

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

ARCHSTONE FOUNDATION
301 E. OCEAN BLVD., 1850
LONG BEACH, CA 90802



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CLIENT'S COPY

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	100,000.

		(a)	(b)	(c)	(d)
11	Installment due dates	11	11/15/23		
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	100,000.		
13	2022 Overpayment	13	100,000.		
14	Payment due (Subtract line 13 from line 12)	14			

Form **990-W**

ESTIMATED TAX	100,000.
OVERPAYMENT APPLIED	100,000.
AMOUNT DUE	0.

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. ARCHSTONE FOUNDATION	Taxpayer identification number (TIN) 33-0133359
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. 301 E. OCEAN BLVD., 1850	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90802	

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 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
Form 990-T (corporation)	07		

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 15, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
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.	3b	\$ 100,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

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

Return of Private Foundation

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

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

2022

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

Name of foundation ARCHSTONE FOUNDATION		A Employer identification number 33-0133359
Number and street (or P.O. box number if mail is not delivered to street address) 301 E. OCEAN BLVD.	Room/suite 1850	B Telephone number 562-590-8655
City or town, state or province, country, and ZIP or foreign postal code LONG BEACH, CA 90802		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) \$ 106,591,460.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	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	744,194.	1,804,407.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,328,900.			STATEMENT 1
	b Gross sales price for all assets on line 6a 16,279,493.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	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	31,936.	-428,910.		STATEMENT 3	
12 Total. Add lines 1 through 11	2,105,030.	1,375,497.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	1,079,980.	56,422.		1,015,761.
	14 Other employee salaries and wages	533,515.	13,786.		511,073.
	15 Pension plans, employee benefits	369,871.	21,978.		311,143.
	16a Legal fees STMT 4	5,527.	387.		5,088.
	b Accounting fees STMT 5	99,810.	6,987.		88,413.
	c Other professional fees STMT 6	498,635.	401,766.		96,012.
	17 Interest	14,022.	982.		12,909.
	18 Taxes STMT 7	190,904.	4,570.		85,321.
	19 Depreciation and depletion	62,891.	4,200.		
	20 Occupancy	187,141.	13,100.		172,282.
	21 Travel, conferences, and meetings	148,691.	10,408.		136,885.
	22 Printing and publications				
	23 Other expenses STMT 8	621,319.	21,622.		596,782.
	24 Total operating and administrative expenses. Add lines 13 through 23	3,812,306.	556,208.		3,031,669.
	25 Contributions, gifts, grants paid	2,135,229.			2,195,854.
26 Total expenses and disbursements. Add lines 24 and 25	5,947,535.	556,208.		5,227,523.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-3,842,505.				
b Net investment income (if negative, enter -0-)		819,289.			
c Adjusted net income (if negative, enter -0-)			N/A		

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	625,381.	536,285.	536,285.
	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	509,581.	509,581.	509,581.
	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 99,887,230.	105,126,164.	105,126,164.	
14 Land, buildings, and equipment: basis	657,045.			
Less: accumulated depreciation	529,458.	175,866.	127,587.	
15 Other assets (describe STATEMENT 10)	19,294.	291,496.	291,496.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	101,217,699.	106,591,460.	106,591,460.	
Liabilities	17 Accounts payable and accrued expenses	297,690.	166,104.	
	18 Grants payable	1,256,811.	1,161,949.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 11)	928,769.	1,065,943.	
23 Total liabilities (add lines 17 through 22)	2,483,270.	2,393,996.		
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	98,734,429.	104,197,464.	
	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 Total net assets or fund balances	98,734,429.	104,197,464.		
30 Total liabilities and net assets/fund balances	101,217,699.	106,591,460.		

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	98,734,429.
2 Enter amount from Part I, line 27a	2	-3,842,505.
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	9,305,540.
4 Add lines 1, 2, and 3	4	104,197,464.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	104,197,464.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENTS

(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			
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			
16,279,493.		19,415,962.	-3,136,469.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			
			-3,136,469.

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	-3,136,469.
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 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)	1	11,388.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	11,388.
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	11,388.
6 Credits/Payments:		
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	200,000.
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	200,000.
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 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	188,612.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 100,000. Refunded	11	88,612.

Part VI-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		X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
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?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
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 XIV	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 <i>General Instruction G</i> ? 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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address WWW.ARCHSTONE.ORG		
14 The books are in care of CHRISTOPHER A. LANGSTON Telephone no. 562-590-8655 Located at 301 EAST OCEAN BLVD., SUITE 1850, LONG BEACH, CA ZIP+4 90802		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

Form 990-PF (2022)

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? SEE STATEMENT 13 If "Yes," attach the statement required by Regulations section 53.4945-5(d).	X	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		1,079,980	106,205.	16,200.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOLENE FASSBINDER - 301 EAST OCEAN BLVD., STE 1850, LONG BEACH, CA	PROGRAM OFFICER 40.00	144,279.	45,163.	3,850.
CONSUELO PENA - 301 EAST OCEAN BLVD., STE 1850, LONG BEACH, CA	DIRECTOR OF FINANCE AND ADMIN 40.00	124,159.	36,568.	4,800.
JASMINE LACSAMANA - 301 EAST OCEAN BLVD., STE 1850, LONG BEACH, CA	PROGRAM OFFICER 40.00	97,709.	40,312.	6,600.
RYAN DOYLOO - 301 EAST OCEAN BLVD., STE 1850, LONG BEACH, CA 90802	PROGRAM ASSOCIATE 40.00	73,558.	29,001.	4,800.
KIMBERLY WILLIAMS - 301 EAST OCEAN BLVD., STE 1850, LONG BEACH, CA	ADMINISTRATIVE ASSISTANT 40.00	56,918.	14,524.	0.
Total number of other employees paid over \$50,000				0

Part VII 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
CAMBRIDGE ASSOCIATES 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	401,766.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-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 VIII-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.	
Total. Add lines 1 through 3	0.

Part IX 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	99,923,740.
b	Average of monthly cash balances	1b	1,228,488.
c	Fair market value of all other assets (see instructions)	1c	528,875.
d	Total (add lines 1a, b, and c)	1d	101,681,103.
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	101,681,103.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,525,217.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	100,155,886.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	5,007,794.

Part X 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 IX, line 6	1	5,007,794.
2a	Tax on investment income for 2022 from Part V, line 5	2a	11,388.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	11,388.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,996,406.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,996,406.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	4,996,406.

Part XI 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	5,227,523.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	5,227,523.

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				4,996,406.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017	1,122,708.			
b From 2018	1,485,188.			
c From 2019	1,087,105.			
d From 2020	811,744.			
e From 2021				
f Total of lines 3a through e	4,506,745.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$	5,227,523.			
a Applied to 2021, 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 2022 distributable amount				4,996,406.
e Remaining amount distributed out of corpus	231,117.			
5 Excess distributions carryover applied to 2022 (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:	4,737,862.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				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 2017 not applied on line 5 or line 7	1,122,708.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	3,615,154.			
10 Analysis of line 9:				
a Excess from 2018	1,485,188.			
b Excess from 2019	1,087,105.			
c Excess from 2020	811,744.			
d Excess from 2021				
e Excess from 2022	231,117.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2022, 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) 2022, (b) 2021, (c) 2020, (d) 2019, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV 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).

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.

