

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

LOPEZ ACCOUNTING GROUP
AN ACCOUNTANCY CORPORATION
3500 WEST OLIVE AVENUE, SUITE 680
BURBANK, CA 91505

JUNE 11, 2018

DURFEE FOUNDATION
1453 THIRD STREET PROMENADE NO. 312
SANTA MONICA, CA 90401

DURFEE FOUNDATION:

ENCLOSED ARE THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION
RETURN AND 2018 ESTIMATED TAX PAYMENT INFORMATION.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-PF HAS AN OVERPAYMENT OF \$20,435. THE ENTIRE
OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

THE 990-PF RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF
ESTIMATED TAX FROM FORM 2220 OF \$13.

ESTIMATED TAX PAYMENTS FOR FORM 990-PF:

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS
AND THEIR ORIGINAL DUE DATES BELOW.

INSTALLMENT NO. 4 BY 12/17/18 \$5,617

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX
PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE
AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT
1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME,
THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING
BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE
DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY
FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL
INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF

FUNDS.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS
DISTRIBUTION CARRYOVER OF \$205,027. THIS MAY BE APPLIED TO
TAX YEAR 2018 AND SUBSEQUENT YEARS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JUAN P. LOPEZ, CPA

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

DURFEE FOUNDATION

95-4856207

Name and title of officer

**CLAIRE PEEPS
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>26,052.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **LOPEZ ACCOUNTING GROUP** to enter my PIN **90401**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95514491406

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **06/11/18**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990-W**

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

OMB No. 1545-0976

(Worksheet)

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

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/F990W for instructions and the latest information.
▶ 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. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2017 return. See instructions. 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	26,052.
c	2018 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	26,052.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/15/18	06/15/18	09/17/18	12/17/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	6,513.	6,513.	6,513.	6,513.
13	2017 Overpayment. See instructions	13	6,513.	6,513.	6,513.	896.
14	Payment due (Subtract line 13 from line 12)	14				5,617.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

ESTIMATED TAX 26,052.
OVERPAYMENT APPLIED 20,435.
AMOUNT DUE 5,617.

Return of Private Foundation

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

2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or tax year beginning , and ending

Name of foundation DURFEE FOUNDATION		A Employer identification number 95-4856207
Number and street (or P.O. box number if mail is not delivered to street address) 1453 THIRD STREET PROMENADE	Room/suite 312	B Telephone number 310-899-5120
City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90401		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) ▶ \$ 34,225,831.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

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	76,761.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	644.	644.		STATEMENT 1
	4 Dividends and interest from securities	457,327.	457,327.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,230,332.			
	b Gross sales price for all assets on line 6a	4,831,038.			
	7 Capital gain net income (from Part IV, line 2)		2,230,332.		
	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					
12 Total. Add lines 1 through 11	2,765,064.	2,688,303.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	323,140.	29,104.		259,036.
	14 Other employee salaries and wages	84,404.	3,679.		80,725.
	15 Pension plans, employee benefits	123,829.	16,516.		107,313.
	16a Legal fees				
	b Accounting fees	36,885.	0.		36,885.
	c Other professional fees	52,428.	33,787.		18,641.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	24,263.	0.		
	20 Occupancy	78,284.	0.		78,284.
	21 Travel, conferences, and meetings	15,520.	0.		15,520.
	22 Printing and publications				
	23 Other expenses	355,578.	0.		359,964.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,094,331.	83,086.		956,368.
	25 Contributions, gifts, grants paid	1,003,874.			1,858,141.
26 Total expenses and disbursements. Add lines 24 and 25	2,098,205.	83,086.		2,814,509.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	666,859.				
b Net investment income (if negative, enter -0-)		2,605,217.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	452,066.	1,155,319.	1,155,319.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable	2,884,093.	1,960,853.	1,960,853.
	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	22,362.	35,988.	35,988.
	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 7	28,156,906.	31,035,254.	31,035,254.
	14 Land, buildings, and equipment: basis ▶ 72,790. Less: accumulated depreciation STMT 6 ▶ 34,373.	62,680.	38,417.	38,417.
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	31,578,107.	34,225,831.	34,225,831.	
Liabilities	17 Accounts payable and accrued expenses	70,205.	21,278.	
	18 Grants payable	1,086,424.	232,155.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ _____)			
23 Total liabilities (add lines 17 through 22)	1,156,629.	253,433.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	27,537,385.	32,011,545.	
	25 Temporarily restricted	2,884,093.	1,960,853.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	30,421,478.	33,972,398.		
31 Total liabilities and net assets/fund balances	31,578,107.	34,225,831.		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	30,421,478.
2 Enter amount from Part I, line 27a	2	666,859.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAINS ON SECURITIES	3	2,884,061.
4 Add lines 1, 2, and 3	4	33,972,398.
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 30	6	33,972,398.

