ENROLL UP TO 50,000 LOW-INCOME OLDER  
ADULTS (60 AND OLDER) INTO FOOD ASSISTANCE THROUGH CALFRESH AT HIGHER  
AVERAGE BENEFIT LEVELS THAN THOSE ENROLLED PRIOR TO THE INCEPTION OF  
THE PROJECT.

NAME OF RECIPIENT - CALIFORNIA STATE LOS ANGELES UNIVERSITY AUXILIARY  
SERVICES

TO SUPPORT THE DEVELOPING AND INTEGRATING COVID-19 PANDEMIC CONTENT FOR  
THE HEALTH COMMUNICATION APP PROJECT.

NAME OF RECIPIENT - CATCHAFIRE

TO ASSIST THE FOUNDATION IN PROVIDING NON-MONETARY CAPACITY BUILDING  
SUPPORT TO NONPROFIT ORGANIZATIONS.

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CATHOLIC CHARITIES OF LOS ANGELES, INC.

TO SUPPORT THE EXPANSION OF THE OLDER ADULT SERVICES & INTERVENTION SYSTEM (OASIS) PROGRAM TO ENSURE THAT OLDER PEOPLE RECEIVE SOCIAL SERVICES AND PREVENTATIVE CARE NECESSARY TO MAINTAIN INDEPENDENCE.

NAME OF RECIPIENT - CHHS OFFICE OF HEALTH INFORMATION INTEGRITY

TO SUPPORT THE INTEGRATION OF SOCIAL NEEDS CARE SERVICES INTO HEALTH CARE DELIVERY FOR THE BENEFIT OF OLDER ADULTS AND OTHERS, THROUGH AN AUGMENTATION TO THE STATE HEALTH INFORMATION GUIDANCE (SHIG).

NAME OF RECIPIENT - CHHS OFFICE OF HEALTH INFORMATION INTEGRITY

TO SUPPORT THE INTEGRATION OF SOCIAL NEEDS CARE SERVICES INTO HEALTH CARE DELIVERY FOR THE BENEFIT OF OLDER ADULTS AND OTHERS, THROUGH AN AUGMENTATION TO THE STATE HEALTH INFORMATION GUIDANCE (SHIG).

NAME OF RECIPIENT - COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

TO SUPPORT A CAPACITY BUILDING GRANT FOR A NEW CUSTOMER RELATIONSHIP MANAGEMENT (CRM) FOR GREATER MISSION IMPACT.

NAME OF RECIPIENT - COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

TO PROVIDE GENERAL CONFERENCE SUPPORT FOR COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 'S 12TH ANNUAL SUMMIT, SHARPENING OUR VISION FOR COMPASSIONATE CARE IN THE FACE OF SERIOUS ILLNESS. THE SUMMIT WILL BE HELD ON MAY 5 & 6, 2020, IN SACRAMENTO, CA.

NAME OF RECIPIENT - COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT

TO SUPPORT THE SONOMA CARE COLLABORATIVE PROJECT IN COLLABORATION WITH

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

THE PETALUMA HEALTH CENTER.

NAME OF RECIPIENT - COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT

TO SUPPORT THE SONOMA CARE COLLABORATIVE PROJECT IN COLLABORATION WITH  
THE PETALUMA HEALTH CENTER.

NAME OF RECIPIENT - DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

TO SUPPORT THE CARE PARTNERS/SENIOR STRENGTH: PEER SUPPORT SERVICES IN  
COLLABORATIVE CARE PROJECT IN MISSION HILLS/SAN FERNANDO VALLEY AREA OF  
LOS ANGELES.

NAME OF RECIPIENT - DOWNTOWN WOMENS CENTER

TO SUPPORT A CAPACITY BUILDING GRANT THAT ADDRESSES AGE/RACE  
DISPARITIES IN HEALTH CARE PROVISION FOR WOMEN EXPERIENCING  
HOMELESSNESS.

NAME OF RECIPIENT - GRANTMAKERS IN AGING, INC.

THIS GRANT SUPPORTS: 1) ORGANIZATIONAL DEVELOPMENT AND CORE  
PROGRAMMATIC ACTIVITIES, INCLUDING THE FUND FOR THE FUTURE; 2) ANNUAL  
CONFERENCE SUPPORT; AND 3) OPERATIONAL SUPPORT FOR THE FAMILY  
CAREGIVING FUNDERS COLLABORATIVE GROUP.

NAME OF RECIPIENT - GRANTMAKERS IN AGING, INC.

THIS GRANT SUPPORTS: 1) ORGANIZATIONAL DEVELOPMENT AND CORE  
PROGRAMMATIC ACTIVITIES, INCLUDING THE FUND FOR THE FUTURE; 2) ANNUAL  
CONFERENCE SUPPORT; AND 3) OPERATIONAL SUPPORT FOR THE FAMILY  
CAREGIVING FUNDERS COLLABORATIVE GROUP.

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - GRANTMAKERS IN AGING, INC.

THIS GRANT SUPPORTS: 1) ORGANIZATIONAL DEVELOPMENT AND CORE PROGRAMMATIC ACTIVITIES, INCLUDING THE FUND FOR THE FUTURE; 2) ANNUAL CONFERENCE SUPPORT; AND 3) OPERATIONAL SUPPORT FOR THE FAMILY CAREGIVING FUNDERS COLLABORATIVE GROUP.