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

SEE STATEMENT 14

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 XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 2290 N 1ST STREET, SUITE 101 SAN JOSE, CA 95131		PC	IMPROVING CARE FOR CALIFORNIA'S AGING POPULATION: A HEALTH SYSTEMS APPROACH	76,038.
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 2290 N 1ST STREET, SUITE 101 SAN JOSE, CA 95131		PC	IMPROVING CARE FOR CALIFORNIA'S AGING POPULATION: A HEALTH SYSTEMS APPROACH	76,038.
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD., SUITE 400 LOS ANGELES, CA 90010		PC	SKILLS TRAINING & EDUCATION FOR UNDERSERVED CAREGIVERS: EXPANDING CAPACITY TO SERVE	13,068.
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY, SUITE 200 IRVINE, CA 92614		PC	MEJORANDO LA VIDA DE LA CUIDADORA (ENHANCING THE LIFE OF THE CAREGIVER)	20,000.
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY, SUITE 200 IRVINE, CA 92614		PC	MEJORANDO LA VIDA DE LA CUIDADORA (ENHANCING THE LIFE OF THE CAREGIVER)	5,000.
Total			SEE CONTINUATION SHEET(S)	3a 2,195,854.
b Approved for future payment				
THE CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139		PC	CEP'S 2022 WEBINAR SERIES	10,000.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	CONFERENCE GRANT - JOURNALISTS IN AGING FELLOWS PROGRAM 2022	16,000.
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE NEW YORK, NY 10036		NC	PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF HEALTH AND SOCIAL SERVICES STRATEGIC	75,000.
Total			SEE CONTINUATION SHEET(S)	3b 1,240,500.

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 DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P.	P	07/15/22	06/30/23
b DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P.	P	01/01/22	06/30/23
c HITCHWOOD CAPITAL FUND LTD.	P	01/01/22	06/30/23
d MARATHON-LONDON INTERNATIONAL INVESTMENT	P	07/15/22	06/30/23
e MARATHON-LONDON INTERNATIONAL INVESTMENT	P	01/01/22	06/30/23
f IR&M CORE BOND FUND II LLC	P	07/15/22	06/30/23
g IR&M CORE BOND FUND II LLC	P	01/01/22	06/30/23
h 1607 CAPITAL INTERNATIONAL EQUITY FUND LP	P	07/15/22	06/30/23
i 1607 CAPITAL INTERNATIONAL EQUITY FUND LP	P	01/01/22	06/30/23
j GOVERNORS LANE OFFSHORE FUND LTD	P	01/01/22	06/30/23
k GQG PARTNERS US SELECT QUALITY EQUITY FUND	P	07/15/22	06/30/23
l GQG PARTNERS US SELECT QUALITY EQUITY FUND	P	01/01/22	06/30/23
m HBK MULTI-STRATEGY OFFSHORE FUND LTD	P	01/01/22	06/30/23
n ROCK SPRINGS CAPITAL	P	01/01/22	06/30/23
o LL MORTGAGE FUND LP	P	07/15/22	06/30/23

(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 17,854.			17,854.
b 3,829.			3,829.
c 12,495.			12,495.
d		47,167.	-47,167.
e		367,658.	-367,658.
f		189,419.	-189,419.
g		129,366.	-129,366.
h		6,321.	-6,321.
i		28,306.	-28,306.
j 207,578.			207,578.
k		730,016.	-730,016.
l 302,262.			302,262.
m 12,287.			12,287.
n 7,734.			7,734.
o		17,948.	-17,948.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			17,854.
b			3,829.
c			12,495.
d			-47,167.
e			-367,658.
f			-189,419.
g			-129,366.
h			-6,321.
i			-28,306.
j			207,578.
k			-730,016.
l			302,262.
m			12,287.
n			7,734.
o			-17,948.

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
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

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 LL MORTGAGE FUND LP	P	01/01/22	06/30/23
b STANDARD CRYPTO VENDURE FUND I LP	P	07/15/22	06/30/23
c UBS 000 STC		07/15/22	06/30/23
d UBS 000 LTC		01/01/22	06/30/23
e UBS 001 PARAMETRIC STC		07/15/22	06/30/23
f UBS 002 HS MANAGEMENT STC		07/15/22	06/30/23
g UBS 002 HS MANAGEMENT LTC		01/01/22	06/30/23
h UBS 003 VULCAN STC		07/15/22	06/30/23
i UBS 003 VULCAN LTC		01/01/22	06/30/23
j UBS 004 PARA MSCI STC		07/15/22	06/30/23
k UBS 004 PARA MSCI LTC		01/01/22	06/30/23
l UBS 005 PARA MSCI UND STC		07/15/22	06/30/23
m UBS 005 PARA MSCI UND LTC		01/01/22	06/30/23
n BOOK TO TAX ADJUSTMENT		01/01/22	06/30/23
o CAPITAL GAINS DIVIDENDS			

(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		21,628.	-21,628.
b		4.	-4.
c	2,132,602.	2,037,921.	94,681.
d	2,133,075.	2,416,298.	-283,223.
e	871,000.	871,000.	0.
f	2,473,586.	2,661,874.	-188,288.
g	1,457,441.	1,769,888.	-312,447.
h	771,574.	1,062,702.	-291,128.
i	1,617,699.	2,409,779.	-792,080.
j	11,912.	13,765.	-1,853.
k	82,027.	184,824.	-102,797.
l	153,927.	167,472.	-13,545.
m	3,961,000.	4,282,606.	-321,606.
n			0.
o	49,611.		49,611.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-21,628.
b			-4.
c			94,681.
d			-283,223.
e			0.
f			-188,288.
g			-312,447.
h			-291,128.
i			-792,080.
j			-1,853.
k			-102,797.
l			-13,545.
m			-321,606.
n			0.
o			49,611.

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	-3,136,469.
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 XIV 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
AMERICAN SOCIETY ON AGING PO BOX 103088 PASADENA, CA 91189		PC	ASA RISE	5,000.
BENJAMIN ROSE INSTITUTE ON AGING 11890 FAIRHILL ROAD CLEVELAND, OH 44120		PC	BEST PRACTICE CAREGIVING PHASE III: CONSUMER VERSION	23,324.
BENJAMIN ROSE INSTITUTE ON AGING 11890 FAIRHILL ROAD CLEVELAND, OH 44120		PC	BEST PRACTICE CAREGIVING PHASE III: CONSUMER VERSION	11,662.
CALIFORNIA AQUATIC THERAPY AND WELLNESS CENTER, INC. 6801 LONG BEACH BLVD. LONG BEACH, CA 90805		PC	PHYSICAL THERAPY AND OCCUPATIONAL THERAPY CAPACITY BUILDING FOR OLDER ADULTS	25,000.
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR NEW YORK, NY 10016		PC	CATCHAFIRE - CAPACITY BUILDING PROGRAM FOR GRANTEE AND APPLICANTS	48,750.
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR NEW YORK, NY 10016		PC	PROPOSAL FOR CAPACITY BUILDING SUPPORT YEAR 3	60,000.
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR NEW YORK, NY 10016		PC	CATCHAFIRE - CAPACITY BUILDING PROGRAM FOR GRANTEE AND APPLICANTS	7,500.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833		PC	POLST REGISTRY BRIDGE	48,750.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833		PC	CONFERENCE GRANT - CCCC 15TH ANNUAL PALLIATIVE CARE SUMMIT 2023	7,000.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833		PC	POLST REGISTRY BRIDGE	7,500.
Total from continuation sheets				2,005,710.