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e	4,831,038.		2,600,706.	2,230,332.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			2,230,332.

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	2,230,332.
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 V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	2,504,837.	31,130,749.	.080462
2015	2,315,301.	33,370,738.	.069381
2014	2,115,138.	29,689,585.	.071242
2013	1,602,928.	27,544,212.	.058195
2012	1,779,824.	25,476,009.	.069863

2	Total of line 1, column (d)	2	.349143
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.069829
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	32,710,682.
5	Multiply line 4 by line 3	5	2,284,154.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	26,052.
7	Add lines 5 and 6	7	2,310,206.
8	Enter qualifying distributions from Part XII, line 4	8	2,814,509.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	26,052.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	26,052.
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	26,052.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	20,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	26,500.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	46,500.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	13.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	20,435.	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax <input checked="" type="checkbox"/> 20,435. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> <u>CA</u>		
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

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
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of CLAIRE PEEPS Telephone no. 310-899-5120
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
16 At any time during calendar year 2017, 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?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(6) Agree to pay money or property to a government official?
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?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?
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?
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?
b If "Yes," did it have excess business holdings in 2017 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?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2017?

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

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

Part VIII 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 8		323,140.	45,707.	0.

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
NONE				

Total number of other employees paid over \$50,000 0

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 STANTON FELLOWSHIP - RETREAT, QUARTERLY MEETINGS, PROGRAM EVALUATION AND AWARD CEREMONY.	92,504.
2 SPRINGBOARD PROGRAMS - BRAIN TRUST MEETING, MENTOR FEES AND PHOTOGRAPHY.	44,219.
3 ALL FELLOWS GATHERING - EVENT FOR ALL FELLOWS TO CONNECT AND PARTICIPATE IN VARIOUS DISCUSSIONS AND WORKSHOPS.	35,367.
4 SABBATICAL - RETREAT, FACILITATOR FEES AND AWARD CEREMONY.	31,776.

Part IX-B Summary of Program-Related Investments

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

Total. Add lines 1 through 3 0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	30,479,603.
b	Average of monthly cash balances	1b	693,953.
c	Fair market value of all other assets	1c	2,035,258.
d	Total (add lines 1a, b, and c)	1d	33,208,814.
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	33,208,814.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	498,132.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	32,710,682.
6	Minimum investment return. Enter 5% of line 5	6	1,635,534.

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

1	Minimum investment return from Part X, line 6	1	1,635,534.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	26,052.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	26,052.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,609,482.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,609,482.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,609,482.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,814,509.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,814,509.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	26,052.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,788,457.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,609,482.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 2,814,509.				
a Applied to 2016, 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 2017 distributable amount				1,609,482.
e Remaining amount distributed out of corpus	1,205,027.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,205,027.			
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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)	1,000,000.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	205,027.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	205,027.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, 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) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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