NAME OF RECIPIENT - GRANTMAKERS IN HEALTH

CONTINUATION FUNDING TO SUPPORT THE GIH-GIA COLLABORATIVE: STRENGTHENING HEALTHY AGING PHILANTHROPY, 2021-2023.

NAME OF RECIPIENT - KAISER FOUNDATION HOSPITALS

TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION CARE - ENHANCED DEPRESSION CARE MANAGEMENT PROJECT, IN PARTNERSHIP WITH HEALTHY AFRICAN AMERICAN FAMILIES.

NAME OF RECIPIENT - LA NET COMMUNITY HEALTH RESOURCE NETWORK

TO SUPPORT A RAPID-CYCLE PROOF-OF-CONCEPT DEMONSTRATION OF VIRTUAL COMMUNITIES OF CARE (VCC) TO EVALUATE ITS POTENTIAL FOR SUPPORTING LOW-INCOME OLDER ADULTS LIVING INDEPENDENTLY IN THE COMMUNITY DURING COVID-19.

NAME OF RECIPIENT - LA NET COMMUNITY HEALTH RESOURCE NETWORK

TO SUPPORT A RAPID-CYCLE PROOF-OF-CONCEPT DEMONSTRATION OF VIRTUAL COMMUNITIES OF CARE (VCC) TO EVALUATE ITS POTENTIAL FOR SUPPORTING LOW-INCOME OLDER ADULTS LIVING INDEPENDENTLY IN THE COMMUNITY DURING COVID-19.

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NEIGHBORHOOD HEALTHCARE

TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION CARE - ENHANCED DEPRESSION CARE MANAGEMENT PROJECT, IN PARTNERSHIP WITH HEALTHY AFRICAN AMERICAN FAMILIES.

NAME OF RECIPIENT - NEIGHBORHOOD HEALTHCARE

TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION CARE - ENHANCED DEPRESSION CARE MANAGEMENT PROJECT, IN PARTNERSHIP WITH HEALTHY AFRICAN AMERICAN FAMILIES.

NAME OF RECIPIENT - ONEGENERATION

TO SUPPORT THE INTELLECTUAL/DEVELOPMENTAL DISABILITY AND ALZHEIMERS DISEASE AND RELATED DEMENTIA WORKGROUP COLLABORATIVE AND TRAINING PROGRAM.

NAME OF RECIPIENT - ONEGENERATION

TO PROVIDE ADULT DAY HEALTH CARE AND ADULT DAY CARE PROGRAM SERVICES TO ITS PROGRAM PARTICIPANTS, WHICH PROVIDE AN IMPORTANT SOURCE OF RESPITE FOR FAMILY CAREGIVERS PROVIDING CARE FOR FRAIL OLDER ADULTS WITH COMPLEX HEALTH ISSUES.

NAME OF RECIPIENT - PARTNERS IN CARE FOUNDATION, INC.

TO SUPPORT A TWO-YEAR PROJECT TO REDESIGN AND SCALE A HIGHLY EFFECTIVE TRAINING CURRICULUM FOR COMMUNITY HEALTH WORKERS TO PREPARE THEM TO WORK IN COMMUNITY-BASED ORGANIZATIONS, PHYSICIAN OFFICES, AND OTHER SETTINGS SERVING OLDER ADULTS.

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - PATHWAYS VOLUNTEER HOSPICE

TO SUPPORT THE CARE NAVIGATION PROGRAM COLLABORATION, A NEW MODEL OF CARE DESIGNED MEALS ON WHEELS OF LONG BEACH, AND CSULB, SCHOOL OF NURSING TO HELP UP TO 300 VULNERABLE HOMEBOUND OLDER ADULTS ANNUALLY LIVE AS SAFELY AND INDEPENDENTLY AS POSSIBLE.

NAME OF RECIPIENT - PROJECT OPEN HAND

TO SUPPORT THE LAUNCH OF THE FIRST-IN-THE-NATION, MEDI-CAL MEDICALLY TAILORED MEALS PILOT PROGRAM TO ADDRESS THE NUTRITIONAL NEEDS OF CALIFORNIA'S MOST VULNERABLE, CRITICALLY ILL, AND HIGH-HEALTH CARE UTILIZERS.

NAME OF RECIPIENT - REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

TO SUPPORT THE IMPROVING SUPPORTIVE CARE FOR FAMILY CAREGIVERS OF PATIENTS WITH SERIOUS ILLNESS PROJECT THROUGH THE PALLIATIVE CARE QUALITY NETWORK.

NAME OF RECIPIENT - REGENTS OF THE UNIVERSITY OF CALIFORNIA (UNIVERSITY OF CALIFORNIA, DAVIS)

TO SUPPORT THE CARE PARTNERS: BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION CARE FAMILY PARTNERSHIP PROJECT.

NAME OF RECIPIENT - SADDLEBACK MEMORIAL FOUNDATION

TO SUPPORT THE HOSPITAL ELDER LIFE PROGRAM (HELP), AN EFFECTIVE AND INNOVATIVE MODEL OF CARE TO PREVENT BOTH DELIRIUM AND FUNCTIONAL

**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

DECLINE DURING HOSPITALIZATION.

NAME OF RECIPIENT - SENIORSERV

TO INTEGRATE EVIDENCE-BASED CAREGIVER SUPPORT SERVICES INTO THEIR ADULT DAY SERVICES (ADS) PROGRAMS.

