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CLIENT'S COPY

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

NOVEMBER 12, 2020

DURFEE FOUNDATION
700 S. FLOWER ST. NO. 560
LOS ANGELES, CA 90017
ATTENTION: CLAIRE PEEPS

DEAR CLAIRE:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURNS AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

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 \$20,652. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$213,214. THIS MAY BE APPLIED TO TAX YEAR 2020 AND SUBSEQUENT YEARS.

FORM 990-T RETURN:

FORM 990-T HAS AN OVERPAYMENT OF \$4,092 AND THE ENTIRE AMOUNT WILL BE REFUNDED.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 16, 2020.

MAIL TO:
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

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 16, 2020.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

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

CALIFORNIA FORM 109 RETURN:

THE CALIFORNIA FORM 109 SHOULD BE MAILED ON OR BEFORE NOVEMBER 16, 2020 TO:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

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

NO PAYMENT IS REQUIRED.

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, PAYABLE TO DEPARTMENT OF JUSTICE.

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

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
EXEC 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 one 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>135,898.</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 2019 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 2019 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 2019 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.

95514491505

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 ▶ 11/12/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Private Foundation

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

2019

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 2019 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) 700 S. FLOWER ST.	Room/suite 560	B Telephone number 310-899-5120
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90017		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) \$ 54,569,949.	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			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	666.	666.		
	4 Dividends and interest from securities	417,468.	417,468.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,022,138.			STATEMENT 1
	b Gross sales price for all assets on line 6a	44,876,415.			
	7 Capital gain net income (from Part IV, line 2)		6,019,436.		
	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	631,074.	638,166.		STATEMENT 2	
12 Total. Add lines 1 through 11	7,071,346.	7,075,736.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	379,586.	34,214.		345,372.
	14 Other employee salaries and wages	110,722.	8,304.		101,697.
	15 Pension plans, employee benefits	119,545.	11,799.		0.
	16a Legal fees STMT 3	4,301.	0.		4,301.
	b Accounting fees STMT 4	40,583.	36,525.		4,058.
	c Other professional fees STMT 5	210,023.	190,009.		20,014.
	17 Interest	298.	0.		298.
	18 Taxes STMT 6	75,163.	0.		0.
	19 Depreciation and depletion	26,925.	0.		
	20 Occupancy	63,286.	0.		59,386.
	21 Travel, conferences, and meetings	33,385.	0.		33,385.
	22 Printing and publications				
	23 Other expenses STMT 7	303,110.	0.		303,110.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,366,927.	280,851.		871,621.
	25 Contributions, gifts, grants paid	1,436,089.			1,490,687.
26 Total expenses and disbursements. Add lines 24 and 25	2,803,016.	280,851.		2,362,308.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	4,268,330.				
b Net investment income (if negative, enter -0-)		6,794,885.			
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	70,703.	409,006.	409,006.
	2 Savings and temporary cash investments	197,608.	240,481.	44,705.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable	1,741,930.		
	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	58,084.	15,707.	15,707.
	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 8 47,041,367.	52,824,167.	52,824,167.	
14 Land, buildings, and equipment: basis ▶	202,560.			
Less: accumulated depreciation	STMT 9 86,363.	143,122.	116,197.	
15 Other assets (describe ▶ REDEMPTION RECEIVAB)	0.	1,160,167.	1,160,167.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	49,252,814.	54,765,725.	54,569,949.	
Liabilities	17 Accounts payable and accrued expenses	37,956.	130,367.	
	18 Grants payable	840,260.	835,506.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶	188,470.	91,268.	
	23 Total liabilities (add lines 17 through 22)	1,066,686.	1,057,141.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here			<input checked="" type="checkbox"/>
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	46,444,198.	53,708,584.	
	25 Net assets with donor restrictions	1,741,930.	0.	
	Foundations that do not follow FASB ASC 958, check here ▶			<input type="checkbox"/>
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
27 Paid-in or capital surplus, or land, bldg., and equipment fund				
28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances	48,186,128.	53,708,584.		
30 Total liabilities and net assets/fund balances	49,252,814.	54,765,725.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	48,186,128.
2 Enter amount from Part I, line 27a	2	4,268,330.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAINS ON SECURITIES	3	1,304,126.
4 Add lines 1, 2, and 3	4	53,758,584.
5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT	5	50,000.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	53,708,584.

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 SALE OF PUBLICLY TRADED SECURITIES	P		
b ALTERNATIVE INVESTMENTS	P		
c CAPITAL GAINS DIVIDENDS			
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 44,589,171.		39,041,336.	5,547,835.
b			184,357.
c 287,244.			287,244.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) 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			5,547,835.
b			184,357.
c			287,244.
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	6,019,436.
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))
2018	2,718,432.	35,150,626.	.077337
2017	2,788,457.	32,710,682.	.085246
2016	2,504,837.	31,130,749.	.080462
2015	2,315,301.	33,370,738.	.069381
2014	2,115,138.	29,689,585.	.071242

2 Total of line 1, column (d)	2	.383668
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	.076734
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	50,276,966.
5 Multiply line 4 by line 3	5	3,857,953.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	67,949.
7 Add lines 5 and 6	7	3,925,902.
8 Enter qualifying distributions from Part XII, line 4	8	2,362,308.

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 type="checkbox"/> and enter 1% of Part I, line 27b		1	135,898.
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	135,898.
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	135,898.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	36,550.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	120,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	156,550.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	20,652.	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> 20,652. 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 type="checkbox"/> \$ 0. (2) On foundation managers. <input 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 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 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, and charitable trusts.

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

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

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

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	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 14		379,586.	0.	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
ANGELES INVESTMENT ADVISORS - 429 SANTA MONICA BLVD., SUITE 650, SANTA MONICA, CA	INVESTMENT SERVICES	157,278.

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.	103,344.
2 SPRINGBOARD PROGRAMS - BRAIN TRUST MEETING, MENTOR FEES AND PHOTOGRAPHY.	61,067.
3 SABBATICAL - RETREAT, FACILITATOR FEES AND AWARD CEREMONY.	22,139.
4	

Part IX-B Summary of Program-Related Investments

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

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	49,849,480.
b	Average of monthly cash balances	1b	1,061,221.
c	Fair market value of all other assets	1c	131,904.
d	Total (add lines 1a, b, and c)	1d	51,042,605.
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	51,042,605.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	765,639.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	50,276,966.
6	Minimum investment return. Enter 5% of line 5	6	2,513,848.

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	2,513,848.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	135,898.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	135,898.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,377,950.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,377,950.
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	2,377,950.