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

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: CLAIRE PEEPS, 310-899-5120 1453 THIRD STREET PROMENADE, SANTA MONICA, CA 90401

b The form in which applications should be submitted and information and materials they should include: LETTER FORM - GO TO WWW.DURFEE.ORG

c Any submission deadlines: NO

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: GO TO WWW.DURFEE.ORG

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
A NEW WAY OF LIFE RE-ENTRY P.O. BOX 875288 LOS ANGELES, CA 90087	NONE	PC	MATCHING GIFT	200.
ALL PEOPLES COMMUNITY CENTER 822 EAST 20TH STREET LOS ANGELES, CA 90011	NONE	PC	LEAD RESIDENCY	1,000.
ALLIANCE COLLEGE READY MIDDLE ACADEMY NO. 8 3651 EAST 1ST ST. LOS ANGELES, CA 90063	NONE	PC	GENERAL OPERATING	5,000.
BARRIO ACTION YOUTH & FAMILY CENTER 4927 HUNTINGTON DRIVE, SUITE 200 LOS ANGELES, CA 90032	NONE	PC	LEAD RESIDENCY	1,900.
BREAST CANCER ACTION 657 MISSION ST., SUITE 302 SAN FRANCISCO, CA 94105	NONE	PC	MATCHING GIFT	100.
Total	SEE CONTINUATION SHEET(S)			1,858,141.
b Approved for future payment				
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012	NONE	PC	NONPROFIT SUSTAINABILITY INITIATIVE	25,000.
EARTHWATCH INSTITUTE 114 WESTERN AVE. BOSTON, MA 02134	NONE	PC	IGNITE LA	132,155.
KALEIDOSCOPE CHAMBER ORCHESTRA 1725 FEDERAL AVE., SUITE 1 LOS ANGELES, CA 90025	NONE	PC	SPRINGBOARD	35,000.
Total	SEE CONTINUATION SHEET(S)			232,155.