NAME OF RECIPIENT - ST BARNABAS SENIOR CENTER OF LOS ANGELES

TO SUPPORT BOARD AND LEADERSHIP DEVELOPMENT THAT WILL IMPROVE ORGANIZATIONAL EFFECTIVENESS AND ENSURE MISSION- AND VALUES-DRIVEN APPROACHES TO GOVERNANCE, LEADERSHIP, AND PROGRAMMING.

NAME OF RECIPIENT - THE GERONTOLOGICAL SOCIETY OF AMERICA

TO CARRY ON AND EXPAND THE WORK THAT INITIALLY BEGAN BY GRANTMAKERS IN AGING (GIA) TO REFRAME THE PUBLIC DISCOURSE ABOUT OLDER ADULTS (AGEISM), WHO THEY ARE, WHAT ISSUES AFFECT THEM, HOW THEY CONTRIBUTE TO SOCIETY, AND HOW SOCIETY CAN BEST INTEGRATE THE

NAME OF RECIPIENT - THE GERONTOLOGICAL SOCIETY OF AMERICA

TO CARRY ON AND EXPAND THE WORK THAT INITIALLY BEGAN BY GRANTMAKERS IN AGING (GIA) TO REFRAME THE PUBLIC DISCOURSE ABOUT OLDER ADULTS (AGEISM), WHO THEY ARE, WHAT ISSUES AFFECT THEM, HOW THEY CONTRIBUTE TO SOCIETY, AND HOW SOCIETY CAN BEST INTEGRATE THE

NAME OF RECIPIENT - THE UCLA FOUNDATION

TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE DEVELOPMENT EFFORTS AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES.

NAME OF RECIPIENT - THE UCLA FOUNDATION

**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE  
DEVELOPMENT EFFORTS AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES.

NAME OF RECIPIENT - THE UCLA FOUNDATION

TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE  
DEVELOPMENT EFFORTS AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES.

NAME OF RECIPIENT - THE UCLA FOUNDATION

TO EXPAND THE GERIATRIC AND GERONTOLOGY PROGRAM AND WORKFORCE  
DEVELOPMENT EFFORTS AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES.

NAME OF RECIPIENT - UCSF FOUNDATION

TO EXPAND GERIPAL, A PODCAST AND BLOG THAT SERVES AS AN INNOVATIVE  
WORKFORCE DEVELOPMENT PLATFORM AND TOOL.

NAME OF RECIPIENT - UNIVERSITY OF SOUTHERN CALIFORNIA

TO PROVIDE PARTIAL FUNDING FOR THE CALIFORNIA TASK FORCE ON FAMILY  
CAREGIVING, WHICH SEEKS TO IMPROVE OUTCOMES FOR CALIFORNIA'S FAMILY  
CAREGIVERS AND THEIR CARE RECIPIENTS.

NAME OF RECIPIENT - UNIVERSITY OF WASHINGTON

TO SUPPORT TECHNICAL ASSISTANCE, TRAINING, AND EVALUATION FOR PHASE 2  
OF THE CARE PARTNERS DEPRESSION IN LATE-LIFE INITIATIVE.

NAME OF RECIPIENT - UNIVERSITY OF WASHINGTON

TO SUPPORT TECHNICAL ASSISTANCE, TRAINING, AND EVALUATION FOR PHASE 2  
OF THE CARE PARTNERS DEPRESSION IN LATE-LIFE INITIATIVE.

**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - VIA CARE COMMUNITY HEALTH CENTER, INC.

TO SUPPORT THE EXPANSION OF ITS MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM TO A NEW POPULATION WHICH WILL IMPROVE THE HEALTH AND QUALITY OF LIFE OF AT LEAST 400 OF LOW-INCOME LATINO OLDER-ADULT PATIENTS WITH MULTIPLE CHRONIC DISEASES.

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD	
RUSSELL CORE BOND FUND	PURCHASED	04/01/14	06/30/21	
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
297,553.	297,553.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD	
RUSSELL CORE BOND FUND SEC 1256	PURCHASED	04/01/14	06/30/21	
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	-96,499.	96,499.	0.	0.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD	
RUSSELL MULTI ASSET CORE PLUS FUND	PURCHASED	04/01/14	06/30/21	
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
21,876,151.	21,876,151.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
RUSSELL MULTI ASSET CORE PLUS FUND SEC 1256		PURCHASED	04/01/14	06/30/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	-2,455,534.	2,455,534.	0.	0.

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
RUSSELL LOW DURATION BOND FUND		PURCHASED	04/01/14	06/30/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
47,399.	47,399.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
RUSSELL LOW DURATION BOND FUND SEC 1256		PURCHASED	04/01/14	06/30/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
958.	958.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
RUSSELL INV REAL ESTATE EQUITY FUND		PURCHASED	04/01/14	06/30/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
33,562.	33,562.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
RUSSELL TOTAL RETURN FUND	PURCHASED	04/01/14	06/30/21
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC. (F) GAIN OR LOSS
13,886,210.	0.	11,800,000.	0. 2,086,210.
CAPITAL GAINS DIVIDENDS FROM PART IV			0.
TOTAL TO FORM 990-PF, PART I, LINE 6A			2,086,210.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS FROM SECURITIES AND	6,974,453.	0.	6,974,453.	1,524,108.	
TO PART I, LINE 4	6,974,453.	0.	6,974,453.	1,524,108.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
K-1 RUSSELL CORE BOND FUND	0.	-30,998.	
K-1 RUSSELL MULTI ASSET CORE PLUS FUND	0.	14,401.	
K-1 RUSSELL LOW DURATION BOND FUND	0.	-8,100.	
K-1 RUSSELL ESTATE EQUITY FUND	0.	-92,695.	
INCOME FROM INSTITUTIONAL FUNDS	47,023,685.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	47,023,685.	-117,392.	

