

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

DURFEE FOUNDATION  
700 S. FLOWER ST., NO. 560  
LOS ANGELES, CA 90017

|||||.....

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CLIENT'S COPY

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

NOVEMBER 10, 2021

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

DEAR CLAIRE:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

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 A BALANCE DUE OF \$7,024.

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. THE DEPOSITS MUST BE MADE BY THE 15TH DAY OF THE MONTH IN WHICH THE RETURN IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$430,135. THIS MAY BE APPLIED TO TAX YEAR 2021 AND SUBSEQUENT YEARS.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2021.

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.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM 109 RETURN:

THE CALIFORNIA FORM 109 SHOULD BE MAILED ON OR BEFORE NOVEMBER 15, 2021 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

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**DURFEE FOUNDATION**

**95-4856207**

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>97,676.</u>
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

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 2020 electronically filed return 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 **11/10/21**

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** 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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>90,652.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>20,652.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>70,000.</b>

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

**Return of Private Foundation**

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

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>DURFEE FOUNDATION</b>		<b>A Employer identification number</b> 95-4856207
Number and street (or P.O. box number if mail is not delivered to street address) <b>700 S. FLOWER ST.</b>	Room/suite 560	<b>B Telephone number</b> 310-899-5120
City or town, state or province, country, and ZIP or foreign postal code <b>LOS ANGELES, CA 90017</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>61,164,799.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

<b>Part I Analysis of Revenue and Expenses</b> <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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....			N/A	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	158.	158.		
	<b>4</b> Dividends and interest from securities .....	116,182.	116,182.		
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	6,290,309.			STATEMENT 1
	<b>b</b> Gross sales price for all assets on line 6a .....	15,903,515.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		6,290,186.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	888,242.	888,214.		STATEMENT 2	
<b>12 Total.</b> Add lines 1 through 11 .....	7,294,891.	7,294,740.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	401,687.	36,343.		340,882.
	<b>14</b> Other employee salaries and wages .....	127,678.	9,611.		113,869.
	<b>15</b> Pension plans, employee benefits .....	140,191.	10,514.		111,580.
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees ..... STMT 3	42,486.	38,237.		4,249.
	<b>c</b> Other professional fees ..... STMT 4	190,686.	172,996.		17,190.
	<b>17</b> Interest .....	7.	0.		7.
	<b>18</b> Taxes ..... STMT 5	133,745.	0.		0.
	<b>19</b> Depreciation and depletion .....	12,771.	0.		
	<b>20</b> Occupancy .....	70,166.	0.		64,044.
	<b>21</b> Travel, conferences, and meetings .....	16,949.	0.		16,949.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses ..... STMT 6	228,721.	0.		227,978.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	1,365,087.	267,701.		896,748.
	<b>25</b> Contributions, gifts, grants paid .....	1,473,000.			1,872,782.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	2,838,087.	267,701.		2,769,530.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements ...	4,456,804.				
<b>b Net investment income</b> (if negative, enter -0-) .....		7,027,039.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

<b>Part II Balance Sheets</b> <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
<b>Assets</b>	1 Cash - non-interest-bearing .....	409,006.	73,571.	73,571.
	2 Savings and temporary cash investments .....	240,481.	179,026.	179,026.
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....	15,707.	16,042.	16,042.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock ..... <b>STMT 7</b>	10,854,253.	3,272,343.	3,272,343.
	c Investments - corporate bonds ..... <b>STMT 8</b>	1,111,995.	2,211,587.	2,211,587.
	11 Investments - land, buildings, and equipment: basis ..... ▶			
Less: accumulated depreciation ..... ▶				
12 Investments - mortgage loans .....				
13 Investments - other ..... <b>STMT 9</b>	40,857,919.	55,051,368.	55,051,368.	
14 Land, buildings, and equipment: basis ..... <b>207,013.</b>				
Less: accumulated depreciation ..... <b>STMT 10 ▶ 99,134.</b>	116,197.	107,879.	107,879.	
15 Other assets (describe ▶ <b>REDEMPTION RECEIVAB</b> )	1,160,167.	252,983.	252,983.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	54,765,725.	61,164,799.	61,164,799.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	134,606.	132,218.	
	18 Grants payable .....	835,506.	434,697.	
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <b>DEFERRED EXCISE TA</b> )	87,029.	119,184.	
	23 <b>Total liabilities</b> (add lines 17 through 22) .....	1,057,141.	686,099.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ..... ▶ <input checked="" type="checkbox"/>			
	<b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	53,708,584.	60,478,700.	
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ..... ▶ <input type="checkbox"/>			
	<b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
28 Retained earnings, accumulated income, endowment, or other funds .....				
29 <b>Total net assets or fund balances</b> .....	53,708,584.	60,478,700.		
30 <b>Total liabilities and net assets/fund balances</b> .....	54,765,725.	61,164,799.		

**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	53,708,584.
2 Enter amount from Part I, line 27a .....	2	4,456,804.
3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS ON SECURITIES</b>	3	2,313,312.
4 Add lines 1, 2, and 3 .....	4	60,478,700.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	60,478,700.



Part IV Capital Gains and Losses for Tax on Investment Income

Table with 4 columns: (a) List and describe the kind(s) of property sold, (b) How acquired, (c) Date acquired, (d) Date sold. Rows include SALE OF PUBLICLY TRADED SECURITIES, ALTERNATIVE INVESTMENTS, CAPITAL GAINS DIVIDENDS.

Table with 4 columns: (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis plus expense of sale, (h) Gain or (loss). Rows a, b, c, d, e.

Table with 4 columns: (i) FMV as of 12/31/69, (j) Adjusted basis as of 12/31/69, (k) Excess of col. (i) over col. (j), (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)). Rows a, b, c, d, e.

Summary rows for capital gain net income (line 2) and net short-term capital gain or (loss) (line 3).

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

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

Table for qualification under Section 4940(e) with columns (a) through (d) Reserved and rows 2 through 8.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	97,676.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	97,676.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	97,676.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		20,652.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		70,000.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	90,652.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	7,024.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

**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 <b>Form 1120-POL</b> 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 <b>Form 990-T</b> for this year? <span style="float: right;">N/A</span>		
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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity... Row 12: Did the foundation make a distribution to a donor advised fund... Row 13: Did the foundation comply with the public inspection requirements... Row 14: The books are in care of... Row 15: Section 4947(a)(1) nonexempt charitable trusts... Row 16: At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

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. Row 1a: During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Row b: If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. Row c: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

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

		Yes	No
<b>5a</b> 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>b</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"/>		
<b>c</b> 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).			
<b>6a</b> 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>b</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.			
<b>7a</b> 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>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
<b>8</b> 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 13		401,687.	52,000.	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
STELLA CHUNG - 700 S. FLOWER ST., SUITE 560, LOS ANGELES, CA 90017	PROGRAM MANAGER 40.00	62,125.	11,183.	0.
MARY CRUZ - 700 S. FLOWER ST., SUITE 560, LOS ANGELES, CA 90017	PROGRAM MANAGER 40.00	62,125.	7,155.	0.

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	172,876.