DURFEE 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 4,788.36 SHS EUROPACIFIC GROWTH FUND	P		
b 58.94 SHS EUROPACIFIC GROWTH FUND	P		
c 16,459.006 SHS WINDSOR II FUND ADM	P		
d 4,008.016 SHS PRIMECAP FUND ADMIRAL	P		
e 4,378.923 SHS PRIMECAP FUND ADMIRAL	P		
f 14,027.213 SHS WINDSOR FUND ADM	P		
g 5,722.13 SHS WASATCH SMALL CAP GROWTH FUND	P		
h CAPITAL GAINS DIVIDENDS			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 250,000.		212,649.	37,351.
b 3,001.		2,699.	302.
c 1,070,000.		896,853.	173,147.
d 500,000.		251,529.	248,471.
e 600,000.		274,806.	325,194.
f 1,000,000.		766,005.	233,995.
g 250,000.		196,165.	53,835.
h 1,158,037.			1,158,037.
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			37,351.
b			302.
c			173,147.
d			248,471.
e			325,194.
f			233,995.
g			53,835.
h			1,158,037.
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	2,230,332.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CALIFORNIA COMMON CAUSE 453 S. SPRING ST., SUITE 401 LOS ANGELES, CA 90013	NONE	PC	LEAD RESIDENCY	1,000.
CALIFORNIA COMMON CAUSE 453 S. SPRING ST., SUITE 401 LOS ANGELES, CA 90013	NONE	PC	SABBATICAL	48,000.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012	NONE	PC	THE DURFEE COMMUNITY FUND (D150)	100,000.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012	NONE	PC	NONPROFIT SUSTAINABILITY INITIATIVE	25,000.
CENTER FOR THE PACIFIC ASIAN FAMILY 3424 WILSHIRE BLVD., SUITE 1000 LOS ANGELES, CA 90010	NONE	PC	LEAD RESIDENCY	1,000.
CENTRAL CITY COMMUNITY HEALTH 1000 SAN GABRIEL BLVD., SUITE 200 ROSEMEAD, CA 91770	NONE	PC	LEAD RESIDENCY	1,000.
CHAPCARE 455 W. MONTANA ST. PASADENA, CA 91103	NONE	PC	LEAD RESIDENCY	5,189.
COMMUNITY DEVELOPMENT TECHNOLOGIES CENTER 520 W. 23RD ST. LOS ANGELES, CA 90007	NONE	PC	SABBATICAL	48,000.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012	NONE	PC	STANTON	50,000.
COMMUNITY PARTNERS (HELMHI HISSERICH) 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012	NONE	PC	STANTON	45,000.
Total from continuation sheets				1,849,941.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY PARTNERS (HILDA MALDONADO) 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012	NONE	PC	SPRINGBOARD	50,000.
CROWDEN MUSIC CENTER 1475 ROSE ST. BERKLEY, CA 94702	NONE	PC	MATCHING GIFT	125.
DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PC	LEAD RESIDENCY	1,000.
DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PC	TRIBUTE TO JENNIFER HIRSCH	1,000.
EARTHWATCH INSTITUTE 114 WESTERN AVE. BOSTON, MA 02134	NONE	PC	IGNITE LA	674,440.
EAST LOS ANGELES WOMEN'S CENTER 1255 S. ATLANTIC BLVD. LOS ANGELES, CA 90022	NONE	PC	SABBATICAL	48,000.
EAST LOS ANGELES WOMEN'S CENTER 1255 S. ATLANTIC BLVD. LOS ANGELES, CA 90022	NONE	PC	LEAD RESIDENCY	1,165.
EL CENTRO DE AYUDA 1972 E. CESAR E CHAVEZ AVE. LOS ANGELES, CA 90033	NONE	PC	SABBATICAL	48,000.
ENGAGE 240 E. VERDUGO AVE. SUITE 100 BURBANK, CA 91502	NONE	PC	STANTON	57,500.
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1725 DESALES STREET NW, SUITE 404 WASHINGTON, DC 20036	NONE	PC	GEO 2018 NATIONAL CONFERENCE	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JAPANESE AMERICAN CULTURAL & COMMUNITY CENTER 244 S. SAN PEDRO STREET LOS ANGELES, CA 90012	NONE	PC	STANTON	51,704.
KALEIDOSCOPE CHAMBER ORCHESTRA 1725 FEDERAL AVE., SUITE 1 LOS ANGELES, CA 90025	NONE	PC	SPRINBOARD	35,000.
KOREATOWN YOUTH AND COMMUNITY CENTER 3727 W. 6TH ST., SUITE 300 LOS ANGELES, CA 90020	NONE	PC	STANTON	54,780.
LA CLEANTECH INCUBATOR 525 S. HEWITT ST. LOS ANGELES, CA 90013	NONE	PC	ARTIST IN RESIDENCE PROGRAM	75,000.
LA COMPOST 221 W. AVE 45 LOS ANGELES, CA 90065	NONE	PC	SPRINGBOARD	35,000.
LA MAS 3051 N. COOLIDGE AVE. LOS ANGELES, CA 90039	NONE	PC	SPRINBOARD	35,000.
LOS ANGELES DEPARTMENT OF ANIMAL SERVICES 221 N. FIGUEROA ST., SUITE 600 LOS ANGELES, CA 90012	NONE	PC	MATCHING GIFT	50.
LOST ANGELS CHILDREN'S PROJECT 45715 23RD ST. WEST, SUITE 13 LANCASTER, CA 93536	NONE	PC	SPRINGBOARD	35,000.
LURN 553 S. CLEARANCE ST. LOS ANGELES, CA 90033	NONE	PC	SPRINGBOARD	50,000.
MERCY CORPS P.O. BOX 2669 PORTLAND, OR 97208	NONE	PC	MATCHING GIFT	52.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MINNESOTA LANDSCAPE ARBORETUM 3675 ARBORETUM DRIVE CHASKA, MN 55318	NONE	PC	MATCHING GIFT	50.
PEACE OVER VIOLENCE 1015 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90017	NONE	PC	LEAD RESIDENCY	1,000.
PLANNED PARENTHOOD 400 W. 30TH ST. LOS ANGELES, CA 90007	NONE	PC	MATCHING GIFT	100.
POPS THE CLUB 4160 LYCEUM AVE. LOS ANGELES, CA 90066	NONE	PC	SPRINGBOARD	35,000.
PROYECTO PASTORAL 135 N. MISSION ROAD LOS ANGELES, CA 90033	NONE	PC	SABBATICAL	48,000.
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (HOLLYWOOD PROPERTY OWNERS ALLIANCE) 23532 CALABASAS ROAD, SUITE A CALABASAS, CA 91302	NONE	PC	STANTON	50,000.
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W. FLORENCE AVE. LOS ANGELES, CA 90047	NONE	PC	SABBATICAL	48,000.
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W. FLORENCE AVE. LOS ANGELES, CA 90047	NONE	PC	LEAD RESIDENCY	3,039.
SYRIAN AMERICAN MEDICAL SOCIETY P.O. BOX 34115 WASHINGTON, DC 20043	NONE	PC	MATCHING GIFT	25.
THE CENTER FOR SPIRITUAL RENEWAL 888 SAN YSIDRO LANE SANTA BARBARA, CA 93108	NONE	PC	GENERAL OPERATING	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE COALITION TO ABOLISH SLAVERY AND TRAFFICKING 5042 WILSHIRE BLVD., SUITE 586 LOS ANGELES, CA 90036	NONE	PC	LEAD RESIDENCY	2,772.
THE CORPS NETWORK 1275 K STREET NW, SUITE 1050 WASHINGTON, DC 20005	NONE	PC	MATCHING GIFT	500.
THE MUSEUM OF JURASSIC TECHNOLOGY INC. 9341 VENICE BLVD. CULVER CITY, CA 90232	NONE	PC	MATCHING GIFT	250.
THIRD SECTOR NEW ENGLAND 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	NONE	PC	LEADERSHIP FUNDERS GROUP	5,000.
THIRD SECTOR NEW ENGLAND 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	NONE	PC	WHAT'S NEXT	71,100.
WILDWOOD SCHOOL 11811 W. OLYMPIC BLVD. LOS ANGELES, CA 90064	NONE	PC	MATCHING GIFT	2,000.
WILLOWS COMMUNITY SCHOOL 8509 HIGUERA CULVER CITY, CA 90232	NONE	PC	MATCHING GIFT	100.
Total from continuation sheets				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