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	2,362,308.
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	2,362,308.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,362,308.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,377,950.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018	228,856.			
f Total of lines 3a through e	228,856.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$	2,362,308.			
a Applied to 2018, 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 2019 distributable amount				2,362,308.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	15,642.			15,642.
6 Enter the net total of each column as indicated below:	213,214.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	213,214.			
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	213,214.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018	213,214.			
e Excess from 2019				

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 2019, 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)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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
700 S. FLOWER ST., SUITE 560, LOS ANGELES, CA 90017

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

LETTER FORM - GO TO [HTTPS://DURFEE.ORG/](https://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 [HTTPS://DURFEE.ORG/](https://durfee.org/)

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
API EQUALITY - LA 1137 WILSHIRE BLVD, SUITE 101 LOS ANGELES, CA 90017		PC	GENERAL OPERATING	26.
BERKELEY FOOD NETWORK 1569 SOLANO AVE., #243 BERKELEY, CA 94707		PC	GENERAL OPERATING	250.
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710		PC	GENERAL OPERATING	1,250.
BOB BAKER MARIONETTE THEATER 4949 YORK BLVD. LOS ANGELES, CA 90042		PC	GENERAL OPERATING	250.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012		PC	LA API GIVING CIRCLE	250.
Total	SEE CONTINUATION SHEET(S)			1,490,687.
b Approved for future payment				
FRACTURED ATLAS PO BOX 55 HARTSDALE, NY 10530		PC	STANTON FELLOWSHIP	100,000.
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS ROAD, SUITE A CALABASAS, CA 91302		PC	STANTON FELLOWSHIP	200,000.
EARTHWATCH INSTITUTE 1380 SOLDIERS FIELD ROAD BOSTON, MA 02135		PC	IGNITE PROGRAM	101,027.
Total	SEE CONTINUATION SHEET(S)			686,027.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 666), 4 Dividends and interest from securities (14, 417,468), 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (900099, 2,702, 18, 6,019,436), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue: a PARTNERSHIP INCOME / b (LOSS) (900099, -4,236, 14, 635,310), 12 Subtotal (7,072,880), 13 Total (7,071,346).

(See worksheet in line 13 instructions to verify calculations.)

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

Table with 3 columns: Question, Yes, No. Includes questions 1a through 1c regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer or trustee: [Signature] Date: [Date] Title: EXEC DIRECTOR

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name: JUAN P. LOPEZ, CPA; Preparer's signature: JUAN P. LOPEZ, CP; Date: 11/12/20; Check [] if self-employed; PTIN: P01367411; Firm's name: LOPEZ ACCOUNTING GROUP; Firm's EIN: 81-2737245; Firm's address: 3500 WEST OLIVE AVENUE, SUITE 680 BURBANK, CA 91505; Phone no.: 818-840-7075

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 COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012		PC	LA API GIVING CIRCLE	25.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012		PC	THE DURFEE COMMUNITY FUND (D150)	100,000.
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES, CA 90012		PC	NONPROFIT SUSTAINABILITY INITIATIVE EXECUTIVE TRANSITIONS PILOT	50,000.
CALIFORNIA IMMIGRANT POLICY CENTER 634 S. SPRING STREET #600A LOS ANGELES, CA 90014		PC	GENERAL OPERATING	40.
CALIFORNIA IMMIGRANT POLICY CENTER 634 S. SPRING STREET #600A LOS ANGELES, CA 90014		PC	GENERAL OPERATING	40.
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, 22ND FLOOR NEW YORK, NY 10038		PC	GENERAL OPERATING	100.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012		PC	STANTON FELLOWSHIP	11,569.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012		PC	STANTON FELLOWSHIP	14,668.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012		PC	VIGILANT LOVE SPRINGBOARD	35,000.
COURT APPOINTED SPECIAL ADVOCATES OF LA 201 CENTRE PLAZA DR., ROOM 1100 MONTEREY PARK, CA 91754		PC	GENERAL OPERATING	50.
Total from continuation sheets				1,488,661.

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
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY, SUITE 201 MALIBU, CA 90265		PC	SPRINGBOARD	35,000.
CROWDEN MUSIC CENTER 1475 ROSE STREET BERKLEY, CA 94702		PC	GENERAL OPERATING	125.
DANCE RESOURCE CENTER OF GREATER LOS ANGELES 3520 OVERLAND AVENUE, SUITE A61 LOS ANGELES, CA 90034		PC	GENERAL OPERATING	500.
EARTHWATCH INSTITUTE 1380 SOLDIERS FIELD ROAD BOSTON, MA 02135		PC	IGNITE PROGRAM	27,250.
EARTHWATCH INSTITUTE 1380 SOLDIERS FIELD ROAD BOSTON, MA 02135		PC	IGNITE PROGRAM	400,000.
HEART OF LOS ANGELES 2701 WILSHIRE BLVD. #100 LOS ANGELES, CA 90057		PC	SABBATICAL	55,000.
INNERCITY STRUGGLE 530 SOUTH BOYLE AVENUE LOS ANGELES, CA 90033		PC	SABBATICAL	55,000.
KALEIDOSCOPE CHAMBER ORCHESTRA 1725 FEDERAL AVE. APT. 1 LOS ANGELES, CA 90025		PC	SPRINGBOARD	35,000.
KOREATOWN IMMIGRANT WORKERS ALLIANCE 941 S. VERMONT AVE., SUITE 101 #301 LOS ANGELES, CA 90006		PC	GENERAL OPERATING	25.
LA CLEANTECH INCUBATOR 525 S. HEWITT ST. LOS ANGELES, CA 90013		PC	LACI AIR GRANT 2020	100,000.
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
LA COMPOST 221 W. AVE 45 LOS ANGELES, CA 90065		PC	SPRINGBOARD	50,000.
LA FAMILY HOUSING 7843 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91605		PC	SABBATICAL	19,850.
LA FAMILY HOUSING 7843 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91605		PC	SABBATICAL	35,150.
LEGAL AID FOUNDATION OF LOS ANGELES 1550 WEST 8TH STREET LOS ANGELES, CA 90017		PC	SABBATICAL	55,000.
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90064		PC	STANTON FELLOWSHIP	17,513.
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90064		PC	STANTON FELLOWSHIP	9,355.
LITTLE TOKYO SERVICE CENTER 231 E. THIRD ST., SUITE G-106 LOS ANGELES, CA 90013		PC	GENERAL OPERATING	100.
LOST ANGELS CHILDREN'S PROJECT 45715 23RD ST. WEST, SUITE 13 LANCASTER, CA 93536		PC	SPRINGBOARD	50,000.
LOST ANGELS CHILDREN'S PROJECT 45715 23RD ST. WEST, SUITE 13 LANCASTER, CA 93536		PC	GENERAL OPERATING	100.
MAKAUILA INC 1839 KE'EAUMOKU STREET HONOLULU, HI 96822		PC	GENERAL OPERATING	500.
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		PC	GENERAL OPERATING	100.
MOVE LA 525 S. HEWITT ST. LOS ANGELES, CA 90013		PC	STANTON FELLOWSHIP	11,088.
MOVE LA 525 S. HEWITT ST. LOS ANGELES, CA 90013		PC	STANTON FELLOWSHIP	22,316.
MOVE LA 525 S. HEWITT ST. LOS ANGELES, CA 90013		PC	STANTON FELLOWSHIP	16,816.
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90010		PC	STANTON FELLOWSHIP	17,417.
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90010		PC	STANTON FELLOWSHIP	10,117.
PREVENTION INSTITUTE 4315 LEIMERT BLVD. LOS ANGELES, CA 90008		PC	STANTON FELLOWSHIP	1,900.
PREVENTION INSTITUTE 4315 LEIMERT BLVD. LOS ANGELES, CA 90008		PC	STANTON FELLOWSHIP	15,172.
PROJECTQ 818 N. SPRING ST. #100 LOS ANGELES, CA 90012		PC	SPRINGBOARD	35,000.
PROJECTQ 818 N. SPRING ST. #100 LOS ANGELES, CA 90012		PC	GENERAL OPERATING	25.
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
SOCIAL IMPACT FUND 750 W. 7TH STREET, BOX 811026 LOS ANGELES, CA 90081		PC	SPRINGBOARD	35,000.
ST. JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291		PC	SABBATICAL	48,000.
TEN TOES IN 24325 CRENSHAW BLVD., #238 TORRANCE, CA 90505		PC	SPRINGBOARD	35,000.
THE MUSEUM OF JURASSIC TECHNOLOGY INC 9341 VENICE BLVD. CULVER CITY, CA 90232		PC	GENERAL OPERATING	500.
THE PEOPLE CONCERN 2116 ARLINGTON AVE., SUITE 100 LOS ANGELES, CA 90018		PC	GENERAL OPERATING	100.
THE SPECTRUM WORKS 3579 E. FOOTHILL BLVD. #220 PASADENA, CA 91107		PC	SPRINGBOARD	35,000.
THIRD SECTOR NEW ENGLAND 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111		PC	LEADERSHIP FUNDERS GROUP	10,000.
UNIVERSITY OF HAWAI'I FOUNDATION 1314 S. KING ST., SUITE B HONOLULU, HI 96814		PC	GENERAL OPERATING	1,500.
UNIVERSITY OF SOUTHERN CALIFORNIA 3630 PURDUE AVENUE LOS ANGELES, CA 90066		PC	USC CRITICAL MEDIA PROJECT FUND	150.
URBAN VOICES PROJECT 420 S. SAN PEDRO STREET, SUITE 423 LOS ANGELES, CA 90013		PC	SPRINGBOARD	35,000.
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
WILDWOOD ELEMENTARY SCHOOL 12201 WASHINGTON PLACE LOS ANGELES, CA 90066		PC	GENERAL OPERATING	1,500.
Total from continuation sheets				