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 SPRINGBOARD PROGRAMS - BRAIN TRUST MEETINGS AND MENTORING FEES.	60,179.
2 COURAGE TO LEAD - PROVIDES LEADERSHIP TRAINING, NURTURING AND RENEWAL FOR NONPROFIT EXECUTIVE LEADERS THROUGH A YEAR-LONG PROGRAM THAT CONSISTS OF QUARTERLY RETREATS.	17,250.
3 SABBATICAL - RETREAT, FACILITATOR FEES, AND AWARD CEREMONY.	9,713.
4 STANTON FELLOWSHIP - RETREAT, QUARTERLY MEETINGS, PROGRAM EVALUATION, AND AWARDS CEREMONY.	9,500.

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

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

Total. Add lines 1 through 3 ..... 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	52,938,189.
b	Average of monthly cash balances .....	1b	497,801.
c	Fair market value of all other assets .....	1c	376,904.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	53,812,894.
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	53,812,894.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	807,193.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	53,005,701.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	2,650,285.

**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	2,650,285.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	97,676.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	97,676.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	2,552,609.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	2,552,609.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	2,552,609.

**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	2,769,530.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	2,769,530.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	2,769,530.

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

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				2,552,609.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018	213,214.			
<b>e</b> From 2019				
<b>f</b> Total of lines 3a through e	213,214.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	2,769,530.			
<b>a</b> Applied to 2019, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2020 distributable amount				2,552,609.
<b>e</b> Remaining amount distributed out of corpus	216,921.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	430,135.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	430,135.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018	213,214.			
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020	216,921.			

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

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

**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/**



**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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
<b>a Paid during the year</b>				
18TH STREET ARTS CENTER 1639 18TH STREET SANTA MONICA, CA 90404		PC	GENERAL OPERATING	5,000.
A NEW WAY OF LIFE RE-ENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087		PC	GENERAL OPERATING	5,000.
A PLACE CALLED HOME 2830 S. CENTRAL AVE. LOS ANGELES, CA 90011		PC	GENERAL OPERATING	5,000.
A WORLD FIT FOR KIDS 678 S. LAFAYETTE PARK PLACE LOS ANGELES, CA 90057		PC	GENERAL OPERATING	5,000.
ALL PEOPLES COMMUNITY CENTER 822 EAST 20TH STREET LOS ANGELES, CA 90011		PC	GENERAL OPERATING	5,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>1,872,782.</b>
<b>b Approved for future payment</b>				
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT 3101 S. GRAND AVENUE LOS ANGELES, CA 90007		PC	STANTON FELLOWSHIP	42,936.
COMMUNITY COALITION 8101 S. VERMONT AVENUE LOS ANGELES, CA 90044		PC	STANTON FELLOWSHIP	65,046.
CULTIVALA 1723 JAMES WOOD BLVD. LOS ANGELES, CA 90015		PC	SPRINGBOARD FUND	35,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>434,696.</b>





**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ARMORY CENTER FOR THE ARTS 145 N. RAYMOND AVE. PASADENA, CA 91103		PC	GENERAL OPERATING	5,000.
ARTWORXLA 1140 N. CITRUS AVENUE LOS ANGELES, CA 90038		PC	GENERAL OPERATING	5,000.
ASIAN PACIFIC HEALTH CARE VENTURE, INC. 4216 FOUNTAIN AVENUE LOS ANGELES, CA 90029		PC	GENERAL OPERATING	5,000.
BARRIO ACTION YOUTH & FAMILY CENTER 4927 HUNTINGTON DRIVE, SUITE 200 LOS ANGELES, CA 90032		PC	GENERAL OPERATING	5,000.
BIENESTAR 5326 E. BEVERLY BLVD. LOS ANGELES, CA 90022		PC	GENERAL OPERATING	5,000.
CALIFORNIA COMMON CAUSE 453 S. SPRING STREET, SUITE 401 LOS ANGELES, CA 90013		PC	GENERAL OPERATING	5,000.
CALNONPROFITS PO BOX 95010 CAPITOLA, CA 95010		PC	GENERAL OPERATING	25,000.
CDTECH 520 W. 23RD STREET LOS ANGELES, CA 90007		PC	GENERAL OPERATING	5,000.
CENTER FOR NONPROFIT MANAGEMENT 1000 N. ALAMEDA ST., SUITE 250 LOS ANGELES, CA 90012		PC	GENERAL OPERATING	20,000.
CENTER FOR THE PACIFIC ASIAN FAMILY 3424 WILSHIRE BLVD. SUITE 1000 LOS ANGELES, CA 90010		PC	GENERAL OPERATING	5,000.
<b>Total from continuation sheets</b>				<b>1,847,782.</b>