DURFEE FOUNDATION

Employer identification number

95-4856207

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization DURFEE FOUNDATION	Employer identification number 95-4856207
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROCKEFELLER PHILANTHROPY ADVISORS 44 MONTGOMERY ST. SAN FRANCISCO, CA 94104	\$ 76,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DURFEE FOUNDATION	Employer identification number 95-4856207
--	---

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

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

Name of organization DURFEE FOUNDATION	Employer identification number 95-4856207
--	---

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

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

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-PF**

2017

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name DURFEE FOUNDATION	Employer identification number 95-4856207
----------------------------------	---

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	26,052.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty		3	26,052.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	14,108.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	14,108.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.	
6 <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.	
7 <input type="checkbox"/> The corporation is using the annualized income installment method.	
8 <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.	

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/17	06/15/17	09/15/17	12/15/17
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	3,527.	3,527.	3,527.	3,527.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	5,786.		14,214.	
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		2,259.		9,419.
13 Add lines 11 and 12	13		2,259.	14,214.	9,419.
14 Add amounts on lines 16 and 17 of the preceding column	14			1,268.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	5,786.	2,259.	12,946.	9,419.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		1,268.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	2,259.		9,419.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2017 and before 10/1/2017	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			\$ 13.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB UNION BANK	2. 642.	2. 642.	
TOTAL TO PART I, LINE 3	644.	644.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL GROUP	242,202.	175,489.	66,713.	66,713.	
CHARLES SCHWAB	197,847.	350.	197,497.	197,497.	
VANGUARD	804,016.	610,899.	193,117.	193,117.	
WASATCH FUNDS	371,299.	371,299.	0.	0.	
TO PART I, LINE 4	1,615,364.	1,158,037.	457,327.	457,327.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	36,885.	0.		36,885.
TO FORM 990-PF, PG 1, LN 16B	36,885.	0.		36,885.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	33,787.	33,787.		0.	
PAYROLL SERVICE	2,011.	0.		2,011.	
TECHNICAL SUPPORT	3,687.	0.		3,687.	
WEBSITE MAINTENANCE	12,943.	0.		12,943.	
TO FORM 990-PF, PG 1, LN 16C	52,428.	33,787.		18,641.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DIRECT CHARITABLE EXPENSES	267,600.	0.		267,600.	
EXCISE TAXES	-4,385.	0.		0.	
INSURANCE	9,881.	0.		9,881.	
MISCELLANEOUS	1,681.	0.		1,682.	
OFFICE EXPENSE	15,086.	0.		15,086.	
ONLINE APPLICATIONS	4,996.	0.		4,996.	
PARKING	6,065.	0.		6,065.	
POSTAGE	6.	0.		6.	
PROFESSIONAL DEVELOPMENT	5,860.	0.		5,860.	
TELEPHONE	4,588.	0.		4,588.	
DUES AND SUBSCRIPTIONS	44,200.	0.		44,200.	
TO FORM 990-PF, PG 1, LN 23	355,578.	0.		359,964.	