923631
04-01-19

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THIRD SECTOR NEW ENGLAND 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111		PC	LEADERSHIP FUNDERS GROUP	10,000.
SOCIAL IMPACT FUND 750 W. 7TH STREET, BOX 811026 LOS ANGELES, CA 90081		PC	SPRINGBOARD	35,000.
URBAN VOICES PROJECT 420 S. SAN PEDRO STREET, SUITE 423 LOS ANGELES, CA 90013		PC	SPRINGBOARD	35,000.
PROJECTQ 818 N. SPRING ST. #100 LOS ANGELES, CA 90012		PC	SPRINGBOARD	35,000.
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY, SUITE 201 MALIBU, CA 90265		PC	SPRINGBOARD	35,000.
LOST ANGELS CHILDREN'S PROJECT 45715 23RD ST. WEST, SUITE 13 LANCASTER, CA 93536		PC	SPRINGBOARD	100,000.
THE SPECTRUM WORKS 3579 E. FOOTHILL BLVD. #220 PASADENA, CA 91107		PC	SPRINGBOARD	35,000.
Total from continuation sheets				285,000.

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
SALE OF PUBLICLY TRADED SECURITIES			PURCHASED		
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
44,589,171.	39,041,336.	0.	0.	5,547,835.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
ALTERNATIVE INVESTMENTS			PURCHASED		
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	0.	0.	0.	184,357.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
ALTERNATIVE INVESTMENTS			PURCHASED		
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	0.	0.	0.	2,702.	

NET GAIN OR LOSS FROM SALE OF ASSETS	5,734,894.
CAPITAL GAINS DIVIDENDS FROM PART IV	287,244.
TOTAL TO FORM 990-PF, PART I, LINE 6A	6,022,138.

FORM 990-PF	OTHER INCOME		STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INCOME / (LOSS)	631,074.	638,166.	
TOTAL TO FORM 990-PF, PART I, LINE 11	631,074.	638,166.	

FORM 990-PF	LEGAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	4,301.	0.		4,301.
TO FM 990-PF, PG 1, LN 16A	4,301.	0.		4,301.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	40,583.	36,525.		4,058.
TO FORM 990-PF, PG 1, LN 16B	40,583.	36,525.		4,058.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	190,009.	190,009.		0.
PAYROLL SERVICE	2,072.	0.		2,072.
TECHNICAL SUPPORT	12,242.	0.		12,242.
WEBSITE MAINTENANCE	5,700.	0.		5,700.
TO FORM 990-PF, PG 1, LN 16C	210,023.	190,009.		20,014.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	75,163.	0.		0.
TO FORM 990-PF, PG 1, LN 18	75,163.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DIRECT CHARITABLE EXPENSES	254,099.	0.		254,099.
INSURANCE	9,542.	0.		9,542.
MISCELLANEOUS	974.	0.		974.
OFFICE EXPENSE	18,100.	0.		18,100.
PARKING	9,462.	0.		9,462.
POSTAGE	422.	0.		422.
PROFESSIONAL DEVELOPMENT	3,284.	0.		3,284.
TELEPHONE	7,227.	0.		7,227.
TO FORM 990-PF, PG 1, LN 23	303,110.	0.		303,110.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS	FMV	40,857,919.	40,857,919.
BOND FUNDS	FMV	1,111,995.	1,111,995.
EQUITY FUNDS	FMV	10,854,253.	10,854,253.
TOTAL TO FORM 990-PF, PART II, LINE 13		52,824,167.	52,824,167.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
WEBSITE	72,790.	72,790.	0.
COMPUTER	3,295.	1,043.	2,252.
LAPTOP	1,795.	568.	1,227.
LAPTOP	1,795.	568.	1,227.
FURNITURE	42,023.	6,003.	36,020.
LEASEHOLD IMPROVEMENTS	80,862.	5,391.	75,471.
TOTAL TO FM 990-PF, PART II, LN 14	202,560.	86,363.	116,197.

FORM 990-PF OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
REDEMPTION RECEIVABLE	0.	1,160,167.	1,160,167.
TO FORM 990-PF, PART II, LINE 15	0.	1,160,167.	1,160,167.