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILDREN'S LAW CENTER OF CALIFORNIA 701 CENTRE PLAZA DRIVE MONTEREY PARK, CA 91754		PC	GENERAL OPERATING	5,000.
CLIMATE RESOLVE 525 S. HEWITT STREET LOS ANGELES, CA 90013		PC	GENERAL OPERATING	5,000.
COALITION FOR CLEAN AIR 800 WILSHIRE BLVD. SUITE 1010 LOS ANGELES, CA 90017		PC	GENERAL OPERATING	5,000.
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT 3101 S. GRAND AVENUE LOS ANGELES, CA 90007		PC	STANTON FELLOWSHIP	67,064.
COMMUNITY COALITION 8101 S. VERMONT AVENUE LOS ANGELES, CA 90044		PC	STANTON FELLOWSHIP	44,954.
COMMUNITY CONSERVATION SOLUTIONS 2554 LINCOLN BLVD. LOS ANGELES, CA 90291		PC	GENERAL OPERATING	5,000.
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W. MONTANA STREET PASADENA, CA 91103		PC	GENERAL OPERATING	5,000.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012		PC	STANTON FELLOWSHIP	47,569.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012		PC	GENERAL OPERATING	58,000.
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY, SUITE 201 MALIBU, CA 90265		PC	SPRINGBOARD FUND	35,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CREATIVE VISIONS FOUNDATION 18820 PACIFIC COAST HWY, SUITE 201 MALIBU, CA 90265		PC	SPRINGBOARD FUND	35,000.
CROSSROADS, INC. P.O. BOX 15 CLAREMONT, CA 91711		PC	GENERAL OPERATING	5,000.
CULTIVALA 1723 JAMES WOOD BLVD. LOS ANGELES, CA 90015		PC	SPRINGBOARD FUND	35,000.
EARTHWATCH INSTITUTE 1380 SOLDIERS FIELD ROAD BOSTON, MA 02135		PC	GENERAL OPERATING	100,000.
EAST LOS ANGELES WOMEN'S CENTER 1431 S. ATLANTIC BLVD. LOS ANGELES, CA 90022		PC	GENERAL OPERATING	5,000.
EL CENTRO DE AYUDA 2130 E. 1ST STREET, SUITE 110 LOS ANGELES, CA 90033		PC	GENERAL OPERATING	5,000.
ENGAGE 240 E. VERDUGO AVENUE, SUITE 100 BURBANK, CA 91502		PC	GENERAL OPERATING	5,000.
ESPERANZA COMMUNITY HOUSING CORPORATION 3655 S. GRAND AVENUE, SUITE 280 LOS ANGELES, CA 90007		PC	GENERAL OPERATING	5,000.
ETTA ISRAEL CENTER 5023 BLUEBELL AVENUE VALLEY VILLAGE, CA 91607		PC	GENERAL OPERATING	5,000.
EXED 11858 LAGRANGE AVENUE, 2ND FLOOR LOS ANGELES, CA 90025		PC	GENERAL OPERATING	5,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRACTURED ATLAS 228 PARK AVENUE S NO 56651 NEW YORK, NY 10003		PC	STANTON FELLOWSHIP	60,000.
HEART OF LOS ANGELES 2701 WILSHIRE BLVD., SUITE 100 LOS ANGELES, CA 90057		PC	GENERAL OPERATING	5,000.
HOMEBOY INDUSTRIES 130 W. BRUNO STREET LOS ANGELES, CA 90012		PC	GENERAL OPERATING	5,000.
INCLUSIVE ACTIOIN FOR THE CITY 2900 E. CESAR CHAVEZ AVENUE LOS ANGELES, CA 90033		PC	PILOT PROGRAM	30,000.
INNER CITY LAW CENTER 1309 E. SEVENTH STREET LOS ANGELES, CA 90021		PC	GENERAL OPERATING	5,000.
INNERCITY STRUGGLE 530 SOUTH BOYLE AVENUE LOS ANGELES, CA 90033		PC	GENERAL OPERATING	5,000.
JOBS TO MOVE AMERICA 525 S. HEWITT STREET LOS ANGELES, CA 90013		PC	GENERAL OPERATING	5,000.
JWCH INSTITUTE 5650 JILLSON STREET COMMERCE, CA 90040		PC	GENERAL OPERATING	5,000.
KOREATOWN YOUTH & COMMUNITY CENTER 3727 W. 6TH STREET, SUITE 300 LOS ANGELES, CA 90020		PC	GENERAL OPERATING	5,000.
LA COMPOST 221 W. AVE 45 LOS ANGELES, CA 90065		PC	SPRINGBOARD FUND	125,000.
<b>Total from continuation sheets</b> .....				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LA COMPOST 221 W. AVE 45 LOS ANGELES, CA 90065		PC	PILOT PROGRAM	30,000.
LA FAMILY HOUSING 7843 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91605		PC	GENERAL OPERATING	5,000.
LA MAS 2806 CLEARWATER STREET LOS ANGELES, CA 90039		PC	SPRINGBOARD FUND	125,000.
LA MAS 2806 CLEARWATER STREET LOS ANGELES, CA 90039		PC	PILOT PROGRAM	30,000.
LEADING FROM WITHIN P.O. BOX 806 SANTA BARBARA, CA 93102		PC	GENERAL OPERATING	10,000.
LEGAL AID FOUNDATION OF LOS ANGELES 1550 WEST 8TH STREET LOS ANGELES, CA 90017		PC	GENERAL OPERATING	5,000.
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90064		PC	STANTON FELLOWSHIP	11,357.
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90064		PC	GENERAL OPERATING	5,000.
LOS ANGELES ALIANCE FOR A NEW ECONOMY 464 LUCAS AVENUE, SUITE 202 LOS ANGELES, CA 90017		PC	SPRINGBOARD FUND	35,000.
LOS ANGELES COMMUNITY ACTION NETWORK 456 S. MAIN STREET, GROUND FLOOR LOS ANGELES, CA 90013		PC	GENERAL OPERATING	5,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOS ANGELES CONSERVANCY 523 W. SIXTH STREET, SUITE 826 LOS ANGELES, CA 90014		PC	GENERAL OPERATING	5,000.
LOST ANGELS CHILDREN'S PROJECT 45059 TREVOR AVE. LANCASTER, CA 93534		PC	SPRINGBOARD FUND	125,000.
MATERNAL & CHILD HEALTH ACCESS 1111 W. 6TH STREET, 4TH FLOOR LOS ANGELES, CA 90017		PC	GENERAL OPERATING	5,000.
MAZON 10495 SANTA MONICA BLVD., SUITE 100 LOS ANGELES, CA 90025		PC	GENERAL OPERATING	5,000.
MENTAL HEALTH ADVOCACY SERVICES, INC. 3255 WILSHIRE BLVD., SUITE 902 LOS ANGELES, CA 90010		PC	GENERAL OPERATING	5,000.
NALEO EDUCATIONAL FUND 1122 W. WASHINGTON BLVD. 3RD FLOOR LOS ANGELES, CA 90015		PC	GENERAL OPERATING	5,000.
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90010		PC	STANTON FELLOWSHIP	11,881.
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD., SUITE 1600 LOS ANGELES, CA 90010		PC	GENERAL OPERATING	5,000.
NO LIMITS 9801 WILSHIRE BLVD. 2ND FLOOR CULVER CITY, CA 90232		PC	GENERAL OPERATING	5,000.
PEACE OVER VIOLENCE 1015 WILSHIRE BLVD., SUITE 200 LOS ANGELES, CA 90017		PC	GENERAL OPERATING	5,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PILIPINO WORKERS CENTER OF SOUTHERN CALIFORNIA 153 GLENDALE BLVD. 1ST FLOOR LOS ANGELES, CA 90026		PC	GENERAL OPERATING	5,000.
PREVENTION INSTITUTE 4315 LEIMERT BLVD. LOS ANGELES, CA 90008		PC	STANTON FELLOWSHIP	13,671.
PREVENTION INSTITUTE 4315 LEIMERT BLVD. LOS ANGELES, CA 90008		PC	GENERAL OPERATING	5,000.
PROJECTQ 818 N. SPRING ST. #100 LOS ANGELES, CA 90012		PC	SPRINGBOARD FUND	70,000.
PROYECTO PASTORAL 135 N. MISSION ROAD LOS ANGELES, CA 90033		PC	GENERAL OPERATING	5,000.
REGENTS OF THE UNIVERSITY OF CALIFORNIA S545 STUDENT SERVICES BLVD MC 1900 BERKELEY, CA 94720		PC	GENERAL OPERATING	10,000.
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036		PC	GENERAL OPERATING	5,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS, SUITE 201 CALABASAS, CA 91302		PC	STANTON FELLOWSHIP	145,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS, SUITE 201 CALABASAS, CA 91302		PC	SPRINGBOARD FUND	70,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS, SUITE 201 CALABASAS, CA 91302		PC	TRUST-BASED PHILANTHROPY PROJECT	25,000.
<b>Total from continuation sheets</b>				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291		PC	GENERAL OPERATING	5,000.
STRATEGIC CONCEPTS IN ORGANIZING & POLICY EDUCATION (SCOPE) 1715 W. FLORENCE AVENUE LOS ANGELES, CA 90047		PC	GENERAL OPERATING	5,000.
THE CHILDREN'S CLINIC 701 E 28TH STREET LONG BEACH, CA 90806		PC	GENERAL OPERATING	5,000.
THE COALITION TO ABOLISH SLAVERY & TRAFFICKING 3580 WILSHIRE BLVD, SUITE 900-37 LOS ANGELES, CA 90010		PC	GENERAL OPERATING	5,000.
THE MAYOR'S FUND FOR LOS ANGELES 1801 W. OLYMPIC BLVD. PASADENA, CA 91199		PC	GENERAL OPERATING	10,000.
THE PEOPLE CONCERN 2116 ARLINGTON AVE., SUITE 100 LOS ANGELES, CA 90018		PC	GENERAL OPERATING	5,000.
THE SPECTRUM WORKS 3579 E. FOOTHILL BLVD. #220 PASADENA, CA 91107		PC	SPRINGBOARD FUND	70,000.
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111		PC	GENERAL OPERATING	10,000.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015		PC	STANTON FELLOWSHIP	38,286.
URBAN VOICES PROJECT 420 S. SAN PEDRO STREET, SUITE 423 LOS ANGELES, CA 90013		PC	SPRINGBOARD FUND	35,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
URBAN VOICES PROJECT 420 S. SAN PEDRO STREET, SUITE 423 LOS ANGELES, CA 90013		PC	SPRINGBOARD FUND	35,000.
VENICE FAMILY CLINIC 604 ROSE AVENUE LOS ANGELES, CA 90291		PC	GENERAL OPERATING	5,000.
WESTERN REGION, THE ACTORS FUND 5757 WILSHIRE BLVD. SUITE 400 LOS ANGELES, CA 90036		PC	GENERAL OPERATING	5,000.
YIDDISHKAYT 3780 WILSHIRE BLVD. LOS ANGELES, CA 90010		PC	GENERAL OPERATING	5,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRACTURED ATLAS 228 PARK AVENUE S NO 56651 NEW YORK, NY 10003		PC	STANTON FELLOWSHIP	50,000.
LOS ANGELES ALIANCE FOR A NEW ECONOMY 464 LUCAS AVENUE, SUITE 202 LOS ANGELES, CA 90017		PC	SPRINGBOARD FUND	35,000.
LOST ANGELS CHILDREN'S PROJECT 45059 TREVOR AVE. LANCASTER, CA 93534		PC	SPRINGBOARD FUND	50,000.
REGENTS OF THE UNIVERSITY OF CALIFORNIA S545 STUDENT SERVICES BLVD MC 1900 BERKELEY, CA 94720		PC	GENERAL OPERATING	10,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS, SUITE 201 CALABASAS, CA 91302		PC	STANTON FELLOWSHIP	75,000.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015		PC	STANTON FELLOWSHIP	71,714.
<b>Total from continuation sheets</b> .....				291,714.