FORM 990-PF	LEGAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	4,246.	277.		3,625.
TO FM 990-PF, PG 1, LN 16A	4,246.	277.		3,625.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	74,605.	5,046.		62,041.
TO FORM 990-PF, PG 1, LN 16B	74,605.	5,046.		62,041.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	586,215.	586,215.		0.
TO FORM 990-PF, PG 1, LN 16C	586,215.	586,215.		0.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	51,304.	2,461.		45,977.
PROPERTY TAXES	1,532.	107.		1,404.
FEDERAL EXCISE TAX	675,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	727,836.	2,568.		47,381.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE & SHIPPING	1,924.	129.		1,690.
EQUIPMENT RENTAL & MAINT	18,760.	1,259.		16,485.
INSURANCE	33,726.	2,407.		31,519.
OFFICE SUPPLIES	3,028.	210.		2,775.
CONSULTATION FEES	46,342.	0.		46,623.
ORGANIZATIONAL EXPENSE	50,000.	0.		50,850.
COMMUNICATIONS	150,327.	10,558.		138,233.
MEMBERSHIP & DUES	37,344.	2,498.		33,501.
EDUCATION	13,023.	902.		11,804.
MISCELLANEOUS	541.	38.		498.
GRANT RELATED EXPENSES	51,023.	0.		51,023.
GRANTEE EVALUATIONS	89,493.	0.		83,880.
TO FORM 990-PF, PG 1, LN 23	495,531.	18,001.		468,881.

FORM 990-PF	OTHER INVESTMENTS			STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
CAMBRIDGE INVESTMENTS - PUBLIC EQUITY	FMV	60,989,163.	60,989,163.	
CAMBRIDGE INVESTMENTS - PRIVATE EQUITY	FMV	24,307,722.	24,307,722.	
CAMBRIDGE INVESTMENTS - DIVERSIFYING STRATEGIES	FMV	17,718,057.	17,718,057.	
CAMBRIDGE INVESTMENTS - FIXED INCOME	FMV	17,853,930.	17,853,930.	
CAMBRIDGE INVESTMENTS - CASH EX PARAMETRIC	FMV	497,831.	497,831.	
TOTAL TO FORM 990-PF, PART II, LINE 13		121,366,703.	121,366,703.	

FORM 990-PF	OTHER LIABILITIES	STATEMENT	10
DEFERRED COMPENSATION		BOY AMOUNT	EOY AMOUNT
DEFERRED RENT		912,186.	819,166.
		303,301.	248,708.
TOTAL TO FORM 990-PF, PART II, LINE 22		1,215,487.	1,067,874.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTOPHER A. LANGSTON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	PRESIDENT/CEO 40.00	333,378.	32,059.	3,600.
MARY ELLEN KULLMAN 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	VICE PRESIDENT 40.00	232,273.	63,029.	2,400.
DIANA M. BONTA 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.
AMYE L. LEONG 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
ROCKY SUARES 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
RENEE B. SIMON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
PETER SZUTU 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.
CYNTHIA BANKS 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.

ARCHSTONE FOUNDATION

33-0133359

THERESA J. MARINO 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.
HEATHER M. YOUNG 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
ANGELA CORON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
JOHN FEATHER 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
TAMMY FUNASAKI 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>969,651.</u>	<u>95,088.</u>	<u>6,000.</u>

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12  
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARY ELLEN KULLMAN, M.P.H., VICE PRESIDENT  
301 EAST OCEAN BLVD., SUITE 1850  
LONG BEACH, CA 90802

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
(562) 590-8655	ARCHSTONE FOUNDATION GRANT PROGRAM

FORM AND CONTENT OF APPLICATIONS

APPLICATION FOR REQUEST OF FUNDS LOCATED AT:  
[HTTPS://ARCHSTONE.ORG/HOW-WE-WORK/FOR-GRANTSEEKERS/FULL-PROPOSAL-REQUIREMEN](https://archstone.org/how-we-work/for-grantseekers/full-proposal-requiremen)

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE ARCHSTONE FOUNDATION IS A PRIVATE GRANTMAKING ORGANIZATION, WHOSE MISSION IS TO CONTRIBUTE TOWARDS THE PREPARATION OF SOCIETY IN MEETING THE NEEDS OF AN AGING POPULATION. SEE ATTACHED STATEMENT A FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT [HTTP://WWW.ARCHSTONE.ORG](http://www.archstone.org)