Part XIV 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
COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY 1505 17TH ST. #121 SANTA ANA, CA 92705		PC	BUSINESS PLANNING FOR EXPANDED HEALTH CARE COVERAGE ELIGIBILITY IN ORANGE COUNTY	20,000.
COMMUNITY TECH NETWORK 1390 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94102		PC	DIGITAL INCLUSION TRAIN-THE-TRAINER PROJECT	25,000.
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER 766 NORTH WATERMAN AVE SAN BERNARDINO, CA 92410		PC	SUSTAINABILITY BY BUILDING CAPACITY FOR MEDICARE BILLING AND STRATEGIC RELATIONSHIPS	48,750.
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER 766 NORTH WATERMAN AVE SAN BERNARDINO, CA 92410		PC	SUSTAINABILITY BY BUILDING CAPACITY FOR MEDICARE BILLING AND STRATEGIC RELATIONSHIPS	7,500.
GRANTMAKERS IN AGING, INC. 333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605		PC	LEADERSHIP FOR THE FUTURE AND LONG BEACH CONFERENCE GRANT	94,500.
GRANTMAKERS IN AGING, INC. 333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605		PC	CAPACITY-BUILDING FOR STATE-BASED CAREGIVING COALITIONS INITIATIVE	38,000.
GRANTMAKERS IN AGING, INC. 333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605		PC	LEADERSHIP FOR THE FUTURE AND LONG BEACH CONFERENCE GRANT	12,500.
GRANTMAKERS IN AGING, INC. 333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605		PC	CAPACITY-BUILDING FOR STATE-BASED CAREGIVING COALITIONS INITIATIVE	25,000.
GRANTMAKERS IN AGING, INC. 333 MAMARONECK AVE #238 WHITE PLAINS, CA 10605		PC	CAPACITY-BUILDING FOR STATE-BASED CAREGIVING COALITIONS INITIATIVE	9,500.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW SUITE 1100 WASHINGTON, DC 20036		PC	STRENGTHENING HEALTHY AGING PHILANTHROPY, 2021-2023	34,254.
Total from continuation sheets				

Part XIV 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 AVE NW SUITE 1100 WASHINGTON, DC 20036		PC	STRENGTHENING HEALTHY AGING PHILANTHROPY, 2021-2023	3,694.
LEADINGAGE CALIFORNIA FOUNDATION 1315 I STREET, SUITE 100 SACRAMENTO, CA 95814		PC	EQUITY INITIATIVE	22,500.
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE NEW YORK, NY 10036		NC	PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF HEALTH AND SOCIAL SERVICES STRATEGIC	15,000.
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE NEW YORK, NY 10036		NC	PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF HEALTH AND SOCIAL SERVICES STRATEGIC	30,000.
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE NEW YORK, NY 10036		NC	PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF HEALTH AND SOCIAL SERVICES STRATEGIC	30,000.
ONEGENERATION 17400 VICTORY BLVD. VAN NUYS, CA 91406		PC	ONEGENERATION I/DD-ADRD WORKGROU COLLABORATIVE AND TRAINING PROGRAM	5,000.
OPICA ADULT DAY PROGRAM AND COUNSEL 11759 MISSOURI AVE. LOS ANGELES, CA 90025		PC	OPICA CAPACITY BUILDING THROUGH TECHNOLOGY	5,000.
PALLIATIVE CARE QUALITY COLLABORATIVE 8735 W. HIGGINS RD, SUITE 300 CHICAGO, IL 60631		PC	2022 PCQC VIRTUAL QUALITY MATTERS CONFERENCE	9,000.
PALLIATIVE CARE QUALITY COLLABORATIVE 8735 W. HIGGINS RD, SUITE 300 CHICAGO, IL 60631		PC	2022 PCQC VIRTUAL QUALITY MATTERS CONFERENCE	1,000.
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT ST., SUITE 150 FERNANDO, CA 91340		PC	DEVELOPING A CHW WORKFORCE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH	77,988.
Total from continuation sheets				

Part XIV 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
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT ST., SUITE 150 SAN FERNANDO, CA 91340		PC	DEVELOPING A CHW WORKFORCE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH	27,669.
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT ST., SUITE 150 SAN FERNANDO, CA 91340		PC	DEVELOPING A CHW WORKFORCE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH	38,994.
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT ST., SUITE 150 SAN FERNANDO, CA 91340		PC	DEVELOPING A CHW WORKFORCE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH	38,994.
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038		PC	FACILITIES PLANNING PROJECT TO EXPAND HOME-DELIVERED MEDICALLY TAILORED MEAL PROGRAM	5,000.
PUBLIC HEALTH INSTITUTE 555 12TH STREET, SUITE 600 OAKLAND, CA 94607		PC	ALAMEDA COUNTY CARE ALLIANCE ADVANCED ILLNESS CARE PROGRAM EXPANSION AND DEVELOPMENT OF A LOS	80,000.
PUBLIC HEALTH INSTITUTE 555 12TH STREET, SUITE 600 OAKLAND, CA 94607		PC	ALAMEDA COUNTY CARE ALLIANCE ADVANCED ILLNESS CARE PROGRAM EXPANSION AND DEVELOPMENT OF A LOS	50,000.
RAND CORPORATION 1776 MAIN STREET, PO BOX 2138 SANTA MONICA, CA 90407		PC	ARCHSTONE FOUNDATION DATA MONITORING CENTER AND IMPACT DASHBOARD	129,500.
RAND CORPORATION 1776 MAIN STREET, PO BOX 2138 SANTA MONICA, CA 90407		PC	ARCHSTONE FOUNDATION DATA MONITORING CENTER AND IMPACT DASHBOARD	22,600.
RAND CORPORATION 1776 MAIN STREET, PO BOX 2138 SANTA MONICA, CA 90407		PC	ARCHSTONE FOUNDATION DATA MONITORING CENTER AND IMPACT DASHBOARD	81,000.
SADDLEBACK MEMORIAL FOUNDATION 24451 HEALTH CENTER DRIVE LAGUNA HILLS, CA 92653		PC	SADDLEBACK MEDICAL CENTER'S HOSPITAL ELDER LIFE PROGRAM (HELP)	4,400.
Total from continuation sheets				

Part XIV 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
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. 305 7TH AVE, 15TH FLOOR NEW YORK, NY 10001		PC	LGBT CULTURAL COMPETENCY TRAINING IN CALIFORNIA	80,000.
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC. 305 7TH AVE, 15TH FLOOR NEW YORK, NY 10001		PC	LGBT CULTURAL COMPETENCY TRAINING IN CALIFORNIA	20,000.
THE CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139		PC	CEP'S 2022 WEBINAR SERIES	9,000.
THE CENTER FOR EFFECTIVE PHILANTHROPY INC 675 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139		PC	CEP'S 2022 WEBINAR SERIES	1,000.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	SUSTAINING THE REFRAMING AGING INITIATIVE	10,429.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	SUSTAINING THE REFRAMING AGING INITIATIVE	5,000.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	CONFERENCE GRANT - JOURNALISTS IN AGING FELLOWS PROGRAM 2022	14,400.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	CONFERENCE GRANT - JOURNALISTS IN AGING FELLOWS PROGRAM	1,600.
THE GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	REFRAMING AGING: ESTABLISHING A NATIONAL CENTER	25,000.
THE LOS ANGELES LGBT CENTER PO BOX 2988 LOS ANGELES, CA 90078		PC	LGBTQ SENIOR NEEDS ASSESSMENT	25,000.
Total from continuation sheets				

Part XIV 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 REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 90074		PC	EMERGING LEADERS IN AGING PROGRAM	75,000.
THE UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109		PC	ARCHSTONE FOUNDATION ENDOWED CHAIR EXPANSION IN GERIATRIC AND GERONTOLOGY WORKFORCE DEVELOPMENT	45,000.
THE UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109		PC	ARCHSTONE FOUNDATION ENDOWED CHAIR EXPANSION IN GERIATRIC AND GERONTOLOGY WORKFORCE DEVELOPMENT	10,000.
UCSF FOUNDATION PO BOX 748872 LOS ANGELES, CA 90074		PC	GERIPAL: A GERIATRICS AND PALLIATIVE CARE PODCAST AND BLOG	17,500.
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001 LOS ANGELES, CA 90089		PC	ELDER ABUSE CURRICULUM FOR MEDICAL RESIDENTS	73,676.
UNIVERSITY OF SOUTHERN CALIFORNIA 3335 S. FIGUEROA STREET, SUITE E LOS ANGELES, CA 90007		PC	CAREGIVER TASKFORCE ON FAMILY CAREGIVING: CONVENING SESSIONS FOR CAREGIVING THAT WORKS	10,000.
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001 LOS ANGELES, CA 90089		PC	ELDER ABUSE CURRICULUM FOR MEDICAL RESIDENTS	66,136.
UNIVERSITY OF SOUTHERN CALIFORNIA, LEONARD DAVIS SCHOOL OF GERONTOLOGY SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001 LOS ANGELES, CA 90089		PC	CROSSING THE DIGITAL DIVIDE: LEARNING FROM A PILOT PROGRAM WITH LOW INCOME UNDERSERVED OLDER ADULTS	90,000.
UNIVERSITY OF SOUTHERN CALIFORNIA, LEONARD DAVIS SCHOOL OF GERONTOLOGY SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001 LOS ANGELES, CA 90089		PC	CROSSING THE DIGITAL DIVIDE: LEARNING FROM A PILOT PROGRAM WITH LOW INCOME UNDERSERVED OLDER ADULTS	5,000.
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693		PC	BRIDGING FAMILIES, CLINICS, AND COMMUNITIES TO ADVANCE LATE-LIFE DEPRESSION	65,125.
Total from continuation sheets				