# Underpayment of Estimated Tax by Corporations

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

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>DURFEE FOUNDATION</b>	Employer identification number <b>95-4856207</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>97,676.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>97,676.</b>
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>135,898.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>97,676.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	07/15/20	07/15/20	09/15/20	12/15/20
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>		366.		
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	20,652.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column	<b>12</b>		20,652.	20,286.	20,286.
13 Add lines 11 and 12 .....	<b>13</b>		20,652.	20,286.	20,286.
14 Add amounts on lines 16 and 17 of the preceding column	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	20,652.	20,652.	20,286.	20,286.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.		
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	20,652.	20,286.	20,286.	

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			0.

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

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b> Enter taxable income for the following periods.					
<b>a</b> Tax year beginning in 2017	<b>1a</b>				
<b>b</b> Tax year beginning in 2018	<b>1b</b>				
<b>c</b> Tax year beginning in 2019	<b>1c</b>				
<b>2</b> Enter taxable income for each period for the tax year beginning in 2020. See the instructions for the treatment of extraordinary items	<b>2</b>				
<b>3</b> Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2017	<b>3a</b>				
<b>b</b> Tax year beginning in 2018	<b>3b</b>				
<b>c</b> Tax year beginning in 2019	<b>3c</b>				
<b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a	<b>4</b>				
<b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b	<b>5</b>				
<b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c	<b>6</b>				
<b>7</b> Add lines 4 through 6	<b>7</b>				
<b>8</b> Divide line 7 by 3.0	<b>8</b>				
<b>9a</b> Divide line 2 by line 8	<b>9a</b>				
<b>b</b> Extraordinary items (see instructions)	<b>9b</b>				
<b>c</b> Add lines 9a and 9b	<b>9c</b>				
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return	<b>10</b>				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	<b>11a</b>				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	<b>11b</b>				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	<b>11c</b>				
<b>12</b> Add lines 11a through 11c	<b>12</b>				
<b>13</b> Divide line 12 by 3.0	<b>13</b>				
<b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	<b>14</b>				
<b>15</b> Enter any alternative minimum tax (trusts only) for each payment period. See instructions	<b>15</b>				
<b>16</b> Enter any other taxes for each payment period. See instr.	<b>16</b>				
<b>17</b> Add lines 14 through 16	<b>17</b>				
<b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	<b>18</b>				
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	<b>19</b>				



**Part II** <sup>\*\*</sup> Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	-33,679.	13,142.	-66,586.	-50,757.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	-202,074.	52,568.	-133,172.	-67,676.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	-202,074.	52,568.	-133,172.	-67,676.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return		731.		
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26		731.		
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-		731.		
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30		366.		

**Part III** Required Installments

		1st installment	2nd installment	3rd installment	4th installment
		<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.			
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31	0.	366.	0.	0.
33	Add the amounts in all preceding columns of line 32. See instructions				
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-		366.		
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	24,419.	24,419.	24,419.	24,419.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		24,419.	48,472.	72,891.
37	Add lines 35 and 36	24,419.	48,838.	72,891.	97,310.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	0.	366.	0.	0.

Form 2220 (2020)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

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					
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
11,619,679.	9,613,329.	0.	0.	2,006,350.	

(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	
4,110,301.	0.	0.	0.	4,110,301.	

(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.	123.	

NET GAIN OR LOSS FROM SALE OF ASSETS	6,116,774.
CAPITAL GAINS DIVIDENDS FROM PART IV	173,535.
TOTAL TO FORM 990-PF, PART I, LINE 6A	6,290,309.

FORM 990-PF	OTHER INCOME		STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INCOME / (LOSS)	888,242.	888,214.	
TOTAL TO FORM 990-PF, PART I, LINE 11	888,242.	888,214.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	42,486.	38,237.		4,249.
TO FORM 990-PF, PG 1, LN 16B	42,486.	38,237.		4,249.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	172,996.	172,996.		0.
PAYROLL SERVICE	2,163.	0.		2,163.
TECHNICAL SUPPORT	4,282.	0.		4,282.
WEBSITE MAINTENANCE	11,245.	0.		10,745.
TO FORM 990-PF, PG 1, LN 16C	190,686.	172,996.		17,190.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	133,745.	0.		0.
TO FORM 990-PF, PG 1, LN 18	133,745.	0.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DIRECT CHARITABLE EXPENSES	191,894.	0.		191,174.
INSURANCE	8,926.	0.		8,926.
MISCELLANEOUS	1,207.	0.		1,207.
OFFICE EXPENSE	8,394.	0.		8,395.
PARKING	1,871.	0.		1,847.
POSTAGE	570.	0.		570.
PROFESSIONAL DEVELOPMENT	9,649.	0.		9,649.
TELEPHONE	6,210.	0.		6,210.
TO FORM 990-PF, PG 1, LN 23	228,721.	0.		227,978.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITY FUNDS	3,272,343.	3,272,343.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,272,343.	3,272,343.

## FORM 990-PF

## CORPORATE BONDS

## STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BOND FUNDS	2,211,587.	2,211,587.
TOTAL TO FORM 990-PF, PART II, LINE 10C	2,211,587.	2,211,587.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS	FMV	55,051,368.	55,051,368.
TOTAL TO FORM 990-PF, PART II, LINE 13		55,051,368.	55,051,368.