## GENERAL EXPLANATION

STATEMENT 13

## FORM/LINE IDENTIFIER

FORM 990PF, PART I, LINE 12

## EXPLANATION:

THE ARCHSTONE FOUNDATION INVESTS IN INSTITUTIONAL FUNDS STRUCTURED AS MUTUAL FUNDS, LIMITED LIABILITY CORPORATIONS (LLC) AND LIMITED PARTNERSHIPS (LLP). THE FOUNDATION HANDLES THE BOOK REPORTING IN THE SAME MANNER FOR ALL FUNDS. INTEREST AND DIVIDENDS, SALES AND DISTRIBUTIONS FROM A POSITION IN AN INSTITUTIONAL FUND ITSELF RESULTS IN REALIZED INCOME FOR BOOK PURPOSES. THIS IS NOT THE CASE FOR FUNDS ORGANIZED AS LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS WHICH ARE "PASS THROUGH ENTITIES" FOR TAX PURPOSES. FOR THESE "PASS THROUGH ENTITIES" THE FOUNDATION IS REQUIRED TO REPORT AS ITS OWN TAXABLE INCOME ITS PRO RATA SHARE OF THE INCOME, EXPENSES, GAINS, AND LOSSES EARNED INSIDE THE LLPS AND LLCs. THESE ARE REPORTED TO THE FOUNDATION USING SCHEDULE K-1'S PER THE INTERNAL REVENUE SERVICE'S REQUIREMENTS. THE TAXATION OF INCOME EARNED INSIDE THE ENTITY THROUGH THE K-1 RESULTS IN AN ADJUSTMENT OF THE BASIS OF THE UNITS OWNED BY THE ORGANIZATION SO THAT THE BASIS IS EQUAL TO THE VALUE OF THOSE UNITS AND THERE IS NO INCOME TO BE RECOGNIZED WHEN A DISTRIBUTION FROM THE INSTITUTIONAL FUND ITSELF OCCURS FOR TAX PURPOSES.

THE FOUNDATION HAS DISTINGUISHED BETWEEN MUTUAL FUND (MF) TYPE INVESTMENTS AND PASS THROUGH ENTITIES (PT) FOR REPORTING DONE FOR BOOK PURPOSES(SCHEDULE 1) VS. TAX PURPOSES (PART IV OF 990PF). THE ORGANIZATION HAS ALSO DISTINGUISHED BETWEEN DISTRIBUTIONS (DIST) AND K-1 PASS THROUGH INFORMATION(K-1). THE DISTRIBUTIONS RESULT IN REALIZED GAIN/LOSS FOR BOOKS BUT ARE NOT TAXABLE WHILE GAINS AND LOSSES REPORTED ON K-1 ARE REPORTABLE FOR TAX PURPOSES BUT HAVE NOT BEEN SEPARATELY REPORTED FOR BOOKS.

2020

# California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**

Corporation/Organization name <b>ARCHSTONE FOUNDATION</b>	California corporation number <b>1286264</b>
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Additional information. See instructions.	FEIN <b>33-0133359</b>
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Street address (suite or room) <b>301 E. OCEAN BLVD, NO. 1850</b>	PMB no.
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City <b>LONG BEACH</b>	State <b>CA</b>	ZIP code <b>90802</b>
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Foreign country name	Foreign province/state/country	Foreign postal code
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<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	90,139,971	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	90,139,971	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	34,055,623	00
	7	Total costs. Add line 5 and line 6	7	34,055,623	00
	8	Total gross income. Subtract line 7 from line 4	8	56,084,348	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,205,088	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	48,879,260	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

**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.

Signature of officer	Title <b>PRESIDENT/CEO</b>	Date	Telephone
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Preparer's signature <b>DONITA M. JOSEPH</b>	Date <b>05/10/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00286656</b>
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Firm's name (or yours, if self-employed) and address <b>WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087</b>	Telephone <b>(562) 435-1191</b>
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May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	6,974,453	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 1</b>	•	6	36,141,833	00	
	7	Other income <b>SEE STATEMENT 2</b>	•	7	47,023,685	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	90,139,971	00	
	9	Contributions, gifts, grants, and similar amounts paid <b>STATEMENT 10</b>	•	9	2,985,314	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 3</b>	•	11	969,651	00	
	12	Other salaries and wages	•	12	567,610	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	727,836	00
		15	Rents	•	15	209,096	00
		16	Depreciation and depletion (See instructions)	•	16	60,000	00
		17	Other expenses and disbursements <b>SEE STATEMENT 4</b>	•	17	1,685,581	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	7,205,088	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		1,222,176		• 1,167,623
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments <b>STMT 5</b>		100,533,853		• 121,366,703
10 a Depreciable assets	614,168		628,847	
b Less accumulated depreciation	( 344,053 )	270,115	( 404,053 )	224,794
11 Land				•
12 Other assets <b>STMT 6</b>		139,113		• 163,707
13 <b>Total assets</b>		102,165,257		122,922,827
<b>Liabilities and net worth</b>				
14 Accounts payable		273,869		• 312,670
15 Contributions, gifts, or grants payable		1,817,446		• 1,367,891
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities <b>STMT 7</b>		1,215,487		1,067,874
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		98,858,455		• 120,174,392
22 <b>Total liabilities and net worth</b>		102,165,257		122,922,827

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 21,315,937	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return <b>STMT 8</b>	• 27,563,323	Subtract line 9 from line 6	48,879,260
6 Total. Add line 1 through line 5	48,879,260		

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CA 199                      GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY                      STATEMENT      1

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
RUSSELL CORE BOND FUND	04/01/14	06/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	297,553.	0.	0.	297,553.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
RUSSELL CORE BOND FUND SEC 1256	04/01/14	06/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	-96,499.	0.	96,499.	0.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
RUSSELL MULTI ASSET CORE PLUS FUND	04/01/14	06/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	21,876,151.	0.	0.	21,876,151.

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
RUSSELL MULTI ASSET CORE PLUS FUND SEC 1256	04/01/14	06/30/21	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	-2,455,534.	0.	2,455,534.	0.

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<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
RUSSELL LOW DURATION BOND FUND	04/01/14	06/30/21	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	47,399.	0.	0.	47,399.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
RUSSELL LOW DURATION BOND FUND SEC 1256	04/01/14	06/30/21	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	958.	0.	0.	958.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
RUSSELL INV REAL ESTATE EQUITY FUND	04/01/14	06/30/21	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	33,562.	0.	0.	33,562.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
RUSSELL TOTAL RETURN FUND	04/01/14	06/30/21	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	0.	0.	11,800,000.	13,886,210.