Part XIV 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 WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693		PC	ENHANCING DELIVERY OF DEPRESSION TREATMENT FOR OLDER ADULTS THROUGH TEXT MESSAGES	63,765.
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS DRIVE CHICAGO, IL 60693		PC	ENHANCING DELIVERY OF DEPRESSION TREATMENT FOR OLDER ADULTS THROUGH TEXT MESSAGES	31,250.
WATTS LABOR COMMUNITY ACTION COMMITTEE 10950 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90059		PC	SHAPED TO FIT: DIABETES EDUCATION THAT WORKS FOR SOUTH LOS ANGELES OLDER ADULTS	20,000.
WATTS LABOR COMMUNITY ACTION COMMITTEE 10950 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90059		PC	SHAPED TO FIT: DIABETES EDUCATION THAT WORKS FOR SOUTH LOS ANGELES OLDER ADULTS	5,000.
Total from continuation sheets				

Part XIV 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 GERONTOLOGICAL SOCIETY OF AMERICA 1220 L STREET, NW, SUITE 901 WASHINGTON, DC 20005		PC	REFRAMING AGING: ESTABLISHING A NATIONAL CENTER	150,000.
PALLIATIVE CARE QUALITY COLLABORATIVE 8735 W. HIGGINS RD, SUITE 300 CHICAGO, IL 60631		PC	2022 PCQC VIRTUAL QUALITY MATTERS CONFERENCE	10,000.
CALIFORNIA AQUATIC THERAPY AND WELLNESS CENTER, INC. 6801 LONG BEACH BLVD. LONG BEACH, CA 90805		PC	PHYSICAL THERAPY AND OCCUPATIONAL THERAPY CAPACITY BUILDING FOR OLDER ADULTS	50,000.
THE LOS ANGELES LGBT CENTER PO BOX 2988 LOS ANGELES, CA 90078		PC	LGBTQ SENIOR NEEDS ASSESSMENT	50,000.
COMMUNITY TECH NETWORK 1390 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94102		PC	DIGITAL INCLUSION TRAIN-THE-TRAINER PROJECT	50,000.
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA 2530 RIVER PLAZA DRIVE SUITE 110 SACRAMENTO, CA 95833		PC	CONFERENCE GRANT - CCCC 15TH ANNUAL PALLIATIVE CARE SUMMIT 2023	7,000.
CATCHAFIRE 31 E 32ND STREET, 3RD FLOOR NEW YORK, NY 10016		PC	PROPOSAL FOR CAPACITY BUILDING SUPPORT YEAR 3	97,500.
JUSTICE IN AGING 3660 WILSHIRE BLVD LOS ANGELES, CA 90010		PC	JUSTICE IN AGING'S EQUITY ADVISORY COUNCIL	225,000.
GRANTMAKERS IN AGING, INC. 333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605		PC	GRANTMAKERS IN AGING CORE OPERATING SUPPORT	500,000.
Total from continuation sheets				1,139,500.

Part XIV 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

SKILLS TRAINING & EDUCATION FOR UNDERSERVED CAREGIVERS: EXPANDING
CAPACITY TO SERVE LATINO AND LOWER LITERACY FAMILIES

NAME OF RECIPIENT - MANATT, PHELPS & PHILLIPS, LLP

PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF
HEALTH AND SOCIAL SERVICES STRATEGIC LANDSCAPE.

THE FOUNDATION EXERCISED EXPENDITURE RESPONSIBILITY REQUIRED BY THE IRS
TO MONITOR THE USE OF THE FUNDS.

NAME OF RECIPIENT - MANATT, PHELPS & PHILLIPS, LLP

PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF
HEALTH AND SOCIAL SERVICES STRATEGIC LANDSCAPE.

THE FOUNDATION EXERCISED EXPENDITURE RESPONSIBILITY REQUIRED BY THE IRS
TO MONITOR THE USE OF THE FUNDS.

NAME OF RECIPIENT - MANATT, PHELPS & PHILLIPS, LLP

PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF
HEALTH AND SOCIAL SERVICES STRATEGIC LANDSCAPE.

THE FOUNDATION EXERCISED EXPENDITURE RESPONSIBILITY REQUIRED BY THE IRS
TO MONITOR THE USE OF THE FUNDS.

NAME OF RECIPIENT - PUBLIC HEALTH INSTITUTE

ALAMEDA COUNTY CARE ALLIANCE ADVANCED ILLNESS CARE PROGRAM EXPANSION
AND DEVELOPMENT OF A LOS ANGELES REGIONAL HUB

Part XIV Supplementary Information

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

NAME OF RECIPIENT - PUBLIC HEALTH INSTITUTE

ALAMEDA COUNTY CARE ALLIANCE ADVANCED ILLNESS CARE PROGRAM EXPANSION

AND DEVELOPMENT OF A LOS ANGELES REGIONAL HUB

Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - MANATT, PHELPS & PHILLIPS, LLP

PRIORITIZING HEALTH INFORMATION TECHNOLOGY TO SUPPORT INTEGRATION OF
HEALTH AND SOCIAL SERVICES STRATEGIC LANDSCAPE.

THE FOUNDATION EXERCISED EXPENDITURE RESPONSIBILITY REQUIRED BY THE IRS
TO MONITOR THE USE OF THE FUNDS.

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P.	17,854.	17,854.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P.	3,829.	3,829.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
HITCHWOOD CAPITAL FUND LTD.	12,495.	12,495.	0.	0.	0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
MARATHON-LONDON INTERNATIONAL INVESTMENT	0.	-47,167.	47,167.	0.	0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
MARATHON-LONDON INTERNATIONAL INVESTMENT	0.	-367,658.	367,658.	0.	0.	PURCHASED	01/01/22	06/30/23

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
IR&M CORE BOND FUND II LLC	0.	-189,419.	189,419.	0.	0.	PURCHASED	07/15/22	06/30/23

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
IR&M CORE BOND FUND II LLC	0.	-129,366.	129,366.	0.	0.	PURCHASED	01/01/22	06/30/23

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
1607 CAPITAL INTERNATIONAL EQUITY FUND LP	0.	-6,321.	6,321.	0.	0.	PURCHASED	07/15/22	06/30/23

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
1607 CAPITAL INTERNATIONAL EQUITY FUND LP	0.	-28,306.	28,306.	0.	0.	PURCHASED	01/01/22	06/30/23