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAXES	188,131.	87,029.
DEFERRED RENT	339.	4,239.
TOTAL TO FORM 990-PF, PART II, LINE 22	188,470.	91,268.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 STATEMENT 12
QUALIFYING DISTRIBUTION STATEMENT

EXPLANATION

THE FOUNDATION TREATED DISTRIBUTIONS TO A DONOR ADVISED FUND AS QUALIFYING DISTRIBUTIONS FOR THE CURRENT YEAR.

EXPLANATION

DISTRIBUTIONS BY THE DONOR ADVISED FUND ARE DIRECTED TO GO TO 501(C)(3)
CHARITIES TO BE USED TO ACCOMPLISH A PURPOSE DESCRIBED IN SECTION
170(C)(2)(B).

FORM 990-PF

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

STATEMENT 14

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	133,009.	0.	0.
JONATHAN NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	VICE PRESIDENT AND 2.00	TREASUR 5,000.	0.	0.
DIANA MCKEE 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	SECRETARY 2.00	5,000.	0.	0.
CHRISTOPHER AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
HALINA AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	3,750.	0.	0.
MICHAEL NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
PAULA DANIELS 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.
VERA DEVERA 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.	0.	0.
CLAIRE PEEPS 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	EXECUTIVE DIRECTOR 40.00	207,827.	0.	0.

DURFEE FOUNDATION

95-4856207

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>379,586.</u>	<u>0.</u>	<u>0.</u>
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2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	WEBSITE	08/01/16	SL	3.00		16	72,790.				72,790.	58,636.		14,154.	72,790.
12	COMPUTER	06/06/18	SL	5.00		16	3,295.				3,295.	384.		659.	1,043.
13	LAPTOP	06/06/18	SL	5.00		16	1,795.				1,795.	209.		359.	568.
14	LAPTOP	06/06/18	SL	5.00		16	1,795.				1,795.	209.		359.	568.
15	FURNITURE	12/31/18	SL	7.00		16	42,023.				42,023.			6,003.	6,003.
16	LEASEHOLD IMPROVEMENTS	12/31/18	SL	15.00		16	80,862.				80,862.			5,391.	5,391.
	* TOTAL 990-PF PG 1 DEPR						202,560.				202,560.	59,438.		26,925.	86,363.

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

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DURFEE FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 700 S. FLOWER ST., NO. 560</p> <p>City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90017</p>	<p>D Employer identification number (Employees' trust, see instructions.) 95-4856207</p> <p>E Unrelated business activity code (See instructions.) 900099</p>
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<p>C Book value of all assets at end of year 54,765,725.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ INVESTMENTS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ▶ CLAIRE PEEPS Telephone number ▶ 310-899-5120

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a 2,702.		2,702.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5 -4,107.	STMT 15	-4,107.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 -1,405.		-1,405.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-1,405.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	-1,405.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-1,405.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 16 STMT 17	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-1,405.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-1,405.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-1,405.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	4,092.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	4,092.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	4,092.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	4,092.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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: _____ Date: _____ Title: **EXEC DIRECTOR**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **JUAN P. LOPEZ, CPA** Preparer's signature: **JUAN P. LOPEZ, CPA** Date: **11/12/20**
 Check if self-employed PTIN: **P01367411**
 Firm's name: **LOPEZ ACCOUNTING GROUP** Firm's EIN: **81-2737245**
 Firm's address: **3500 WEST OLIVE AVENUE, SUITE 680 BURBANK, CA 91505** Phone no.: **818-840-7075**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 15

DESCRIPTION	NET INCOME OR (LOSS)
ANGELES GLOBAL EQUITY OPPORTUNITIES FUND, LLC - ORDINARY BUSINESS INCOME (LO	1,175.
LEGACY VENTURE III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-28.
LEGACY VENTURE IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	333.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - ORDINARY BUSINESS INCOME (LOSS)	1,054.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - ORDINARY BUSINESS INCOME (LO	-5,178.
NORTHGATE IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	2,137.
STRATEGIC PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	1,386.
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	1,484.
STRATEGIC REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-7,095.
TOWNSEND BALANCED REAL ESTATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	625.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-4,107.

FORM 990-T

CONTRIBUTIONS

STATEMENT 16

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY FROM K-1'S	N/A	129.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		129.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 17

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	129	
TOTAL CONTRIBUTIONS AVAILABLE	129	
TAXABLE INCOME LIMITATION AS ADJUSTED	0	
EXCESS CONTRIBUTIONS	129	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	129	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

Capital Gains and Losses
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-248.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-248.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				197.
11 Enter gain from Form 4797, line 7 or 9			11	2,753.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	2,950.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	2,702.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	2,702.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

DURFEE FOUNDATION

Social security number or taxpayer identification no. 95-4856207

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (C) Short-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment code, (g) Adjustment amount, (h) Gain or loss. Rows include ANGELES GLOBAL EQUITY, OPPORTUNITIES FUND, LEGACY VENTURE IV, LLC, NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP, STRATEGIC PARTNERS FUND III, LP.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) <248.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DURFEE FOUNDATION

95-4856207

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include LEGACY VENTURE IV, LLC, NORTHGATE IV-B, LP, STRATEGIC PARTNERS FUND III, LP, STRATEGIC PARTNERS FUND IV, LP, STRATEGIC REAL ESTATE FUND III, LP, and a Totals row with a result of 197.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

OMB No. 1545-0184

2019
 Attachment
 Sequence No. **27**

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

DURFEE FOUNDATION

Identifying number
95-4856207

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 18						2,753.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 2,753.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 2,753.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP						-77. -2,211.
STRATEGIC PARTNERS FUND III, LP						-2.
STRATEGIC PARTNERS FUND IV, LP						77.
STRATEGIC REAL ESTATE FUND III, LP						4,966.
TOTAL TO 4797, PART I, LINE 2						2,753.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. DURFEE FOUNDATION	Taxpayer identification number (TIN) 95-4856207
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 S. FLOWER ST., NO. 560	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90017	

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

- The books are in the care of ▶ **700 S. FLOWER ST., NO. 560 - LOS ANGELES, CA 90017**
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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** 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	\$	156,550.
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	\$	36,550.
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	\$	120,000.