TOTAL ON FORM 199, PG 2, LINE 6	<u>19,703,590.</u>	<u>0.</u>	<u>14,352,033.</u>	<u>36,141,833.</u>
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CA 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
K-1 RUSSELL CORE BOND FUND		0.	
K-1 RUSSELL MULTI ASSET CORE PLUS FUND		0.	
K-1 RUSSELL LOW DURATION BOND FUND		0.	
K-1 RUSSELL ESTATE EQUITY FUND		0.	
INCOME FROM INSTITUTIONAL FUNDS		47,023,685.	
TOTAL TO FORM 199, PART II, LINE 7		47,023,685.	

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
CHRISTOPHER A. LANGSTON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	PRESIDENT/CEO 40.00	333,378.	
MARY ELLEN KULLMAN 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	VICE PRESIDENT 40.00	232,273.	
DIANA M. BONTA 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	
AMYE L. LEONG 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	
ROCKY SUARES 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	
RENEE B. SIMON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	
PETER SZUTU 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	

ARCHSTONE FOUNDATION

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CYNTHIA BANKS 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.
THERESA J. MARINO 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.
HEATHER M. YOUNG 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.
ANGELA CORON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.
JOHN FEATHER 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.
TAMMY FUNASAKI 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.
TOTAL TO FORM 199, PART II, LINE 11		969,651.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS	504,437.
LEGAL FEES	4,246.
ACCOUNTING FEES	74,605.
OTHER PROFESSIONAL FEES	586,215.
TRAVEL, CONFERENCES, AND MEETINGS	20,547.
POSTAGE & SHIPPING	1,924.
EQUIPMENT RENTAL & MAINT	18,760.
INSURANCE	33,726.
OFFICE SUPPLIES	3,028.
CONSULTATION FEES	46,342.
ORGANIZATIONAL EXPENSE	50,000.
COMMUNICATIONS	150,327.
MEMBERSHIP & DUES	37,344.
EDUCATION	13,023.
MISCELLANEOUS	541.
GRANT RELATED EXPENSES	51,023.
GRANTEE EVALUATIONS	89,493.
TOTAL TO FORM 199, PART II, LINE 17	1,685,581.

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
RUSSELL CORE BOND FUND	7,176,715.	0.	
RUSSELL LOW DURATION BOND	1,811,190.	0.	
RUSSELL MULTI CORE ASSET	69,685,227.	0.	
RUSSELL TTL RETURN	12,881,056.	0.	
RUSSELL REAL ESTATE	8,979,665.	0.	
CAMBRIDGE INVESTMENTS - PUBLIC EQUITY	0.	60,989,163.	
CAMBRIDGE INVESTMENTS - PRIVATE EQUITY	0.	24,307,722.	
CAMBRIDGE INVESTMENTS - DIVERSIFYING STRATEGIES	0.	17,718,057.	
CAMBRIDGE INVESTMENTS - FIXED INCOME	0.	17,853,930.	
CAMBRIDGE INVESTMENTS - CASH EX PARAMETRIC	0.	497,831.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	100,533,853.	121,366,703.	

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	119,819.	144,413.	
DEPOSITS	19,294.	19,294.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	139,113.	163,707.	

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED COMPENSATION	912,186.	819,166.	
DEFERRED RENT	303,301.	248,708.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,215,487.	1,067,874.	

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CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	8
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DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	27,563,323.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	27,563,323.

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CA 199	FUND BALANCES	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	98,858,455.	120,174,392.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	98,858,455.	120,174,392.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 10  
AND SIMILAR AMOUNTS PAID