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
GOVERNORS LANE OFFSHORE FUND LTD			PURCHASED	01/01/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
207,578.	207,578.	0.	0.	0.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
GQG PARTNERS US SELECT QUALITY EQUITY FUND			PURCHASED	07/15/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	-730,016.	730,016.	0.	0.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
GQG PARTNERS US SELECT QUALITY EQUITY FUND			PURCHASED	01/01/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
302,262.	302,262.	0.	0.	0.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
HBK MULTI-STRATEGY OFFSHORE FUND LTD			PURCHASED	01/01/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
12,287.	12,287.	0.	0.	0.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
ROCK SPRINGS CAPITAL			PURCHASED	01/01/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
7,734.	7,734.	0.	0.	0.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
LL MORTGAGE FUND LP			PURCHASED	07/15/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	0.	-17,948.	17,948.	0.	0.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
LL MORTGAGE FUND LP			PURCHASED	01/01/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	0.	-21,628.	21,628.	0.	0.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
STANDARD CRYPTO VENDURE FUND I LP			PURCHASED	07/15/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	0.	-4.	4.	0.	0.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 000 STC				07/15/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	2,132,602.	2,037,921.	0.	0.	94,681.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 000 LTC				01/01/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	2,133,075.	2,416,298.	0.	0.	-283,223.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 001 PARAMETRIC STC				07/15/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
871,000.	871,000.	0.	0.	0.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 002 HS MANAGEMENT STC				07/15/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
2,473,586.	2,661,874.	0.	0.	-188,288.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 002 HS MANAGEMENT LTC				01/01/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
1,457,441.	1,769,888.	0.	0.	-312,447.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 003 VULCAN STC				07/15/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
771,574.	1,062,702.	0.	0.	-291,128.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 003 VULCAN LTC				01/01/22	06/30/23
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
1,617,699.	2,409,779.	0.	0.	-792,080.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 004 PARA MSCI STC				07/15/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	11,912.	13,765.	0.	0.	-1,853.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 004 PARA MSCI LTC				01/01/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	82,027.	184,824.	0.	0.	-102,797.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 005 PARA MSCI UND STC				07/15/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	153,927.	167,472.	0.	0.	-13,545.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
UBS 005 PARA MSCI UND LTC				01/01/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	3,961,000.	4,282,606.	0.	0.	-321,606.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
BOOK TO TAX ADJUSTMENT			PURCHASED	01/01/22	06/30/23
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	0.	-3,491,575.	0.	0.	3,491,575.

CAPITAL GAINS DIVIDENDS FROM PART IV

49,611.

TOTAL TO FORM 990-PF, PART I, LINE 6A

1,328,900.

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS FROM SECURITIES AND FUNDS	744,194.	0.	744,194.	1,804,407.	
SECTION 1256 GAIN	29,249.	29,249.	0.	0.	
USB 000 CAPITAL GAINS	17,951.	17,951.	0.	0.	
USB 003 CAPITAL GAINS	30.	30.	0.	0.	
USB 004 CAPITAL GAINS	806.	806.	0.	0.	
USB 005 CAPITAL GAINS	1,575.	1,575.	0.	0.	
TO PART I, LINE 4	793,805.	49,611.	744,194.	1,804,407.	

FORM 990-PF

OTHER INCOME

STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	0.	-428,910.	
FUTURES MARGIN INCOME	31,936.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	31,936.	-428,910.	

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	5,527.	387.		5,088.
TO FM 990-PF, PG 1, LN 16A	5,527.	387.		5,088.

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	99,810.	6,987.		88,413.
TO FORM 990-PF, PG 1, LN 16B	99,810.	6,987.		88,413.

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
CONSULTANT FEES	96,869.	0.		96,012.
INVESTMENT FEES	401,766.	401,766.		0.
TO FORM 990-PF, PG 1, LN 16C	498,635.	401,766.		96,012.

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	89,664.	4,483.		84,179.
PROPERTY TAXES	1,240.	87.		1,142.
FEDERAL EXCISE TAX	100,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	190,904.	4,570.		85,321.

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	2,790.	195.		2,569.
EQUIPMENT RENTAL & MAINT	22,351.	1,565.		20,576.
INSURANCE	26,466.	1,853.		24,365.
OFFICE SUPPLIES	5,469.	383.		5,035.
COMMUNICATIONS	205,528.	14,387.		189,209.
MEMBERSHIP & DUES	45,172.	3,096.		41,645.
MISCELLANEOUS	2,043.	143.		1,883.
GRANT RELATED EXPENSES	311,500.	0.		311,500.
TO FORM 990-PF, PG 1, LN 23	621,319.	21,622.		596,782.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CAMBRIDGE INVESTMENTS - PUBLIC EQUITY	FMV	53,134,001.	53,134,001.
CAMBRIDGE INVESTMENTS - PRIVATE EQUITY	FMV	21,115,264.	21,115,264.
CAMBRIDGE INVESTMENTS - DIVERSIFYING STRATEGIES	FMV	16,376,477.	16,376,477.
CAMBRIDGE INVESTMENTS - FIXED INCOME	FMV	13,633,249.	13,633,249.
CAMBRIDGE INVESTMENTS - CASH EX PARAMETRIC	FMV	867,173.	867,173.
TOTAL TO FORM 990-PF, PART II, LINE 13		105,126,164.	105,126,164.

FORM 990-PF

OTHER ASSETS

STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEPOSITS	19,294.	19,294.	19,294.
RIGHT OF USE ASSET	0.	272,202.	272,202.
TO FORM 990-PF, PART II, LINE 15	19,294.	291,496.	291,496.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION

BOY AMOUNT

EOY AMOUNT

DEFERRED COMPENSATION

740,981.

670,214.

DEFERRED RENT

187,788.

0.

RIGHT OF USE LEASE LIABILITY

0.

395,729.

TOTAL TO FORM 990-PF, PART II, LINE 22

928,769.

1,065,943.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

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	379,217.	37,249.	6,600.
LAURA RATH 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	V.P. OF PROGRAMS 40.00	195,715.	34,716.	6,600.
JEAN ACCIUS 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
KATHERINE KIM 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
JURGEN UNUTZER 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.	0.	0.
CYNTHIA BANKS 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.
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	38,000.	0.	0.
ANGELA CORON 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.
JOHN FEATHER 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	38,000.	0.	0.

ARCHSTONE FOUNDATION

33-0133359

TAMMY FUNASAKI
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

36,000.

0.

0.

TANISHA DAVIS
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

V.P. OF GRANT OPERATIONS & PLANNING
40.00

135,048.

34,240.

3,000.

RAMIRO ZUNIGA
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 VII

1,079,980.

106,205.

16,200.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VI-B, LINE 5D

STATEMENT 13

GRANTEE'S NAME

MANATT, PHELPS & PHILLIPS, LLP

GRANTEE'S ADDRESS

2049 CENTURY PARK EAST, SUITE 1700
LOS ANGELES, CA 90067

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
75,000.	09/15/22	75,000.	02/21/23

PURPOSE OF GRANT

TO CONDUCT A STRATEGIC LANDSCAPE, OPPORTUNITIES ASSESSMENT, AND FUNDING PRIORITIES STRATEGIC ASSESSMENT REGARDING THE HEALTH INFORMATION EXCHANGE (HIE) AND HEALTH INFORMATION TECHNOLOGY (HIT) ASPECT OF ARCHSTONE FOUNDATION'S STRATEGIC PLAN.

DATES OF REPORTS BY GRANTEE

DECEMBER 2, 2022; FEBRUARY 1, 2023

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

A PROGRESS REPORT WAS SUBMITTED ON DECEMBER 2, 2022 AND A FINAL EVALUATION REPORT WAS SUBMITTED ON FEBRUARY 21, 2023. THE DECEMBER 2, 2022 PROGRESS REPORT WAS APPROVED ON DECEMBER 15, 2022. THE FEBRUARY 21, 2023 FINAL REPORT WAS APPROVED ON FEBRUARY 23, 2023 WHEN THE FINAL REPORT AND INVOICE WAS APPROVED.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LAURA RATH, PHD, MSG, VICE PRESIDENT OF PROGRAMS
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-REQUIREMENTS](https://ARCHSTONE.ORG/HOW-WE-WORK/FOR-GRANTSEEKERS/FULL-PROPOSAL-REQUIREMENTS)

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE ARCHSTONE FOUNDATION IS A PRIVATE GRANTMAKING ORGANIZATION, WHOSE MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF OLDER CALIFORNIANS AND THEIR CAREGIVERS. SEE ATTACHED STATEMENT A FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT [HTTP://WWW.ARCHSTONE.ORG](http://WWW.ARCHSTONE.ORG)

GENERAL EXPLANATION

STATEMENT 15

FORM/LINE IDENTIFIER

FORM 990PF, PART I, LINE 12

EXPLANATION:

THE ARCHSTONE FOUNDATION INVESTS IN PUBLICLY TRADED SECURITIES, MUTUAL FUNDS, 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.