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE	
WEBSITE	72,790.	34,373.	38,417.	38,417.	
TO 990-PF, PART II, LN 14	72,790.	34,373.	38,417.	38,417.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
DIVERSIFIED EMERGING MARKETS EQUITY FUNDS	FMV	1,137,110.	1,137,110.
FOREIGN LARBE BLEND EQUITY FUNDS	FMV	4,346,359.	4,346,359.
LARGE BLEND EQUITY FUNDS	FMV	1,201,228.	1,201,228.
LARGE GROWTH EQUITY FUNDS	FMV	9,753,013.	9,753,013.
LARGE VALUE EQUITY FUNDS	FMV	3,247,596.	3,247,596.
SMALL GROWTH EQUITY FUNDS	FMV	3,543,654.	3,543,654.
MONEY MARKET EQUITY FUNDS	FMV	57,535.	57,535.
HIGH YIELD BONDS	FMV	5,345.	5,345.
INTERMEDIATE-TERM BONDS	FMV	5,434,909.	5,434,909.
MULTI-SECTOR BONDS	FMV	1,545,474.	1,545,474.
SHORT-TERM BONDS	FMV	763,031.	763,031.
TOTAL TO FORM 990-PF, PART II, LINE 13		31,035,254.	31,035,254.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	8
-------------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLINE D. AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	PRESIDENT 30.00	103,581.	24,000.	0.
HALINA AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
MICHAEL NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	VICE PRESIDENT 2.00	5,000.	0.	0.
JONATHAN NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TREASURER 2.00	5,000.	0.	0.
DIANA MCKEE 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.

DURFEE FOUNDATION

95-4856207

CHRISTOPHER AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
THEODORE AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
BRUCE SAITO 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
BELEN VARGAS 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	0.	0.	0.
CLAIRE PEEPS 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	EXECUTIVE DIRECTOR 40.00	184,559.	21,707.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>323,140.</u>	<u>45,707.</u>	<u>0.</u>

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.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. DURFEE FOUNDATION	Employer identification number (EIN) or 95-4856207
	Number, street, and room or suite no. If a P.O. box, see instructions. 1453 THIRD STREET PROMENADE, NO. 312	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90401	

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

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

CLAIRE PEEPS - 1453 THIRD STREET PROMENADE, NO. 312 -

- The books are in the care of ▶ **SANTA MONICA, CA 90401**
Telephone No. ▶ **310-899-5120** 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	46,500.
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	\$	20,000.
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	\$	26,500.

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

LOPEZ ACCOUNTING GROUP
AN ACCOUNTANCY CORPORATION
3500 WEST OLIVE AVENUE, SUITE 680
BURBANK, CA 91505

JUNE 11, 2018

DURFEE FOUNDATION
1453 THIRD STREET PROMENADE NO. 312
SANTA MONICA, CA 90401

DURFEE FOUNDATION:

WE HAVE PREPARED AND ENCLOSED YOUR 2017 CALIFORNIA RETURN.
THE CALIFORNIA FORM RRF-1 IS ALSO ENCLOSED. THE ANNUAL REPORT
SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR
ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED
ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM
8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC
RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN
TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE
NOVEMBER 15, 2018.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR
MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO - FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS
POSSIBLE TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$150.00, PAYABLE TO
ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED
INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

JUAN P. LOPEZ, CPA

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **DURFEE FOUNDATION**
Additional information. See instructions.