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. DURFEE FOUNDATION	Taxpayer identification number (TIN) 95-4856207
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 S. FLOWER ST., NO. 560	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90017	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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

- The books are in the care of ▶ **700 S. FLOWER ST., NO. 560 - LOS ANGELES, CA 90017**
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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** 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	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	4,092.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **DURFEE FOUNDATION**

California corporation number: **2368140**

FEIN: **95-4856207**

Street address (suite or room): **700 S. FLOWER ST., NO. 560**

City: **LOS ANGELES** State: **CA** ZIP code: **90017**

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

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is a public charity 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	45,925,623	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	45,925,623	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	39,041,336	00
	7	Total costs. Add line 5 and line 6	7	39,041,336	00
	8	Total gross income. Subtract line 7 from line 4	8	6,884,287	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,857,614	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,026,673	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: **EXEC. DIRECTOR** Date: _____ Telephone: _____

Paid Preparer's Use Only

Preparer's signature: **JUAN P. LOPEZ, CPA** Date: **11/12/20** 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 Firm's FEIN: **81-2737245**
 Telephone: **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.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	666	00
	3	Dividends	•	3	417,468	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) STMT 2 STATEMENT 1	•	6	44,589,171	00
	7	Other income SEE STATEMENT 3	•	7	918,318	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	45,925,623	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 12	•	9	1,490,687	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	379,586	00
	12	Other salaries and wages	•	12	110,722	00
	13	Interest	•	13	298	00
	14	Taxes	•	14	75,163	00
	15	Rents	•	15	63,286	00
	16	Depreciation and depletion (See instructions)	•	16	26,925	00
	17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	710,947	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,857,614	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		268,311		649,487
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		47,041,367		52,824,167
10 a Depreciable assets	202,560		202,560	
b Less accumulated depreciation	(59,438)	143,122	(86,363)	116,197
11 Land				
12 Other assets STMT 7		1,800,014		1,175,874
13 Total assets		49,252,814		54,765,725
Liabilities and net worth				
14 Accounts payable		37,956		130,367
15 Contributions, gifts, or grants payable		840,260		835,506
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8		188,470		91,268
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		48,186,128		53,708,584
22 Total liabilities and net worth		49,252,814		54,765,725

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 5,335,397	7 Income recorded on books this year not included in this return STMT 10	• 1,304,126
2 Federal income tax	•	8 Deductions in this return not charged against book income this year STMT 11	• 54,598
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	1,358,724
4 Income not recorded on books this year	•	10 Net income per return. Subtract line 9 from line 6	4,026,673
5 Expenses recorded on books this year not deducted in this return STMT 9	• 50,000		
6 Total. Add line 1 through line 5	5,385,397		

CA 199 GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF PUBLICLY TRADED SECURITIES			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	39,041,336.	0.	0. 44,589,171.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
ALTERNATIVE INVESTMENTS			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	0.	0.	0. 0.
TOTAL ON FORM 199, PG 2, LINE 6	39,041,336.	0.	0. 44,589,171.

CA 199 GROSS AMOUNT FROM SALE OF NON-INVESTMENT ASSETS STATEMENT 2

DESCRIPTION OF PROPERTY	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
ALTERNATIVE INVESTMENTS			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	0.	0.	0. 0.
TOTAL ON FORM 199, PG 2, LINE 6	0.	0.	0. 0.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
CAPITAL GAINS DIVIDENDS	287,244.
PARTNERSHIP INCOME / (LOSS)	631,074.
TOTAL TO FORM 199, PART II, LINE 7	918,318.

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	133,009.
JONATHAN NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	VICE PRESIDENT AND TREASUR 2.00	5,000.
DIANA MCKEE 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	SECRETARY 2.00	5,000.
CHRISTOPHER AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
HALINA AVERY 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	3,750.
MICHAEL NEWKIRK 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
PAULA DANIELS 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.
VERA DEVERA 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	TRUSTEE 2.00	5,000.
CLAIRE PEEPS 1453 THIRD STREET PROMENADE SANTA MONICA, CA 90401	EXECUTIVE DIRECTOR 40.00	207,827.

TOTAL TO FORM 199, PART II, LINE 11

379,586.

CA 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS	119,545.
LEGAL FEES	4,301.
ACCOUNTING FEES	40,583.
OTHER PROFESSIONAL FEES	210,023.
TRAVEL, CONFERENCES, AND MEETINGS	33,385.
DIRECT CHARITABLE EXPENSES	254,099.
INSURANCE	9,542.
MISCELLANEOUS	974.
OFFICE EXPENSE	18,100.
PARKING	9,462.
POSTAGE	422.
PROFESSIONAL DEVELOPMENT	3,284.
TELEPHONE	7,227.
TOTAL TO FORM 199, PART II, LINE 17	710,947.

CA 199

OTHER INVESTMENTS

STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DIVERSIFIED EMERGING MARKETS EQUITY FUNDS	3,624,082.	0.
FOREIGN LARGE BLEND EQUITY FUNDS	986,408.	0.
LARGE BLEND EQUITY FUNDS	1,148,043.	0.
LARGE GROWTH EQUITY FUNDS	8,108,465.	0.
LARGE VALUE EQUITY FUNDS	2,970,729.	0.
SMALL GROWTH EQUITY FUNDS	3,242,981.	0.
MONEY MARKET EQUITY FUNDS	13,081,225.	0.
HIGH YIELD BONDS	422,041.	0.
INTERMEDIATE-TERM BONDS	4,326,979.	0.
MULTI-SECTOR BONDS	2,152,938.	0.
SHORT-TERM BONDS	867,136.	0.
LONG-TERM BONDS	852,270.	0.
ALTERNATIVE INVESTMENTS	5,258,070.	40,857,919.
BOND FUNDS	0.	1,111,995.
EQUITY FUNDS	0.	10,854,253.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	47,041,367.	52,824,167.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS RECEIVABLE	1,741,930.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	58,084.	15,707.
REDEMPTION RECEIVABLE	0.	1,160,167.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,800,014.	1,175,874.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED EXCISE TAXES	188,131.	87,029.
DEFERRED RENT	339.	4,239.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	188,470.	91,268.

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
PRIOR PERIOD ADJUSTMENT		50,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		50,000.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 10
DESCRIPTION		AMOUNT
UNREALIZED GAINS ON SECURITIES		1,304,126.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		1,304,126.

CA 199 DEDUCTIONS IN THIS RETURN NOT CHARGED STATEMENT 11
AGAINST BOOK INCOME THIS YEAR

DESCRIPTION	AMOUNT
CONTRIBUTIONS AND GRANTS ACCRUAL ADJUSTMENT	54,598.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	54,598.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 12
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: GRANTS

DONEES NAME AND ADDRESS	RELATIONSHIP	AMOUNT
API EQUALITY - LA 1137 WILSHIRE BLVD. SUITE 101, LOS ANGELES, CA 90017	NONE	26.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS	RELATIONSHIP	AMOUNT
BERKELEY FOOD NETWORK 1569 SOLANO AVE., #243, BERKELEY, CA 94707	NONE	250.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS	RELATIONSHIP	AMOUNT
BERKELEY REPERTORY THEATRE 999 HARRISON STREET, BERKELEY, CA 94710	NONE	1,250.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS	RELATIONSHIP	AMOUNT
BOB BAKER MARIONETTE THEATER 4949 YORK BLVD., LOS ANGELES, CA 90042	NONE	250.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA COMMUNITY FOUNDATION
221 S. FIGUEROA ST., SUITE 400, LOS ANGELES, CA
90012