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. ARCHSTONE FOUNDATION	Taxpayer identification number (TIN) 33-0133359
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. 301 E. OCEAN BLVD., 1850	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90802	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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 15, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ARCHSTONE FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 301 E. OCEAN BLVD., 1850</p> <p>City or town, state or province, country, and ZIP or foreign postal code LONG BEACH, CA 90802</p>	<p>D Employer identification number 33-0133359</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 106,591,460.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of **CHRISTOPHER A. LANGSTON** Telephone number **562-590-8655**

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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 _____	Date _____	Title PRESIDENT/CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DONITA JOSEPH	DONITA JOSEPH	05/14/24		P00286656
	Firm's name WINDES, INC.	Firm's EIN 95-3001179			
	Firm's address P.O. BOX 87 LONG BEACH, CA 90801			Phone no. 562-435-1191	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ARCHSTONE FOUNDATION	B Employer identification number 33-0133359
C Unrelated business activity code (see instructions) 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business **UBI FROM PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 16	4c			
6 Rent income (Part IV)	5	-7,809.		
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	-7,809.		-7,809.
	13			

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-7,809.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-7,809.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 16

DESCRIPTION	NET INCOME OR (LOSS)
C-BRIDGE HEALTHCARE FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-4,255.
DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P. - ORDINARY BUSINESS INCOME (LOSS)	-2.
AULDBRASS PARTNERS SECONDARY OPPORTUNITY FUND III - ORDINARY BUSINESS INCOME	-83.
ATALAYA ASSET INCOME FUND EVERGREEN LP - ORDINARY BUSINESS INCOME (LOSS)	-3,469.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-7,809.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor ARCHSTONE FOUNDATION	Identifying number (see instructions) 33-0133359
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
ATALAYA ASSET INCOME FUND EVERGREEN LP	87-3063695

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) ACM AIF EVERGREEN P2 (CAYMAN) HOLDCO LP	5a Identifying number, if any 981652113
--	---

Address (including country) 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY1-9008 CAYMAN ISLANDS	5b Reference ID number
---	------------------------

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2023		140,380.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .080 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**California Exempt Organization
Annual Information Return**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name **ARCHSTONE FOUNDATION** California corporation number **1286264**

Additional information. See instructions. FEIN **33-0133359**

Street address (suite or room) **301 E. OCEAN BLVD., NO. 1850** PMB no.

City **LONG BEACH** State **CA** ZIP code **90802**

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No
B Amended return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L Is the organization a limited liability company? Yes No
M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	17,055,623	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. This line must be completed. If the result is less than \$50,000, see General Information B	4	17,055,623	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	14,950,593	00
	7	Total costs. Add line 5 and line 6	7	14,950,593	00
	8	Total gross income. Subtract line 7 from line 4	8	2,105,030	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,947,535	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,842,505	00
Filing Fee	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	Balance due. 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 PRESIDENT/CEO	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	DONITA JOSEPH	Date 05/14/24	Check if self-employed <input type="checkbox"/>	• PTIN P00286656
	Firm's name (or yours, if self-employed) and address	WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801			• Firm's FEIN 95-3001179
					• Telephone 562-435-1191
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00		
	2	Interest	•	2		00		
	3	Dividends	•	3	744,194	00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 1	•	6	16,229,882	00	
	7	Other income	SEE STATEMENT 2	•	7	81,547	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	17,055,623	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 10	•	9	2,135,229	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 3	•	11	1,079,980	00	
	12	Other salaries and wages		•	12	533,515	00	
	Expenses and Disbursements	13	Interest	•	13	14,022	00	
		14	Taxes	•	14	190,904	00	
		15	Rents	•	15	187,141	00	
		16	Depreciation and depletion (See instructions)	•	16	62,891	00	
		17	Other expenses and disbursements	SEE STATEMENT 4	•	17	1,743,853	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	5,947,535	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		625,728		• 536,632
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 STMT 5		99,887,230		• 105,126,164
10 a Depreciable assets	642,433		657,045	
b Less accumulated depreciation	(466,567)	175,866	(529,458)	127,587
11 Land				•
12 Other assets STMT 6		528,875		• 801,077
13 Total assets		101,217,699		106,591,460
Liabilities and net worth				
14 Accounts payable		297,690		• 166,104
15 Contributions, gifts, or grants payable		1,256,811		• 1,161,949
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 7		928,769		1,065,943
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		98,734,429		• 104,197,464
22 Total liabilities and net worth		101,217,699		106,591,460

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	• 5,463,035	7 Income recorded on books this year not included in this return. Attach schedule *	• 9,305,540
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	9,305,540
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-3,842,505
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	5,463,035		

* SEE STATEMENT

CA 199 GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P.	07/15/22	06/30/23	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	17,854.	0.	0.	17,854.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
DAVISON KEMPNER INSTITUTIONAL PARTNERS L.P.	01/01/22	06/30/23	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	3,829.	0.	0.	3,829.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
HITCHWOOD CAPITAL FUND LTD.	01/01/22	06/30/23	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	12,495.	0.	0.	12,495.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MARATHON-LONDON INTERNATIONAL INVESTMENT	07/15/22	06/30/23	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	-47,167.	0.	47,167.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MARATHON-LONDON INTERNATIONAL INVESTMENT	01/01/22	06/30/23	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	-367,658.	0.	367,658.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
IR&M CORE BOND FUND II LLC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-189,419.	0.	189,419.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
IR&M CORE BOND FUND II LLC	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-129,366.	0.	129,366.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
1607 CAPITAL INTERNATIONAL EQUITY FUND LP	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-6,321.	0.	6,321.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
1607 CAPITAL INTERNATIONAL EQUITY FUND LP	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-28,306.	0.	28,306.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
GOVERNORS LANE OFFSHORE FUND LTD	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	207,578.	0.	0.	207,578.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
GQG PARTNERS US SELECT QUALITY EQUITY FUND	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-730,016.	0.	730,016.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
GQG PARTNERS US SELECT QUALITY EQUITY FUND	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	302,262.	0.	0.	302,262.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
HBK MULTI-STRATEGY OFFSHORE FUND LTD	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	12,287.	0.	0.	12,287.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
ROCK SPRINGS CAPITAL	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	7,734.	0.	0.	7,734.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
LL MORTGAGE FUND LP	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-17,948.	0.	17,948.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
LL MORTGAGE FUND LP	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-21,628.	0.	21,628.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
STANDARD CRYPTO VENDURE FUND I LP	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	-4.	0.	4.	0.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 000 STC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,037,921.	0.	0.	2,132,602.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 000 LTC	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,416,298.	0.	0.	2,133,075.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 001 PARAMETRIC STC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	871,000.	0.	0.	871,000.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 002 HS MANAGEMENT STC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,661,874.	0.	0.	2,473,586.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 002 HS MANAGEMENT LTC	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,769,888.	0.	0.	1,457,441.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 003 VULCAN STC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	1,062,702.	0.	0.	771,574.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 003 VULCAN LTC	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	2,409,779.	0.	0.	1,617,699.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 004 PARA MSCI STC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	13,765.	0.	0.	11,912.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 004 PARA MSCI LTC	01/01/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	184,824.	0.	0.	82,027.