California corporation number: **2368140**

FEIN: **95-4856207**

Street address (suite or room): **1453 THIRD STREET PROMENADE, NO. 312**

City: **SANTA MONICA** State: **CA** ZIP code: **90401**

Foreign country name: _____ Foreign province/state/country: _____ 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 If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P 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	5,289,009.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	76,761.00
	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	5,365,770.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	2,600,706.00
	7	Total costs. Add line 5 and line 6	7	2,600,706.00
	8	Total gross income. Subtract line 7 from line 4	8	2,765,064.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,098,205.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	666,859.00
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	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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: **EXECUTIVE DIRE** Date: _____ Telephone: _____

Paid Preparer's Use Only
Preparer's signature: **JUAN P. LOPEZ, CPA** Date: **06/11/18** Check if self-employed: PTIN: **P01367411**
Firm's name (or yours, if self-employed) and address: **LOPEZ ACCOUNTING GROUP**
3500 WEST OLIVE AVENUE, SUITE 680
BURBANK, CA 91505 Telephone: **81-2737245**
818-840-7075

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

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

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00		
	2	Interest	•	2	644.00		
	3	Dividends	•	3	457,327.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	3,673,001.00	
	7	Other income	SEE STATEMENT 3	•	7	1,158,037.00	
	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	5,289,009.00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9	1,003,874.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	323,140.00	
	12	Other salaries and wages		•	12	84,404.00	
	Expenses and Disbursements	13	Interest	•	13	00	
		14	Taxes	•	14	00	
		15	Rents	•	15	78,284.00	
		16	Depreciation and depletion (See instructions)	•	16	24,263.00	
		17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	584,240.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	2,098,205.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		452,066.		• 1,155,319.
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 6	28,156,906.		• 31,035,254.
10 a	Depreciable assets	72,790.		72,790.	
b	Less accumulated depreciation	(10,110.)	62,680.	(34,373.)	38,417.
11	Land				•
12	Other assets	STMT 7	2,906,455.		• 1,996,841.
13	Total assets		31,578,107.		34,225,831.
Liabilities and net worth					
14	Accounts payable		70,205.		• 21,278.
15	Contributions, gifts, or grants payable		1,086,424.		• 232,155.
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities				•
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		30,421,478.		• 33,972,398.
22	Total liabilities and net worth		31,578,107.		34,225,831.

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	• 3,550,920.	7	Income recorded on books this year not included in this return	STMT 8	• 2,884,061.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year		•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8		2,884,061.
4	Income not recorded on books this year	•	10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		666,859.
6	Total. Add line 1 through line 5	3,550,920.				

CA 199 CASH CONTRIBUTIONS STATEMENT 1
INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
ROCKEFELLER PHILANTHROPY ADVISORS	44 MONTGOMERY ST. SAN FRANCISCO, CA 94104	02/02/17	76,761.
TOTAL INCLUDED ON LINE 3			<u>76,761.</u>

CA 199 GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
4,788.36 SHS EUROPACIFIC GROWTH FUND			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	212,649.	0.	0.	250,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
58.94 SHS EUROPACIFIC GROWTH FUND			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,699.	0.	0.	3,001.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
16,459.006 SHS WINDSOR II FUND ADM			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	896,853.	0.	0.	1,070,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
4,008.016 SHS PRIMECAP FUND ADMIRAL			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	251,529.	0.	0.	500,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
4,378.923 SHS PRIMECAP FUND ADMIRAL			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	274,806.	0.	0.	600,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
14,027.213 SHS WINDSOR FUND ADM			PURCHASED	766,005.	0.	0.	1,000,000.
5,722.13 SHS WASATCH SMALL CAP GROWTH FUND			PURCHASED	196,165.	0.	0.	250,000.
TOTAL ON FORM 199, PG 2, LINE 6				2,600,706.	0.	0.	3,673,001.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
CAPITAL GAINS DIVIDENDS	1,158,037.
TOTAL TO FORM 199, PART II, LINE 7	1,158,037.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CAROLINE D. AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	PRESIDENT 30.00	103,581.
HALINA AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
MICHAEL NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	VICE PRESIDENT 2.00	5,000.
JONATHAN NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TREASURER 2.00	5,000.
DIANA MCKEE 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
CHRISTOPHER AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
THEODORE AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
BRUCE SAITO 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
BELEN VARGAS 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	0.
CLAIRE PEEPS 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	EXECUTIVE DIRECTOR 40.00	184,559.
TOTAL TO FORM 199, PART II, LINE 11		<hr/> 323,140. <hr/>