NONE

250.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA COMMUNITY FOUNDATION
221 S. FIGUEROA ST., SUITE 400, LOS ANGELES, CA
90012

NONE

25.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA COMMUNITY FOUNDATION
221 S. FIGUEROA ST., SUITE 400, LOS ANGELES, CA
90012

NONE

100,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA COMMUNITY FOUNDATION
221 S. FIGUEROA ST., SUITE 400, LOS ANGELES, CA
90012

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA IMMIGRANT POLICY CENTER
634 S. SPRING STREET #600A, LOS ANGELES, CA 90014

NONE

40.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA IMMIGRANT POLICY CENTER
634 S. SPRING STREET #600A, LOS ANGELES, CA 90014

NONE

40.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CENTER FOR REPRODUCTIVE RIGHTS
199 WATER STREET, 22ND FLOOR, NEW YORK, NY 10038

NONE

100.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY PARTNERS
1000 N. ALAMEDA ST., SUITE 240, LOS ANGELES, CA
90012

NONE

11,569.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY PARTNERS
1000 N. ALAMEDA ST., SUITE 240, LOS ANGELES, CA
90012

NONE

14,668.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY PARTNERS
1000 N. ALAMEDA ST., SUITE 240, LOS ANGELES, CA
90012

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COURT APPOINTED SPECIAL ADVOCATES OF LA
201 CENTRE PLAZA DR., ROOM 1100, MONTEREY PARK,
CA 91754

NONE

50.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CREATIVE VISIONS FOUNDATION
18820 PACIFIC COAST HWY, SUITE 201, MALIBU, CA
90265

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CROWDEN MUSIC CENTER
1475 ROSE STREET, BERKLEY, CA 94702

NONE

125.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

DANCE RESOURCE CENTER OF GREATER LOS ANGELES
3520 OVERLAND AVENUE, SUITE A61, LOS ANGELES, CA
90034

NONE

500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EARTHWATCH INSTITUTE
1380 SOLDIERS FIELD ROAD, BOSTON, MA 02135

NONE

27,250.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EARTHWATCH INSTITUTE
1380 SOLDIERS FIELD ROAD, BOSTON, MA 02135

NONE

400,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

HEART OF LOS ANGELES
2701 WILSHIRE BLVD. #100, LOS ANGELES, CA 90057

NONE

55,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

INNERCITY STRUGGLE
530 SOUTH BOYLE AVENUE, LOS ANGELES, CA 90033

NONE

55,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

KALEIDOSCOPE CHAMBER ORCHESTRA
1725 FEDERAL AVE. APT. 1, LOS ANGELES, CA 90025

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

KOREATOWN IMMIGRANT WORKERS ALLIANCE
941 S. VERMONT AVE., SUITE 101 #301, LOS ANGELES,
CA 90006

NONE

25.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA CLEANTECH INCUBATOR
525 S. HEWITT ST., LOS ANGELES, CA 90013

NONE

100,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA COMPOST
221 W. AVE 45, LOS ANGELES, CA 90065

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA FAMILY HOUSING
7843 LANKERSHIM BLVD., NORTH HOLLYWOOD, CA 91605

NONE

19,850.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA FAMILY HOUSING
7843 LANKERSHIM BLVD., NORTH HOLLYWOOD, CA 91605

NONE

35,150.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LEGAL AID FOUNDATION OF LOS ANGELES
1550 WEST 8TH STREET, LOS ANGELES, CA 90017

NONE

55,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LIBERTY HILL FOUNDATION
6420 WILSHIRE BLVD., SUITE 700, LOS ANGELES, CA
90064

NONE

17,513.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LIBERTY HILL FOUNDATION
6420 WILSHIRE BLVD., SUITE 700, LOS ANGELES, CA
90064

NONE

9,355.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LITTLE TOKYO SERVICE CENTER
231 E. THIRD ST., SUITE G-106, LOS ANGELES, CA
90013

NONE

100.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LOST ANGELS CHILDREN'S PROJECT
45715 23RD ST. WEST, SUITE 13, LANCASTER, CA
93536

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LOST ANGELS CHILDREN'S PROJECT
45715 23RD ST. WEST, SUITE 13, LANCASTER, CA
93536

NONE

100.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MAKAUILA INC
1839 KE'EAUMOKU STREET, HONOLULU, HI 96822

NONE

500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MINNESOTA LANDSCAPE ARBORETUM
3675 ARBORETUM DRIVE, CHASKA, MN 55318

NONE

100.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MOVE LA
525 S. HEWITT ST., LOS ANGELES, CA 90013

NONE

11,088.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MOVE LA
525 S. HEWITT ST., LOS ANGELES, CA 90013

NONE

22,316.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MOVE LA
525 S. HEWITT ST., LOS ANGELES, CA 90013

NONE

16,816.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NATIONAL IMMIGRATION LAW CENTER
3435 WILSHIRE BLVD., SUITE 1600, LOS ANGELES, CA
90010

NONE

17,417.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NATIONAL IMMIGRATION LAW CENTER
3435 WILSHIRE BLVD., SUITE 1600, LOS ANGELES, CA
90010

NONE

10,117.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PREVENTION INSTITUTE
4315 LEIMERT BLVD., LOS ANGELES, CA 90008

NONE

1,900.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PREVENTION INSTITUTE
4315 LEIMERT BLVD., LOS ANGELES, CA 90008

NONE

15,172.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PROJECTQ
818 N. SPRING ST. #100, LOS ANGELES, CA 90012

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PROJECTQ
818 N. SPRING ST. #100, LOS ANGELES, CA 90012

NONE

25.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SOCIAL IMPACT FUND
750 W. 7TH STREET, BOX 811026, LOS ANGELES, CA
90081

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ST. JOSEPH CENTER
204 HAMPTON DRIVE, VENICE, CA 90291

NONE

48,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

TEN TOES IN
24325 CRENSHAW BLVD., #238, TORRANCE, CA 90505

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE MUSEUM OF JURASSIC TECHNOLOGY INC
9341 VENICE BLVD., CULVER CITY, CA 90232

NONE

500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE PEOPLE CONCERN
2116 ARLINGTON AVE., SUITE 100, LOS ANGELES, CA
90018

NONE

100.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE SPECTRUM WORKS
3579 E. FOOTHILL BLVD. #220, PASADENA, CA 91107

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THIRD SECTOR NEW ENGLAND
89 SOUTH STREET, SUITE 700, BOSTON, MA 02111

NONE

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UNIVERSITY OF HAWAI'I FOUNDATION
1314 S. KING ST., SUITE B, HONOLULU, HI 96814

NONE

1,500.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UNIVERSITY OF SOUTHERN CALIFORNIA
3630 PURDUE AVENUE, LOS ANGELES, CA 90066

NONE

150.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

URBAN VOICES PROJECT
420 S. SAN PEDRO STREET, SUITE 423, LOS ANGELES,
CA 90013

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

WILDWOOD ELEMENTARY SCHOOL
12201 WASHINGTON PLACE, LOS ANGELES, CA 90066

NONE

1,500.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY

1,490,687.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,490,687.