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>	
UBS 005 PARA MSCI UND STC	07/15/22	06/30/23	PURCHASED	
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>
	167,472.	0.	0.	153,927.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
UBS 005 PARA MSCI UND LTC	01/01/22	06/30/23	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	4,282,606.	0.	0.
			GROSS SALES PRICE
			3,961,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BOOK TO TAX ADJUSTMENT	01/01/22	06/30/23	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	-3,491,575.	0.	0.
			GROSS SALES PRICE
			0.

TOTAL ON FORM 199, PG 2, LINE 6	13,412,760.	0.	1537833.	16,229,882.
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CA 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
CAPITAL GAINS DIVIDENDS	49,611.
OTHER INVESTMENT INCOME	0.
FUTURES MARGIN INCOME	31,936.
TOTAL TO FORM 199, PART II, LINE 7	81,547.

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	379,217.
LAURA RATH 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	V.P. OF PROGRAMS 40.00	195,715.
JEAN ACCIUS 301 EAST OCEAN BLVD, SUITE 1850 LONG BEACH, CA 90802	DIRECTOR 2.00	36,000.

ARCHSTONE FOUNDATION

33-0133359

KATHERINE KIM
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

36,000.

JURGEN UNUTZER
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

36,000.

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

38,000.

ANGELA CORON
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

38,000.

JOHN FEATHER
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

38,000.

TAMMY FUNASAKI
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

36,000.

TANISHA DAVIS
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

V.P. OF GRANT OPERATIONS &
40.00

135,048.

RAMIRO ZUNIGA
301 EAST OCEAN BLVD, SUITE 1850
LONG BEACH, CA 90802

DIRECTOR
2.00

36,000.

TOTAL TO FORM 199, PART II, LINE 11

1,079,980.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS		369,871.
LEGAL FEES		5,527.
ACCOUNTING FEES		99,810.
OTHER PROFESSIONAL FEES		498,635.
TRAVEL, CONFERENCES, AND MEETINGS		148,691.
POSTAGE & SHIPPING		2,790.
EQUIPMENT RENTAL & MAINT		22,351.
INSURANCE		26,466.
OFFICE SUPPLIES		5,469.
COMMUNICATIONS		205,528.
MEMBERSHIP & DUES		45,172.
MISCELLANEOUS		2,043.
GRANT RELATED EXPENSES		311,500.
TOTAL TO FORM 199, PART II, LINE 17		1,743,853.

CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CAMBRIDGE INVESTMENTS - PUBLIC EQUITY	49,939,070.	53,134,001.
CAMBRIDGE INVESTMENTS - PRIVATE EQUITY	18,985,841.	21,115,264.
CAMBRIDGE INVESTMENTS - DIVERSIFYING STRATEGIES	16,257,816.	16,376,477.
CAMBRIDGE INVESTMENTS - FIXED INCOME	14,184,107.	13,633,249.
CAMBRIDGE INVESTMENTS - CASH EX PARAMETRIC	520,396.	867,173.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	99,887,230.	105,126,164.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	509,581.	509,581.
DEPOSITS	19,294.	19,294.
RIGHT OF USE ASSET	0.	272,202.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	528,875.	801,077.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED COMPENSATION	740,981.	670,214.
DEFERRED RENT	187,788.	0.
RIGHT OF USE LEASE LIABILITY	0.	395,729.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	928,769.	1,065,943.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS		9,305,540.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		9,305,540.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	98,734,429.	104,197,464.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	98,734,429.	104,197,464.

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

DONEES NAME AND ADDRESS	RELATIONSHIP	AMOUNT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 2290 N 1ST STREET, SUITE 101, SAN JOSE, CA 95131	NONE	76,038.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ALZHEIMER'S DISEASE AND RELATED DISORDERS
ASSOCIATION
2290 N 1ST STREET, SUITE 101, SAN JOSE, CA 95131

NONE

76,038.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ALZHEIMER'S GREATER LOS ANGELES
4221 WILSHIRE BLVD., SUITE 400, LOS ANGELES, CA
90010

NONE

13,068.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ALZHEIMER'S ORANGE COUNTY
2515 MCCABE WAY, SUITE 200, IRVINE, CA 92614

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ALZHEIMER'S ORANGE COUNTY
2515 MCCABE WAY, SUITE 200, IRVINE, CA 92614

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

AMERICAN SOCIETY ON AGING
PO BOX 103088, PASADENA, CA 91189

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

BENJAMIN ROSE INSTITUTE ON AGING
11890 FAIRHILL ROAD, CLEVELAND, OH 44120

NONE

23,324.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

BENJAMIN ROSE INSTITUTE ON AGING
11890 FAIRHILL ROAD, CLEVELAND, OH 44120

NONE

11,662.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA AQUATIC THERAPY AND WELLNESS CENTER,
INC.
6801 LONG BEACH BLVD., LONG BEACH, CA 90805

NONE

25,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CATCHAFIRE
31 E 32ND STREET, 3RD FLOOR, NEW YORK, NY 10016

NONE

48,750.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CATCHAFIRE
31 E 32ND STREET, 3RD FLOOR, NEW YORK, NY 10016

NONE

60,000.

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	7,500.
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	48,750.
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	7,000.
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	7,500.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY HEALTH INITIATIVE OF ORANGE COUNTY 1505 17TH ST. #121, SANTA ANA, CA 92705	NONE	20,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY TECH NETWORK 1390 MARKET STREET, SUITE 200, SAN FRANCISCO, CA 94102	NONE	25,000.
ORGANIZATIONAL STATUS: PC		

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EL SOL NEIGHBORHOOD EDUCATIONAL CENTER
766 NORTH WATERMAN AVE, SAN BERNARDINO, CA 92410

NONE

48,750.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EL SOL NEIGHBORHOOD EDUCATIONAL CENTER
766 NORTH WATERMAN AVE, SAN BERNARDINO, CA 92410

NONE

7,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN AGING, INC.
333 MAMARONECK AVE #238, WHITE PLAINS, NY 10605

NONE

94,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN AGING, INC.
333 MAMARONECK AVE #238, WHITE PLAINS, NY 10605

NONE

38,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN AGING, INC.
333 MAMARONECK AVE #238, WHITE PLAINS, NY 10605

NONE

12,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN AGING, INC.
333 MAMARONECK AVE #238, WHITE PLAINS, NY 10605

NONE

25,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN AGING, INC.
333 MAMARONECK AVE #238, WHITE PLAINS, CA 10605

NONE

9,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN HEALTH
1100 CONNECTICUT AVE NW SUITE 1100, WASHINGTON,
DC 20036

NONE

34,254.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

GRANTMAKERS IN HEALTH
1100 CONNECTICUT AVE NW SUITE 1100, WASHINGTON,
DC 20036

NONE

3,694.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LEADINGAGE CALIFORNIA FOUNDATION
1315 I STREET, SUITE 100, SACRAMENTO, CA 95814

NONE

22,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MANATT, PHELPS & PHILLIPS, LLP
7 TIMES SQUARE, NEW YORK, NY 10036

NONE

15,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MANATT, PHELPS & PHILLIPS, LLP
7 TIMES SQUARE, NEW YORK, NY 10036

NONE

30,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MANATT, PHELPS & PHILLIPS, LLP
7 TIMES SQUARE, NEW YORK, NY 10036

NONE

30,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ONEGENERATION
17400 VICTORY BLVD., VAN NUYS, CA 91406

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

OPICA ADULT DAY PROGRAM AND COUNSEL
11759 MISSOURI AVE., LOS ANGELES, CA 90025

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PALLIATIVE CARE QUALITY COLLABORATIVE
8735 W. HIGGINS RD, SUITE 300, CHICAGO, IL 60631

NONE

9,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PALLIATIVE CARE QUALITY COLLABORATIVE
8735 W. HIGGINS RD, SUITE 300, CHICAGO, IL 60631