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**FORM 990-PF      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT 10**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
WEBSITE	72,790.	72,790.	0.
COMPUTER	3,295.	1,702.	1,593.
LAPTOP	1,795.	927.	868.
LAPTOP	1,795.	927.	868.
FURNITURE	42,024.	12,006.	30,018.
LEASEHOLD IMPROVEMENTS	80,862.	10,782.	70,080.
COMPUTER	4,452.	0.	4,452.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>207,013.</b>	<b>99,134.</b>	<b>107,879.</b>

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**FORM 990-PF      OTHER ASSETS      STATEMENT 11**


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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
REDEMPTION RECEIVABLE	1,160,167.	252,983.	252,983.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>1,160,167.</b>	<b>252,983.</b>	<b>252,983.</b>

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**FORM 990-PF      OTHER LIABILITIES      STATEMENT 12**


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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED EXCISE TAXES	87,029.	119,184.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>87,029.</b>	<b>119,184.</b>

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLINE D. AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	PRESIDENT 32.00	138,382.	26,000.	0.
JONATHAN NEWKIRK 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	VICE PRESIDENT AND 2.00	TREASURER 5,000.	0.	0.
DIANA MCKEE 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	SECRETARY 2.00	5,000.	0.	0.
CHRISTOPHER AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
HALINA AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	6,250.	0.	0.
MICHAEL NEWKIRK 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
PAULA DANIELS 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
THEODORE AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
VERA DEVERA 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
CLAIRE PEEPS 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	EXECUTIVE DIRECTOR 40.00	222,055.	26,000.	0.

DURFEE FOUNDATION

95-4856207

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

<u>401,687.</u>	<u>52,000.</u>	<u>0.</u>
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2020 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.	72,790.		0.	72,790.
12	COMPUTER	06/06/18	SL	5.00		16	3,295.				3,295.	1,043.		659.	1,702.
13	LAPTOP	06/06/18	SL	5.00		16	1,795.				1,795.	568.		359.	927.
14	LAPTOP	06/06/18	SL	5.00		16	1,795.				1,795.	568.		359.	927.
15	FURNITURE	12/31/18	SL	7.00		16	42,024.				42,024.	6,003.		6,003.	12,006.
16	LEASEHOLD IMPROVEMENTS	12/31/18	SL	15.00		16	80,862.				80,862.	5,391.		5,391.	10,782.
17	COMPUTER	12/19/20	SL	5.00		16	4,452.				4,452.			0.	
	* TOTAL 990-PF PG 1 DEPR						207,013.				207,013.	86,363.		12,771.	99,134.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						202,561.			0.	202,561.	86,363.			99,134.
	ACQUISITIONS						4,452.			0.	4,452.	0.			0.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						207,013.			0.	207,013.	86,363.			99,134.
	ENDING ACCUM DEPR											99,134.			
	ENDING BOOK VALUE											107,879.			



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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** 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

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

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

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020 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).

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

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 61,164,799, D Employer identification number 95-4856207, E Group exemption number, F Check box if an amended return.

Form header section including: G Check organization type 501(c) corporation, H Check if filing only to Claim credit from Form 8941, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No, L The books are in care of CLAIRE PEEPS Telephone number 310-899-5120

Table with 11 rows and 2 columns: Part I Total Unrelated Business Taxable Income. Rows include Total of unrelated business taxable income, Charitable contributions, Total deductions, and Unrelated business taxable income.

Table with 7 rows and 2 columns: Part II Tax Computation. Rows include Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Other tax amounts, Alternative minimum tax, Tax on noncompliant facility income, and Total.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2020)

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 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 statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 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 <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$ .....	
4a Did the organization change its method of accounting? (see instructions) .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> .....	<b>Date</b> .....	<b>EXEC DIRECTOR</b> .....	
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JUAN P. LOPEZ, CPA	JUAN P. LOPEZ, CPA	11/10/21	P01367411
	Firm's name <b>▶ LOPEZ ACCOUNTING GROUP</b>	Firm's EIN <b>▶ 81-2737245</b>		
	Firm's address <b>▶ 3500 WEST OLIVE AVENUE, SUITE 680</b>		Phone no. <b>818-840-7075</b>	
	Firm's address <b>▶ BURBANK, CA 91505</b>			

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

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://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).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>DURFEE FOUNDATION</b>	<b>B</b> Employer identification number <b>95-4856207</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENTS**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	123.		123.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 14</b> .....	111.		111.
<b>6</b> Rent income (Part IV) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>		
<b>11</b> Advertising income (Part IX) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	234.		234.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>		
<b>2</b> Salaries and wages .....	<b>2</b>		
<b>3</b> Repairs and maintenance .....	<b>3</b>		
<b>4</b> Bad debts .....	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions) .....	<b>5</b>		
<b>6</b> Taxes and licenses .....	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion .....	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>		
<b>11</b> Employee benefit programs .....	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>		
<b>14</b> Other deductions (attach statement) .....	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>		0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>		234.
<b>17</b> Deduction for net operating loss (see instructions) .....	<b>17</b>	<b>STATEMENT 15</b>	234.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

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

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

**Part V Unrelated Debt-Financed Income** (see instructions)

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

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

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

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 14

DESCRIPTION	NET INCOME OR (LOSS)
ANGELES GLOBAL EQUITY OPPORTUNITIES FUND, LLC - ORDINARY BUSINESS INCOME (LO	-62.
LEGACY VENTURE III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-56.
LEGACY VENTURE III, LLC - OTHER PORTFOLIO INCOME (LOSS)	-16.
LEGACY VENTURE IV, LLC - INTEREST INCOME	540.
LEGACY VENTURE IV, LLC - OTHER INCOME (LOSS)	-149.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-381.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - NET RENTAL REAL ESTATE INCOME	-131.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - INTEREST INCOME	14.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - OTHER INCOME (LOSS)	-725.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - ORDINARY BUSINESS INCOME (LO	-1,767.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - INTEREST INCOME	309.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - OTHER INCOME (LOSS)	-75.
NORTHGATE IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	8,108.
NORTHGATE IV-B, LP - INTEREST INCOME	325.
NORTHGATE IV-B, LP - DIVIDEND INCOME	167.
NORTHGATE IV-B, LP - OTHER INCOME (LOSS)	35.
STRATEGIC PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	18.
STRATEGIC PARTNERS FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	-14.
STRATEGIC PARTNERS FUND III, LP - OTHER INCOME (LOSS)	-1.
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	154.
STRATEGIC PARTNERS FUND IV, LP - NET RENTAL REAL ESTATE INCOME	-2.
STRATEGIC PARTNERS FUND IV, LP - INTEREST INCOME	2.
STRATEGIC PARTNERS FUND IV, LP - OTHER INCOME (LOSS)	-105.
STRATEGIC REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	112.
STRATEGIC REAL ESTATE FUND III, LP - NET RENTAL REAL ESTATE INCOME	-316.
STRATEGIC REAL ESTATE FUND III, LP - INTEREST INCOME	257.
STRATEGIC REAL ESTATE FUND III, LP - OTHER INCOME (LOSS)	-120.
TOWNSEND BALANCED REAL ESTATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	-104.
TOWNSEND BALANCED REAL ESTATE FUND, LP - NET RENTAL REAL ESTATE INCOME	-15.
TOWNSEND BALANCED REAL ESTATE FUND, LP - OTHER INCOME (LOSS)	1.
ANGELES PRIVATE MARKETS FUND 3, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,835.
ANGELES PRIVATE MARKETS FUND 3, LP - NET RENTAL REAL ESTATE INCOME	-2,057.