**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

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(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
14							
SEE STATEMENT	13	202,560.	59,438.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15					26,925	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	26,925
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	26,925
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22					

CA 3885

DEPRECIATION

STATEMENT 13

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
11 WEBSITE	08/01/16	72,790.	58,636.	SL	3.00	14,154.	
12 COMPUTER	06/06/18	3,295.	384.	SL	5.00	659.	
13 LAPTOP	06/06/18	1,795.	209.	SL	5.00	359.	
14 LAPTOP	06/06/18	1,795.	209.	SL	5.00	359.	
15 FURNITURE	12/31/18	42,023.		SL	7.00	6,003.	
16 LEASEHOLD IMPROVEMENTS	12/31/18	80,862.		SL	15.00	5,391.	
TOTAL TO FORM 3885		202,560.	59,438.			26,925.	

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, FEIN, CA SOS file number and "2019 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.

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.

939035 11-12-19

--- 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 **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 DURF 95-4856207 000000000000 19 FORM 3
TYB 01-01-2019 TYE 12-31-2019
DURFEE FOUNDATION

700 S FLOWER ST NO 560
LOS ANGELES CA 90017

(310) 899-5120

Amount of Payment 10.

TAXABLE YEAR

2019

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: DURFEE FOUNDATION, 95-4856207

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 45,925,623; 2 Total gross income (Form 199, line 8) 6,884,287; 3 Total expenses and disbursements (Form 199, line 9) 2,857,614

Part II Settle Your Account Electronically for Taxable Year 2019

Table with 2 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

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

Table with 2 columns: 5 Routing number, 6 Account number; 7 Type of account: Checking, Savings

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 2019 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 EXEC. DIRECTOR Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 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.

Table with 4 columns: ERO's signature, Date, Check if also paid preparer (checked), Check if self-employed, ERO's PTIN, Firm's name (or yours if self-employed) and address, Firm's FEIN, ZIP code. Row 1: LOPEZ ACCOUNTING GROUP, 3500 WEST OLIVE AVENUE, SUITE 680, BURBANK, CA, 81-2737245, 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.

Table with 4 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name (or yours if self-employed) and address, Firm's FEIN, ZIP code

California Exempt Organization Business Income Tax Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **DURFEE FOUNDATION** California corporation number **2368140**

Additional information. See instructions. FEIN **95-4856207**

Street address (suite/room no.) **700 S. FLOWER ST., NO. 560** PMB no.

City (If the corporation has a foreign address, see instructions.) **LOS ANGELES** State **CA** ZIP code **90017**

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

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **INVESTMENTS**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code **900099**
- L Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	-1,405	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	3	-1,405	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	-1,405	00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7	Net Operating Loss deduction. See General Information N	7		00
	8	Add line 6 and line 7	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-1,405	00
	10	Tax 8.84 % x line 9. See General Information J	10		00
	11	Tax credits from Schedule B. See instructions	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12		00
	13	Alternative minimum tax. See General Information O	13		00
	14	Total tax. Add line 12 and line 13	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	15		00
	16	2019 estimated tax payments. See instructions	16		00
	17	Withholding (Form 592-B and/or 593.) See instructions	17		00
	18	Amount paid with extension (form FTB 3539)	18		00
	19	Total payments and credits. Add line 15 through line 18	19		00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24		00
	25	Enter amount of line 24 to be applied to 2020 estimated tax	25		00

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

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a	2,702	00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule		SEE STATEMENT 14	• 5	-4,107	00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	-1,405	00

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

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest	• 18		00
19 Taxes	• 19		00
20 Contributions	• 20	SEE STATEMENT 15	0 00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A	• 21b		00
22 Depletion	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs	• 23b		00
24 Other deductions	• 24		00
25 Total deductions. Add line 14 through line 24	• 25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26		-1,405 00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28		-1,405 00
29 Specific deduction	• 29		1,000 00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30		-1,405 00

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title EXEC. DIRECTOR	Date	• Telephone
Preparer's signature	Date	Check if self-employed	• PTIN
Firm's name (or yours, if self-employed) and address			P01367411
			• FEIN
			81-2737245
			• Telephone
			818-840-7075
May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A: Inventory at beginning of year, Purchases, Cost of labor, Additional IRC Section 263A costs, Total, Inventory at end of year, Cost of goods sold and/or operations. Includes checkboxes for Yes/No.

Schedule B Tax Credits.

Table with 4 rows for Schedule B: Enter credit name, Enter credit name, Enter credit name, Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax.

Table with 5 rows for Schedule K: Interest computation under the look-back method, Interest on tax attributable to installment, IRC Section 197(f)(9)(B)(ii) election, Credit recapture, Total.

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

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

Table for Part A with 4 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California, and 3 rows of data.

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

Table for Part B with 4 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California, and 5 rows of data.

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

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

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

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

Schedule D Unrelated Debt-Financed Income

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

Total. Enter here and on Side 2, Part I, line 7

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

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

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

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

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

Table with 6 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

4 Add columns 5 and 10
5 Add columns 6 and 11
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity), 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, column 2 less column 3, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, column 6 less column 5 but not more than column 4, 8 Net income includible, column 4 less column 7 but not less than zero.

Total. Enter here and on Side 2, line 10

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for separate basis reporting, corresponding to columns 1-7 of Part I.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

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

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

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

Schedule I Compensation of Officers, Directors, and Trustees

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

Total. Enter here and on Side 2, Part II, line 14

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

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

CA 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 14
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DESCRIPTION	AMOUNT
ANGELES GLOBAL EQUITY OPPORTUNITIES FUND, LLC - ORDINARY BUSINESS INCOME (LO	1,175.
LEGACY VENTURE III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-28.
LEGACY VENTURE IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	333.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - ORDINARY BUSINESS INCOME (LOSS)	1,054.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - ORDINARY BUSINESS INCOME (LO	-5,178.
NORTHGATE IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	2,137.
STRATEGIC PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	1,386.
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	1,484.
STRATEGIC REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-7,095.
TOWNSEND BALANCED REAL ESTATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	625.
TOTAL TO FORM 109, PAGE 2, LINE 5	-4,107.

CA 109	CASH CHARITABLE CONTRIBUTIONS	STATEMENT 15
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DESCRIPTION	AMOUNT
50% CASH ONLY FROM K-1'S	129.
LESS EXCESS CONTRIBUTIONS	-129.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	0.