## ACTIVITY CLASSIFICATION: GRANTS

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALLIANCE FOR LEADERSHIP AND EDUCATION 1107 9TH STREET, SUITE 701, SACRAMENTO, CA 95814	NONE	22,500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD., SUITE 400, LOS ANGELES, CA 90010	NONE	117,608.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY, SUITE 200, IRVINE, CA 92614	NONE	10,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN SOCIETY ON AGING 575 MARKET STREET, SUITE 2100, SAN FRANCISCO, CA 94105-2869	NONE	2,500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN SOCIETY ON AGING 605 MARKET STREET, SUITE 1111, SAN FRANCISCO, CA 94105-2869	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BET TZEDEK 3250 WILSHIRE BLVD., 13TH FLOOR, LOS ANGELES, CA 90010	NONE	17,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760, OAKLAND, CA 94612	NONE	7,066.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA FOOD POLICY ADVOCATES 1970 BROADWAY, SUITE 760 OAKLAND, CA 94612, OAKLAND, CA 94612	NONE	7,400.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE LOS ANGELES UNIVERSITY AUXILIARY SERVICES 5151 STATE COLLEGE DRIVE, LOS ANGELES, CA 90032	NONE	42,880.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR, NEW YORK, NY 10016	NONE	72,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES OF LOS ANGELES, INC. 21600 HART ST CANOGA PARK, LOS ANGELES, CA 91303	NONE	22,738.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHHS OFFICE OF HEALTH INFORMATION INTEGRITY 1600 9TH STREET, SUITE 460, SACRAMENTO, CA 95814	NONE	23,236.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHHS OFFICE OF HEALTH INFORMATION INTEGRITY 1600 9TH STREET, SUITE 460, SACRAMENTO, CA 95814	NONE	24,115.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110, SACRAMENTO, CA 95833	NONE	39,145.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110, SACRAMENTO, CA 95833	NONE	1,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD, SANTA ROSA, CA 95403	NONE	5,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD, SANTA ROSA, CA 95403	NONE	67,500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COUNTY OF SONOMA, HUMAN SERVICES DEPARTMENT C/O HSD ADULT & AGING ACCOUNTANT 3600 WESTWIND BLVD, SANTA ROSA, CA 95403	NONE	15,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 55 E. JACKSON BLVD., STE 490, CHICAGO, IL 60604	NONE	15,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOWNTOWN WOMENS CENTER 442 SOUTH SAN PEDRO STREET, LOS ANGELES, CA 90013	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER PO BOX 449, SAN BERNARDINO, CA 92402	NONE	5,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. 823 GATEWAY CENTER WAY, SAN DIEGO, CA 92102	NONE	5,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200, ARLINGTON, VA 2	NONE	112,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200, ARLINGTON, VA 2	NONE	12,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN AGING, INC. C/O: CLIFTONLARSONALLEN LLP 901 NORTH GLEBE ROAD, SUITE 200, ARLINGTON, VA 2	NONE	112,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1100, WASHINGTON, DC 20036	NONE	5,769.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1100, WASHINGTON, DC 20036	NONE	33,246.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KAISER FOUNDATION HOSPITALS C/O: KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR,	NONE	67,416.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA NET COMMUNITY HEALTH RESOURCE NETWORK 927 PINE AVE, LONG BEACH, CA 90813	NONE	50,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA NET COMMUNITY HEALTH RESOURCE NETWORK 927 PINE AVE, LONG BEACH, CA 90813	NONE	50,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LTSC COMMUNITY DEVELOPMENT CORPORATION 231 E. 3RD ST. STE. G106, LOS ANGELES, CA 90013	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET, ESCONDIDO, CA 92025	NONE	67,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET, ESCONDIDO, CA 92025	NONE	15,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ONEGENERATION 17400 VICTORY BLVD., VAN NUYS, CA 91406	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ONEGENERATION 17400 VICTORY BLVD., VAN NUYS, CA 91406	NONE	10,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPICA ADULT DAY PROGRAM AND COUNSEL 11759 MISSOURI AVE., LOS ANGELES, CA 90025	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT STREET, SUITE 150, SAN FERNANDO, CA 91340	NONE	124,512.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PATHWAYS VOLUNTEER HOSPICE 4645 WOODRUFF AVE., LAKEWOOD, CA 90713	NONE	14,625.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROJECT ANGEL FOOD 922 VINE STREET, LOS ANGELES, CA 90038-2702	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROJECT OPEN HAND 730 POLK ST, SAN FRANCISCO, CA 94109	NONE	50,447.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REBUILDING TOGETHER MOUNTAIN COMMUNITIES P.O. BOX 3540, BLUE JAY, CA 92317	NONE	1,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE, LOS ANGELES, CA 90095-9000	NONE	80,181.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE, LOS ANGELES, CA 90095-9000	NONE	13,958.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES BOX 957089, 1125 MURPHY HALL 405 HILGARD AVENUE, LOS ANGELES, CA 90095-9000	NONE	21,967.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872, LOS ANGELES, CA 90074-4872	NONE	81,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF CALIFORNIA (UNIVERSITY OF CALIFORNIA, DAVIS) PO BOX 989062, WEST SACRAMENTO, CA 95798-9062	NONE	50,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SADDLEBACK MEMORIAL FOUNDATION 24451 HEALTH CENTER DRIVE, LAGUNA HILLS, CA 92653	NONE	39,600.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SENIORSERV DBA SENIORSERV 1200 N. KNOLLWOOD CIRCLE, ANAHEIM, CA 92801	NONE	32,080.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOMANG SOCIETY 5836 CORPORATE AVE. #110, CYPRESS, CA 90630	NONE	45,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST., LOS ANGELES, CA 90057-3309	NONE	1,500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST., LOS ANGELES, CA 90057-3309	NONE	1,650.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST BARNABAS SENIOR CENTER OF LOS ANGELES 675 S CARONDELET ST., LOS ANGELES, CA 90057-3309	NONE	24,651.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139	NONE	22,500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901, WASHINGTON, DC 20005-4018	NONE	33,750.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901, WASHINGTON, DC 20005-4018	NONE	16,250.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY, SUITE 400, LONG BEACH, CA 90806	NONE	100,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SCAN FOUNDATION 3800 KILROY AIRPORT WAY, SUITE 400, LONG BEACH, CA 90806	NONE	50,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UCLA FOUNDATION PO BOX 7145, PASADENA, CA 91109-9903	NONE	45,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UCLA FOUNDATION 10920 WILSHIRE BLVD., SUITE 900, LOS ANGELES, CA 90024	NONE	10,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UCLA FOUNDATION 10920 WILSHIRE BLVD., SUITE 900, LOS ANGELES, CA 90024	NONE	45,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE UCLA FOUNDATION PO BOX 7145, PASADENA, CA 91109-9903	NONE	50,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UCSF FOUNDATION PO BOX 748872, LOS ANGELES, CA 90074-4872	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	36,780.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	23,142.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	8,955.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	13,316.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	51,136.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	132,954.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET, SUITE 102, LOS AN	NONE	18,513.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE, CHICAGO, IL 60693	NONE	663,511.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE, CHICAGO, IL 60693	NONE	49,242.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIA CARE COMMUNITY HEALTH CENTER, INC. 501 S. ATLANTIC BLVD., LOS ANGELES, CA 90022	NONE	45,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPENHOUSE 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LONG BEACH GRAY PARTNERS 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALVATION ARMY OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC DAVIS FOUNDATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JEWISH FAMILY & CHILDREN'S SERVICE 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN SOCIETY ON AGING 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC BIG BROTHERS BIG SISTERS OF L.A. 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	4,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAGE 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SO. OREGON CTR. FOR COMMUNITY PARTNERSHIP 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TCC FAMILY HEALTH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALTAMED HEALTH SERVICES 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WISE & HEALTHY AGING 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAY AREA COMMUNITY SERVICES 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MEALS ON WHEELS OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INTERNATIONAL CITY THEATRE 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY AT BUFFALO FOUNDATION, INC. 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ETHIOPIAN COMMUNITY & CULTURAL CENTER 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARTHRITIS FOUNDATION INC. 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	4,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LONG BEACH MUSEUM OF ART 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	3,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. BARNABAS SENIOR SERVICES 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	4,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DUKE UNIVERSITY 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	200.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S HOSPITAL LOS ANGELES 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTMAKERS IN AGING 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ENGAGE, INC. 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTIAN OUTREACH IN ACTION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HISTORICAL SOCIETY OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALPERT JEWISH COMMUNITY CENTER OF LB 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARTS COUNCIL FOR LONG BEACH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	750.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WEAVER ELEMENTARY PTA 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	200.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF WEAVER 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	200.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LONG BEACH SYMPHONY ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTHERN CA PUBLIC RADIO (KPCC) 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	250.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMENSHELTER OF LONG BEACH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JUSTICE IN AGING 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN PUBLIC HEALTH ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SO. OREGON CTR. FOR COMMUNITY PARTNERSHIP 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LONG BEACH MUSEUM OF ART 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EQUAL JUSTICE INITIATIVE 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN PUBLIC HEALTH ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	125.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RIP MEDICAL DEBT 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOS ALAMITOS EDUCATION FOUNDATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	1,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. PIUS X - ST. MATTIAS ACADEMY 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	200.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOGS WITHOUT BORDERS 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	150.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CA. CONFERENCE FOR EQUALITY & JUSTICE 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	120.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PBS SOCAL 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	170.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NIXON ACADEMY PTA 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOVELAND CHURCH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CSULB 49ER FOUNDATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	120.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AURICLE COMMUNICATIONS 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	210.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERICAN PUBLIC HEALTH ASSOCIATION 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUMMER HARVEST - FOOD FOR KIDS, INC 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF MICHIGAN 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	200.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ARTHRITIS FOUNDATION INC. 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	2,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW YORK PUBLIC RADIO 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	120.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SANTA BARBARA BOTANIC GARDEN 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NAT'L ASIAN PACIFIC AMERICAN WOMEN'S FORU 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW YORK PUBLIC INTEREST RESEARCH GROUP 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	365.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROJECT OPEN HAND 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BELMONT HEIGHTS UNITED METHODIST CHURCH 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	950.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FILIPINO MIGRANT CENTER 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	100.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LONG BEACH CHORALE & CHAMBER ORCHESTRA 301 E. OCEAN BLVD. SUITE 1850, LONG BEACH, CA 90802	NONE	300.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY 3,434,869.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 3,434,869.