NONE

1,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PARTNERS IN CARE FOUNDATION, INC.
732 MOTT ST., SUITE 150, FERNANDO, CA 91340

NONE

77,988.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PARTNERS IN CARE FOUNDATION, INC.
732 MOTT ST., SUITE 150, SAN FERNANDO, CA 91340

NONE

27,669.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PARTNERS IN CARE FOUNDATION, INC.
732 MOTT ST., SUITE 150, SAN FERNANDO, CA 91340

NONE

38,994.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PARTNERS IN CARE FOUNDATION, INC.
732 MOTT ST., SUITE 150, SAN FERNANDO, CA 91340

NONE

38,994.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PROJECT ANGEL FOOD
922 VINE STREET, LOS ANGELES, CA 90038

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PUBLIC HEALTH INSTITUTE
555 12TH STREET, SUITE 600, OAKLAND, CA 94607

NONE

80,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PUBLIC HEALTH INSTITUTE
555 12TH STREET, SUITE 600, OAKLAND, CA 94607

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

RAND CORPORATION
1776 MAIN STREET, PO BOX 2138, SANTA MONICA, CA
90407

NONE

129,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

RAND CORPORATION
1776 MAIN STREET, PO BOX 2138, SANTA MONICA, CA
90407

NONE

22,600.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

RAND CORPORATION
1776 MAIN STREET, PO BOX 2138, SANTA MONICA, CA
90407

NONE

81,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SADDLEBACK MEMORIAL FOUNDATION
24451 HEALTH CENTER DRIVE, LAGUNA HILLS, CA 92653

NONE

4,400.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL &
TRANSGENDER ELDERS INC.
305 7TH AVE, 15TH FLOOR, NEW YORK, NY 10001

NONE

80,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL &
TRANSGENDER ELDERS INC.
305 7TH AVE, 15TH FLOOR, NEW YORK, NY 10001

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE CENTER FOR EFFECTIVE PHILANTHROPY INC
675 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139

NONE

9,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE CENTER FOR EFFECTIVE PHILANTHROPY INC
675 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139

NONE

1,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE GERONTOLOGICAL SOCIETY OF AMERICA
1220 L STREET, NW, SUITE 901, WASHINGTON, DC
20005

NONE

10,429.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE GERONTOLOGICAL SOCIETY OF AMERICA
1220 L STREET, NW, SUITE 901, WASHINGTON, DC
20005

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE GERONTOLOGICAL SOCIETY OF AMERICA
1220 L STREET, NW, SUITE 901, WASHINGTON, DC
20005

NONE

14,400.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE GERONTOLOGICAL SOCIETY OF AMERICA
1220 L STREET, NW, SUITE 901, WASHINGTON, DC
20005

NONE

1,600.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE GERONTOLOGICAL SOCIETY OF AMERICA
1220 L STREET, NW, SUITE 901, WASHINGTON, DC
20005

NONE

25,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE LOS ANGELES LGBT CENTER
PO BOX 2988, LOS ANGELES, CA 90078

NONE

25,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
UCSF MAIN DEPOSITORY PO BOX 748872, LOS ANGELES, CA 90074

NONE

75,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE UCLA FOUNDATION
PO BOX 7145, PASADENA, CA 91109

NONE

45,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE UCLA FOUNDATION
PO BOX 7145, PASADENA, CA 91109

NONE

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UCSF FOUNDATION
PO BOX 748872, LOS ANGELES, CA 90074

NONE

17,500.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001, L	NONE	73,676.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA 3335 S. FIGUEROA STREET, SUITE E, LOS ANGELES, CA 90007	NONE	10,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001, L	NONE	66,136.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA, LEONARD DAVIS SCHOOL OF GERONTOLOGY SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001, L	NONE	90,000.
ORGANIZATIONAL STATUS: PC		

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA, LEONARD DAVIS SCHOOL OF GERONTOLOGY SPONSORED PROJECTS ACCOUNTING 3500 S. FIGUEROA STREET, SUITE 102, MC 8001, L	NONE	5,000.
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	65,125.
ORGANIZATIONAL STATUS: PC		

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UNIVERSITY OF WASHINGTON
GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS
DRIVE, CHICAGO, IL 60693

NONE

63,765.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UNIVERSITY OF WASHINGTON
GRANT AND CONTRACT ACCOUNTING 12455 COLLECTIONS
DRIVE, CHICAGO, IL 60693

NONE

31,250.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

WATTS LABOR COMMUNITY ACTION COMMITTEE
10950 SOUTH CENTRAL AVENUE, LOS ANGELES, CA 90059

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

WATTS LABOR COMMUNITY ACTION COMMITTEE
10950 SOUTH CENTRAL AVENUE, LOS ANGELES, CA 90059

NONE

5,000.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY 2,195,854.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

2,195,854.

California Exempt Organization Business Income Tax Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name ARCHSTONE FOUNDATION California corporation number 1286264

Additional information. See instructions. FEIN 33-0133359

Street address (suite/room no.) 301 E. OCEAN BLVD., NO. 1850 PMB no.

City (If the corporation has a foreign address, see instructions.) LONG BEACH State CA ZIP code 90802

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code L Is this a hospital?

Table with 25 rows and 3 columns: Description, Amount, and Balance. Rows include Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25).

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
28 • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806				
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29			00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a		00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			• 5	- 4,340	00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	- 4,340	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest. Attach schedule	• 18		00
19 Taxes. Attach schedule	• 19		00
20 Contributions. See instructions and attach schedule	• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A. See instructions	• 21b		00
22 Depletion. Attach schedule	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs. See instructions	• 23b		00
24 Other deductions. Attach schedule	• 24		00
25 Total deductions. Add line 14 through line 24	• 25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26	- 4,340	00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28	- 4,340	00
29 Specific deduction. See instructions	• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30	- 4,340	00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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.

Sign Here	Signature of officer	Title PRESIDENT/CEO	Date	• Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			• Firm's FEIN
				• Telephone

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A. Columns include line numbers (1-7) and amounts (00). Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?' with 'Yes' and 'No' options.

Schedule B Tax Credits.

Table with 4 rows for Schedule B. Columns include line numbers (1-4) and amounts (00). Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?' with 'Yes' and 'No' options.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K. Columns include line numbers (1-5) and amounts (00).

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Includes rows for Total sales and Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Includes rows for Property factor, Payroll factor, Sales factor, Total percentage, and Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 3 main columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property. Includes sub-rows for deductions and income calculations.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes sections for Exempt and Nonexempt Controlled Organizations.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation. Rows include a, b, c, and Totals.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns: d, e, f. Rows for separate basis reporting.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7. Includes instructions for totals.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances. Includes a Total row.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year. Includes rows for total additional first-year depreciation, other depreciation (Buildings, Furniture, etc.), and total.

Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

ARCHSTONE FOUNDATION

1286264

During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation

S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

FEIN

33-0133359

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	4,340	00
2	2022 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	4,340	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	4,340	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	4,340	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	0
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2							

Current Year NOLs

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) col. (d) minus col. (f) See instructions.
3	2022		DIS					
4	2022		GEN	4,340				4,340
	2022							
	2022							
	2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
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.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>ARCHSTONE FOUNDATION</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>301 E. OCEAN BLVD., NO. 1850</u> Address (Number and Street)</p> <p><u>LONG BEACH, CA 90802</u> City or Town, State, and ZIP Code</p> <p><u>562-590-8655</u> <u>ARCHSTONE@ARCHSTONE.ORG</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT62160</u></p> <p>Corporation or Organization No. <u>1286264</u></p> <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 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 2,105,030 Noncash Contributions \$ 0 Total Assets \$ 106,591,460
 Program Expenses \$ 5,227,523 Total Expenses \$ 5,947,535

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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.

CHRISTOPHER A. LANGSTON
PRESIDENT/CEO

Signature of Authorized Agent Printed Name Title Date