Capital Gains and Losses Worksheet

(Non-official Do Not File)

Name DURFEE FOUNDATION	Employer identification number 95-4856207
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Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1					
SEE STATEMENT 16					-248.
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37				2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824				3	
4 Unused capital loss carryover (attach computation)				4	()
5 Net short-term capital gain or (loss). Combine lines 1 through 4				5	-248.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6					
SEE STATEMENT 17					197.
7 Enter gain from Form 4797, line 7 or 9				7	2,753.
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37				8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824				9	
10 Capital gain distributions (see instructions)				10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10				11	2,950.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	2,702.
14 Add lines 12 and 13. Enter here and on the proper line on the return	14	2,702.

Note. If losses exceed gains, see the instructions.

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

Corporation name

California corporation number

DURFEE FOUNDATION

2368140

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation
 S Corporation Exempt Organization Limited liability company (electing to be taxed as a corporation)

FEIN
95-4856207

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

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

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

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	1,405	00
2	2019 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	1,405	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	1,405	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	1,405	00

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

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

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (e) minus col. (f)
2							

Current Year NOLs

Year	Code	Type of NOL	Initial loss	Carryover from 2018	Amount used in 2019	Available balance	Carryover to 2020
3 2019		DIS					col. (d) minus col. (f) See instructions.
4 2019		GEN	1,405				1,405
2019							
2019							
2019							

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

Part III 2019 NOL deduction

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

CA SCHEDULE D		SHORT-TERM CAPITAL GAINS AND LOSSES			STATEMENT 16
(A) PROPERTY DESCRIPTION	(B) DATE ACQUIRED	(C) DATE SOLD	(D) SALES PRICE	(E) COST OR OTHER BASIS	(F) GAIN (LOSS) (D) MINUS (E)
ANGELES GLOBAL EQUITY OPPORTUNITIES FUND			0.	0.	3.
LEGACY VENTURE IV, LLC			0.	0.	-255.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP			0.	0.	-1.
STRATEGIC PARTNERS FUND III, LP			0.	0.	4.
			0.	0.	1.
TOTAL TO SCHEDULE D, LINE 1			0.	0.	-248.

CA SCHEDULE D		LONG-TERM CAPITAL GAINS AND LOSSES			STATEMENT 17
(A) PROPERTY DESCRIPTION	(B) DATE ACQUIRED	(C) DATE SOLD	(D) SALES PRICE	(E) COST OR OTHER BASIS	(F) GAIN (LOSS) (D) MINUS (E)
LEGACY VENTURE IV, LLC			0.	0.	-104.
NORTHGATE IV-B, LP			0.	0.	78.
STRATEGIC PARTNERS FUND III, LP			0.	0.	-6.
STRATEGIC PARTNERS FUND IV, LP			0.	0.	408.
STRATEGIC REAL ESTATE FUND III, LP			0.	0.	-179.
TOTAL TO SCHEDULE D, LINE 6			0.	0.	197.

TAXABLE YEAR

Sales of Business Property

CALIFORNIA SCHEDULE

2019

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

DURFEE FOUNDATION

2368140
95-4856207

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year

Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23 1

2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
<input checked="" type="radio"/>	STATEMENT	18					2,753.

3 Gain, if any, from federal Form 4684, line 39 3

4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37 4

5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) 5

6 Gain, if any, from line 35, from other than casualty and theft 6

7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: 7 2,753

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. **Partnerships or Limited Liability Companies (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Form 540 and Form 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Form 100 and Form 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions 8

9 Subtract line 8 from line 7. If zero or less, enter -0- 9 2,753

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Form 540 and Form 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Form 100 and Form 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

<input checked="" type="radio"/>						
<input checked="" type="radio"/>						
<input checked="" type="radio"/>						

11 Loss, if any, from line 7 11 ()

12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions 12

13 Gain, if any, from line 34 13

14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts) 14

15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions 15

16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) 16

17 Combine line 10 through line 16 17

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.

a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions 18a

b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 18b

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Form 540 and Form 540NR) only.

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040 or 1040-SR), line 4	<input type="radio"/>	19	
20	Enter ordinary California gain or (loss) from line 18b	<input type="radio"/>	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B	<input type="radio"/>	21a	
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C	<input type="radio"/>	21b	

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)
22 A <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relate the properties on lines 22A through 22D to these columns	Property A	Property B	Property C	Property D
23 Gross sales price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Cost or other basis plus expense of sale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Depreciation (or depletion) allowed or allowable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Adjusted basis. Subtract line 25 from line 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total gain. Subtract line 26 from line 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 If IRC Section 1245 property:				
a Depreciation allowed or allowable from line 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 28a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a Additional depreciation after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by the smaller of line 27 or line 29a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Additional depreciation after 12/31/70 and before 1/1/77	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Enter the smaller of line 29c or line 29d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f IRC Section 291 amount (for corporations only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Add line 29b, line 29e, and line 29f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 If IRC Section 1252 property: Skip section if you did not dispose of farm land or if form is being completed for a partnership.				
a Soil, water, and land clearing expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by line 30a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Enter the smaller of line 27 or line 30b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 If IRC Section 1254 property:				
a Intangible drilling and development costs deducted after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 If IRC Section 1255 property:				
a Applicable percentage of payments excluded from income under IRC Section 126	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 32a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	<input type="radio"/>	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13	<input type="radio"/>	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	<input type="radio"/>	35	

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	<input type="radio"/>
37	Depreciation or recovery deductions. See instructions	<input type="radio"/>
38	Recapture amount. Subtract line 37 from line 36. See instructions	<input type="radio"/>

SCHEDULE D-1

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 18

PROPERTY DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR. ALLOWED	COST OR BASIS	GAIN OR (LOSS)
NORTHGATE PRIVATE EQUITY PARTNERS II-B,						-77.
NORTHGATE IV-B, LP						-2,211.
STRATEGIC PARTNERS FUND III, LP						-2.
STRATEGIC PARTNERS FUND IV, LP						77.
STRATEGIC REAL ESTATE FUND III, LP						4,966.
TOTAL TO SCH D-1, PART I, LINE 2						2,753.

**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 four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>DURFEE FOUNDATION</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>700 S. FLOWER ST., NO. 560</u> Address (Number and Street)</p> <p><u>LOS ANGELES, CA 90017</u> City or Town, State, and ZIP Code</p> <p><u>310-899-5120</u> <u>ADMIN@DURFEE.ORG</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT123130</u></p> <p>Corporation or Organization No. <u>2368140</u></p> <p>Federal Employer ID No. <u>95-4856207</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	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 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ 7,071,346 Noncash Contributions \$ 0 Total Assets \$ 54,569,949
 Program Expenses \$ 1,366,927 Total Expenses \$ 2,803,016

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

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

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

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

<u>CLAIRE PEEPS</u>	<u>EXEC. DIRECTOR</u>		
Signature of Authorized Agent	Printed Name	Title	Date