CA 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
PENSION PLANS, EMPLOYEE BENEFITS		123,829.	
ACCOUNTING FEES		36,885.	
OTHER PROFESSIONAL FEES		52,428.	
TRAVEL, CONFERENCES, AND MEETINGS		15,520.	
DIRECT CHARITABLE EXPENSES		267,600.	
EXCISE TAXES		-4,385.	
INSURANCE		9,881.	
MISCELLANEOUS		1,681.	
OFFICE EXPENSE		15,086.	
ONLINE APPLICATIONS		4,996.	
PARKING		6,065.	
POSTAGE		6.	
PROFESSIONAL DEVELOPMENT		5,860.	
TELEPHONE		4,588.	
DUES AND SUBSCRIPTIONS		44,200.	
TOTAL TO FORM 199, PART II, LINE 17		584,240.	

CA 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DIVERSIFIED EMERGING MARKETS EQUITY FUNDS	646,909.	1,137,110.	
FOREIGN LARGE BLEND EQUITY FUNDS	3,569,998.	4,346,359.	
LARGE BLEND EQUITY FUNDS	986,344.	1,201,228.	
LARGE GROWTH EQUITY FUNDS	8,437,820.	9,753,013.	
LARGE VALUE EQUITY FUNDS	4,670,855.	3,247,596.	
SMALL GROWTH EQUITY FUNDS	3,138,685.	3,543,654.	
MONEY MARKET EQUITY FUNDS	63,280.	57,535.	
HIGH YIELD BONDS	9,081.	5,345.	
INTERMEDIATE-TERM BONDS	4,611,316.	5,434,909.	
MULTI-SECTOR BONDS	1,372,901.	1,545,474.	
SHORT-TERM BONDS	649,717.	763,031.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	28,156,906.	31,035,254.	

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
GRANTS RECEIVABLE		2,884,093.	1,960,853.
PREPAID EXPENSES AND DEFERRED CHARGES		22,362.	35,988.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		2,906,455.	1,996,841.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	8
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON SECURITIES		2,884,061.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		2,884,061.	

CA 199	FUND BALANCES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		27,537,385.	32,011,545.
TEMPORARILY RESTRICTED ASSETS		2,884,093.	1,960,853.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		30,421,478.	33,972,398.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-4856207

Corporation name

California corporation number

DURFEE FOUNDATION

2368140

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, total depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.
Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

739035 11-29-17

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2017** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 DURF 95-4856207 2368140 17 FORM 3
TYB 01-01-2017 TYE 12-31-2017
DURFEE FOUNDATION

1453 THIRD STREET PROMENADE NO 312
SANTA MONICA CA 90401

(310) 899-5120

Amount of Payment 10.

TAXABLE YEAR
2017

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
DURFEE FOUNDATION	95-4856207

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	5,365,770.00
2 Total gross income (Form 199, line 8)	2	2,765,064.00
3 Total expenses and disbursements (Form 199, line 9)	3	2,098,205.00

Part II Settle Your Account Electronically for Taxable Year 2017

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here			
	Signature of officer	Date	EXECUTIVE DIRECTOR

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01367411
Must Sign	Firm's name (or yours if self-employed) and address	LOPEZ ACCOUNTING GROUP 3500 WEST OLIVE AVENUE, SUITE 680 BURBANK, CA			FEIN 81-2737245 ZIP code 91505

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

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

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

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

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 123130 DURFEE FOUNDATION <small>Name of Organization</small> 1453 THIRD STREET PROMENADE, NO. 312 <small>Address (Number and Street)</small> SANTA MONICA, CA 90401 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2368140</u> Federal Employer I.D. No. <u>95-4856207</u>
---	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 2,765,064. Total assets \$ 34,225,831.

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

Note: 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, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 310-899-5120

Organization's e-mail address _____

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.

CLAIRE PEEPS

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date