DURFEE FOUNDATION

95-4856207

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

111.

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FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 15

PRIOR YEAR POST  
2017 NOL

1,405.

NOL DEDUCTION

234.

CARRYFORWARD OF  
POST 2017 NOL

1,171.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name <b>DURFEE FOUNDATION</b>	Employer identification number <b>95-4856207</b>
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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 - Assets Held One Year or Less**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				- 282.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	- 282.

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

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				71.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	334.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	405.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	123.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	123.

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

Sales and Other Dispositions of Capital Assets

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.

- Box A Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
Box B Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
Box 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) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include LEGACY VENTURE IV, LLC, NORTHGATE PRIVATE EQUITY PARTNERS II-B, STRATEGIC PARTNERS FUND III, LP, and STRATEGIC PARTNERS FUND IV, LP. Total row shows <282.>.

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
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LEGACY VENTURE IV, LLC							<572.>
	STRATEGIC PARTNERS FUND IV, LP							226.
	STRATEGIC REAL ESTATE FUND III, LP							417.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								71.

**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.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

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 - Assets Held One Year or Less**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>-282.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>-282.</b>

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

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>71.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>334.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>405.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>123.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>123.</b>

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

**Sales and Other Dispositions of Capital Assets**

**Go to [www.irs.gov/Form8949](http://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

**Social security number or  
taxpayer identification no.**  
**95-4856207**

**DURFEE FOUNDATION**

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
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LEGACY VENTURE IV, LLC							<287.>
	NORTHGATE PRIVATE EQUITY PARTNERS II-B, STRATEGIC PARTNERS FUND III, LP STRATEGIC PARTNERS FUND IV, LP							9. <2.> <2.>

**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) ▶

<282.>

**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
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LEGACY VENTURE IV, LLC							<572.>
	STRATEGIC PARTNERS FUND IV, LP							226.
	STRATEGIC REAL ESTATE FUND III, LP							417.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								71.

**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

**2020**  
 Attachment  
 Sequence No. **27**

▶ Go to [www.irs.gov/Form4797](http://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 2020 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)
	<b>SEE STATEMENT 16</b>						<b>334.</b>

3	Gain, if any, from Form 4684, line 39	<b>3</b>
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
6	Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	<b>7</b> <b>334.</b>

**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.

**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.

8	Nonrecaptured net section 1231 losses from prior years. See instructions	<b>8</b>
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	<b>9</b> <b>334.</b>

**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	Loss, if any, from line 7	<b>11</b> ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
13	Gain, if any, from line 31	<b>13</b>
14	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
17	Combine lines 10 through 16	<b>17</b>
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.	
	<b>a</b> 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), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
	<b>b</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), Part I, line 4	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)



**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			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
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	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 16

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NORTHGATE PRIVATE EQUITY PARTNERS II-B,						-139.
NORTHGATE PRIVATE EQUITY PARTNERS III B- STRATEGIC PARTNERS FUND III, LP						-6.
STRATEGIC PARTNERS FUND III, LP						15.
TOWNSEND BALANCED REAL ESTATE FUND, LP						-2.
ANGELES PRIVATE MARKETS FUND 3, LP						468.
TOTAL TO 4797, PART I, LINE 2						-2.
						334.

**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

**2020**  
 Attachment  
 Sequence No. **27**

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**DURFEE FOUNDATION**

Identifying number  
**95-4856207**

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 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)
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5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
6	Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						<b>7</b> <b>334.</b>
<p><b>Partnerships and S corporations.</b> 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><b>Individuals, partners, S corporation shareholders, and all others.</b> 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						<b>8</b>
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						<b>9</b> <b>334.</b>

**Part II Ordinary Gains and Losses** (see instructions)

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17	Combine lines 10 through 16						<b>17</b>
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), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						<b>18a</b>
	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), Part I, line 4						<b>18b</b>

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Form 4797 (2020)

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b	Enter the smaller of line 24 or 25a	25b			
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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			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
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b	Line 27a multiplied by applicable percentage	27b			
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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	

# California Exempt Organization Annual Information Return

Calendar Year 2020 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 or room): **700 S. FLOWER ST., NO. 560** PMB no. \_\_\_\_\_

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** Is the organization a limited liability company?  Yes  No

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

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

**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	16,908,097	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	16,908,097	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	9,613,329	00
	7	Total costs. Add line 5 and line 6	7	9,613,329	00
	8	Total gross income. Subtract line 7 from line 4	8	7,294,768	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,237,869	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,056,899	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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: **11/10/21** 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.

028951 12-22-20

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	158	00	
	3	Dividends	•	3	116,182	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) <b>STMT 2 STATEMENT 1</b>	•	6	15,729,980	00	
	7	Other income <b>SEE STATEMENT 3</b>	•	7	1,061,777	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	16,908,097	00	
	9	Contributions, gifts, grants, and similar amounts paid <b>STATEMENT 13</b>	•	9	1,872,782	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 4</b>	•	11	401,687	00	
	12	Other salaries and wages	•	12	127,678	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	7	00
		14	Taxes	•	14	133,745	00
		15	Rents	•	15	70,166	00
		16	Depreciation and depletion (See instructions)	•	16	12,771	00
		17	Other expenses and disbursements <b>SEE STATEMENT 5</b>	•	17	619,033	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,237,869	00

<b>Schedule L Balance Sheet</b>	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		649,487		252,597
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds <b>STMT 6</b>		1,111,995		2,211,587
7 Investments in stock <b>STMT 7</b>		10,854,253		3,272,343
8 Mortgage loans				
9 Other investments <b>STMT 8</b>		40,857,919		55,051,368
10 a Depreciable assets	202,560		207,013	
b Less accumulated depreciation	( 86,363 )	116,197	( 99,134 )	107,879
11 Land				
12 Other assets <b>STMT 9</b>		1,175,874		269,025
13 <b>Total assets</b>		54,765,725		61,164,799
<b>Liabilities and net worth</b>				
14 Accounts payable		134,606		132,218
15 Contributions, gifts, or grants payable		835,506		434,697
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities <b>STMT 10</b>		87,029		119,184
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		53,708,584		60,478,700
22 <b>Total liabilities and net worth</b>		54,765,725		61,164,799

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	• 6,769,993	7 Income recorded on books this year not included in this return <b>STMT 11</b>	• 2,313,312
2 Federal income tax	•	8 Deductions in this return not charged against book income this year <b>STMT 12</b>	• 399,782
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	2,713,094
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	4,056,899
6 Total. Add line 1 through line 5	6,769,993		

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
	9,613,329.	0.	0.
			GROSS SALES PRICE
			11,619,679.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
ALTERNATIVE INVESTMENTS			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	0.	0.	0.
			GROSS SALES PRICE
			4,110,301.
TOTAL ON FORM 199, PG 2, LINE 6	9,613,329.	0.	0.
			15,729,980.