TAXABLE YEAR  
**2020**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>ARCHSTONE FOUNDATION</b>	<b>33-0133359</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>90,139,971</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>56,084,348</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>7,205,088</b>

**Part II Settle Your Account Electronically for Taxable Year 2020**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>		_____		_____		<b>PRESIDENT / CEO</b>
		Signature of officer		Date		Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	<b>WINDES, INC.</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00286656</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>WINDES, INC. P.O. BOX 87 LONG BEACH, CA</b>				Firm's FEIN <b>95-3001179</b> ZIP code <b>90801-0087</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	_____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	_____			Firm's FEIN ZIP code



MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

<p><b>ARCHSTONE FOUNDATION</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>301 E. OCEAN BLVD, NO. 1850</b> Address (Number and Street)</p> <p><b>LONG BEACH, CA 90802</b> City or Town, State, and ZIP Code</p> <p><b>562-590-8655</b>      <b>ARCHSTONE@ARCHSTONE.ORG</b> Telephone Number      E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number    <u>CT62160</u></p> <hr/> <p>Corporation or Organization No.    <u>1286264</u></p> <hr/> <p>Federal Employer ID No.    <u>33-0133359</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
**Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07 / 01 / 2020 ending 06 / 30 / 2021) list:

Total Revenue \$ (including noncash contributions)	56,084,348	Noncash Contributions \$	0.00	Total Assets \$	122,922,827
Program Expenses \$	4,219,774.00	Total Expenses \$	7,205,088.00		

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		✓
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		✓
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		✓
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		✓
5. During this reporting period, did the organization receive any governmental funding?		✓
6. During this reporting period, did the organization hold a raffle for charitable purposes?		✓
7. Does the organization conduct a vehicle donation program?		✓
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	✓	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		✓

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<p>_____ Signature of Authorized Agent</p>	<p><b>CHRISTOPHER A. LANGSTON</b> Printed Name</p>	<p><b>PRESIDENT/CEO</b> Title</p>	<p>_____ Date</p>
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