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
	0.	0.	0.
			GROSS SALES PRICE
			0.
TOTAL ON FORM 199, PG 2, LINE 6	0.	0.	0.
			0.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
CAPITAL GAINS DIVIDENDS	173,535.
PARTNERSHIP INCOME / (LOSS)	888,242.
TOTAL TO FORM 199, PART II, LINE 7	1,061,777.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 4

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CAROLINE D. AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	PRESIDENT 32.00	138,382.
JONATHAN NEWKIRK 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	VICE PRESIDENT AND TREASUR 2.00	5,000.
DIANA MCKEE 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	SECRETARY 2.00	5,000.
CHRISTOPHER AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
HALINA AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	6,250.
MICHAEL NEWKIRK 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
PAULA DANIELS 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
THEODORE AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
VERA DEVERA 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
CLAIRE PEEPS 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	EXECUTIVE DIRECTOR 40.00	222,055.

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TOTAL TO FORM 199, PART II, LINE 11

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401,687.

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CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS		140,191.
ACCOUNTING FEES		42,486.
OTHER PROFESSIONAL FEES		190,686.
TRAVEL, CONFERENCES, AND MEETINGS		16,949.
DIRECT CHARITABLE EXPENSES		191,894.
INSURANCE		8,926.
MISCELLANEOUS		1,207.
OFFICE EXPENSE		8,394.
PARKING		1,871.
POSTAGE		570.
PROFESSIONAL DEVELOPMENT		9,649.
TELEPHONE		6,210.
TOTAL TO FORM 199, PART II, LINE 17		619,033.

CA 199	INVESTMENTS IN OTHER BONDS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
BOND FUNDS	1,111,995.	2,211,587.
TOTAL TO FORM 199, SCHEDULE L, LINE 6	1,111,995.	2,211,587.

CA 199	INVESTMENTS IN STOCK	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY FUNDS	10,854,253.	3,272,343.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	10,854,253.	3,272,343.

CA 199	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ALTERNATIVE INVESTMENTS	40,857,919.	55,051,368.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	40,857,919.	55,051,368.

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	15,707.	16,042.
REDEMPTION RECEIVABLE	1,160,167.	252,983.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,175,874.	269,025.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED EXCISE TAXES	87,029.	119,184.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	87,029.	119,184.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED GAINS ON SECURITIES		2,313,312.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		2,313,312.

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 12
DESCRIPTION		AMOUNT
CONTRIBUTIONS AND GRANTS ACCRUAL ADJUSTMENT		399,782.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		399,782.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 13

## ACTIVITY CLASSIFICATION: GRANTS

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
18TH STREET ARTS CENTER 1639 18TH STREET, SANTA MONICA, CA 90404	NONE	5,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
A NEW WAY OF LIFE RE-ENTRY PROJECT PO BOX 875288, LOS ANGELES, CA 90087	NONE	5,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
A PLACE CALLED HOME 2830 S. CENTRAL AVE., LOS ANGELES, CA 90011	NONE	5,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
A WORLD FIT FOR KIDS 678 S. LAFAYETTE PARK PLACE, LOS ANGELES, CA 90057	NONE	5,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALL PEOPLES COMMUNITY CENTER 822 EAST 20TH STREET, LOS ANGELES, CA 90011	NONE	5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ARMORY CENTER FOR THE ARTS  
145 N. RAYMOND AVE., PASADENA, CA 91103

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ARTWORXLA  
1140 N. CITRUS AVENUE, LOS ANGELES, CA 90038

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ASIAN PACIFIC HEALTH CARE VENTURE, INC.  
4216 FOUNTAIN AVENUE, LOS ANGELES, CA 90029

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

BARRIO ACTION YOUTH & FAMILY CENTER  
4927 HUNTINGTON DRIVE, SUITE 200, LOS ANGELES, CA  
90032

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

BIENESTAR  
5326 E. BEVERLY BLVD., LOS ANGELES, CA 90022

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA COMMON CAUSE  
453 S. SPRING STREET, SUITE 401, LOS ANGELES, CA  
90013

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALNONPROFITS  
PO BOX 95010, CAPITOLA, CA 95010

NONE

25,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CDTECH  
520 W. 23RD STREET, LOS ANGELES, CA 90007

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CENTER FOR NONPROFIT MANAGEMENT  
1000 N. ALAMEDA ST., SUITE 250, LOS ANGELES, CA  
90012

NONE

20,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CENTER FOR THE PACIFIC ASIAN FAMILY  
3424 WILSHIRE BLVD. SUITE 1000, LOS ANGELES, CA  
90010

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CHILDREN'S LAW CENTER OF CALIFORNIA  
701 CENTRE PLAZA DRIVE, MONTEREY PARK, CA 91754

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CLIMATE RESOLVE  
525 S. HEWITT STREET, LOS ANGELES, CA 90013

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COALITION FOR CLEAN AIR  
800 WILSHIRE BLVD. SUITE 1010, LOS ANGELES, CA  
90017

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT  
3101 S. GRAND AVENUE, LOS ANGELES, CA 90007

NONE

67,064.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY COALITION  
8101 S. VERMONT AVENUE, LOS ANGELES, CA 90044

NONE

44,954.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY CONSERVATION SOLUTIONS  
2554 LINCOLN BLVD., LOS ANGELES, CA 90291

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COMMUNITY HEALTH ALLIANCE OF PASADENA  
455 W. MONTANA STREET, PASADENA, CA 91103

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

47,569.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

58,000.

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

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

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CROSSROADS, INC.  
P.O. BOX 15, CLAREMONT, CA 91711

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CULTIVALA  
1723 JAMES WOOD BLVD., LOS ANGELES, CA 90015

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EARTHWATCH INSTITUTE  
1380 SOLDIERS FIELD ROAD, BOSTON, MA 02135

NONE

100,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EAST LOS ANGELES WOMEN'S CENTER  
1431 S. ATLANTIC BLVD., LOS ANGELES, CA 90022

NONE

5,000.

ORGANIZATIONAL STATUS: PC



DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EL CENTRO DE AYUDA  
2130 E. 1ST STREET, SUITE 110, LOS ANGELES, CA  
90033

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ENGAGE  
240 E. VERDUGO AVENUE, SUITE 100, BURBANK, CA  
91502

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ESPERANZA COMMUNITY HOUSING CORPORATION  
3655 S. GRAND AVENUE, SUITE 280, LOS ANGELES, CA  
90007

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ETTA ISRAEL CENTER  
5023 BLUEBELL AVENUE, VALLEY VILLAGE, CA 91607

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EXED  
11858 LAGRANGE AVENUE, 2ND FLOOR, LOS ANGELES, CA  
90025

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

FRACTURED ATLAS  
228 PARK AVENUE S NO 56651, NEW YORK, NY 10003

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

HOMEBOY INDUSTRIES  
130 W. BRUNO STREET, LOS ANGELES, CA 90012

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

INCLUSIVE ACTION FOR THE CITY  
2900 E. CESAR CHAVEZ AVENUE, LOS ANGELES, CA  
90033

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

INNER CITY LAW CENTER  
1309 E. SEVENTH STREET, LOS ANGELES, CA 90021

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

JOBS TO MOVE AMERICA  
525 S. HEWITT STREET, LOS ANGELES, CA 90013

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

JWCH INSTITUTE  
5650 JILLSON STREET, COMMERCE, CA 90040

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

KOREATOWN YOUTH & COMMUNITY CENTER  
3727 W. 6TH STREET, SUITE 300, LOS ANGELES, CA  
90020

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

125,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA MAS  
2806 CLEARWATER STREET, LOS ANGELES, CA 90039

NONE

125,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA MAS  
2806 CLEARWATER STREET, LOS ANGELES, CA 90039

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LEADING FROM WITHIN  
P.O. BOX 806, SANTA BARBARA, CA 93102

NONE

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

11,357.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LOS ANGELES ALIANCE FOR A NEW ECONOMY  
464 LUCAS AVENUE, SUITE 202, LOS ANGELES, CA  
90017

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LOS ANGELES COMMUNITY ACTION NETWORK  
456 S. MAIN STREET, GROUND FLOOR, LOS ANGELES, CA  
90013

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LOS ANGELES CONSERVANCY  
523 W. SIXTH STREET, SUITE 826, LOS ANGELES, CA  
90014

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LOST ANGELS CHILDREN'S PROJECT  
45059 TREVOR AVE., LANCASTER, CA 93534

NONE

125,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MATERNAL & CHILD HEALTH ACCESS  
1111 W. 6TH STREET, 4TH FLOOR, LOS ANGELES, CA  
90017

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MAZON  
10495 SANTA MONICA BLVD., SUITE 100, LOS ANGELES,  
CA 90025

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MENTAL HEALTH ADVOCACY SERVICES, INC.  
3255 WILSHIRE BLVD., SUITE 902, LOS ANGELES, CA  
90010

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NALEO EDUCATIONAL FUND  
1122 W. WASHINGTON BLVD. 3RD FLOOR, LOS ANGELES,  
CA 90015

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

11,881.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NO LIMITS  
9801 WILSHIRE BLVD. 2ND FLOOR, CULVER CITY, CA  
90232

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PEACE OVER VIOLENCE  
1015 WILSHIRE BLVD., SUITE 200, LOS ANGELES, CA  
90017

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PILIPINO WORKERS CENTER OF SOUTHERN CALIFORNIA  
153 GLENDALE BLVD. 1ST FLOOR, LOS ANGELES, CA  
90026

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

13,671.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

70,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PROYECTO PASTORAL  
135 N. MISSION ROAD, LOS ANGELES, CA 90033

NONE

5,000.

ORGANIZATIONAL STATUS: PC



DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

REGENTS OF THE UNIVERSITY OF CALIFORNIA  
S545 STUDENT SERVICES BLVD MC 1900, BERKELEY, CA  
94720

NONE

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ROCKEFELLER PHILANTHROPY ADVISORS  
6 WEST 48TH STREET, 10TH FLOOR, NEW YORK, NY  
10036

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SOCIAL & ENVIRONMENTAL ENTREPRENEURS  
23564 CALABASAS, SUITE 201, CALABASAS, CA 91302

NONE

145,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SOCIAL & ENVIRONMENTAL ENTREPRENEURS  
23564 CALABASAS, SUITE 201, CALABASAS, CA 91302

NONE

70,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SOCIAL & ENVIRONMENTAL ENTREPRENEURS  
23564 CALABASAS, SUITE 201, CALABASAS, CA 91302

NONE

25,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

STRATEGIC CONCEPTS IN ORGANIZING & POLICY  
EDUCATION (SCOPE)  
1715 W. FLORENCE AVENUE, LOS ANGELES, CA 90047

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE CHILDREN'S CLINIC  
701 E 28TH STREET, LONG BEACH, CA 90806

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE COALITION TO ABOLISH SLAVERY & TRAFFICKING  
3580 WILSHIRE BLVD, SUITE 900-37, LOS ANGELES, CA  
90010

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THE MAYOR'S FUND FOR LOS ANGELES  
1801 W. OLYMPIC BLVD., PASADENA, CA 91199

NONE

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

70,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

TSNE MISSIONWORKS  
89 SOUTH STREET, SUITE 700, BOSTON, MA 02111

NONE

10,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UNITED WAY OF GREATER LOS ANGELES  
1150 S. OLIVE STREET, SUITE T500, LOS ANGELES, CA  
90015

NONE

38,286.

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

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

VENICE FAMILY CLINIC  
604 ROSE AVENUE, LOS ANGELES, CA 90291

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

WESTERN REGION, THE ACTORS FUND  
5757 WILSHIRE BLVD. SUITE 400, LOS ANGELES, CA  
90036

NONE

5,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

YIDDISHKAYT  
3780 WILSHIRE BLVD., LOS ANGELES, CA 90010

NONE

5,000.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY 1,872,782.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,872,782.

**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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 <b>smaller</b> 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 2021. 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							
<b>SEE STATEMENT</b>	14	207,013.	86,363.				
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	12,771

**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) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	12,771
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	12,771
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 14

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
11 WEBSITE	08/01/16	72,790.	72,790.	SL	3.00	0.	
12 COMPUTER	06/06/18	3,295.	1,043.	SL	5.00	659.	
13 LAPTOP	06/06/18	1,795.	568.	SL	5.00	359.	
14 LAPTOP	06/06/18	1,795.	568.	SL	5.00	359.	
15 FURNITURE	12/31/18	42,024.	6,003.	SL	7.00	6,003.	
16 LEASEHOLD IMPROVEMENTS	12/31/18	80,862.	5,391.	SL	15.00	5,391.	
17 COMPUTER	12/19/20	4,452.		SL	5.00	0.	
TOTAL TO FORM 3885		207,013.	86,363.			12,771.	

TAXABLE YEAR

2020

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) 16,908,097; 2 Total gross income (Form 199, line 8) 7,294,768; 3 Total expenses and disbursements (Form 199, line 9) 3,237,869

Part II Settle Your Account Electronically for Taxable Year 2020

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 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements 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 Title EXEC. DIRECTOR

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

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

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 2020 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), 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	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	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	00
	6	EZ, 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	00
	10	Tax <b>8.84</b> % 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	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15	00
	16	2020 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 2021 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	123	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 15	• 5	111	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	234	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 16	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		234 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		234 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		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](http://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 <b>EXEC. DIRECTOR</b>	Date	• Telephone
Preparer's signature	Date	Check if self-employed	• PTIN
Firm's name (or yours, if self-employed) and address			<b>P01367411</b>
			• Firm's FEIN
			<b>81-2737245</b>
			• Telephone
			<b>818-840-7075</b>

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional IRC Section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations. Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table for Schedule B with 4 rows: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax.

Table for Schedule K with 5 rows: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 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 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total sales. Row 2: Apportionment percentage.

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

Table for Part B with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows 1-5: Property factor, Payroll factor, Sales factor, Total percentage, Average apportionment percentage.

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

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

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

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

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

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 15

DESCRIPTION	AMOUNT
ANGELES GLOBAL EQUITY OPPORTUNITIES FUND, LLC - ORDINARY BUSINESS INCOME (LO	-62.
LEGACY VENTURE III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-56.
LEGACY VENTURE III, LLC - OTHER PORTFOLIO INCOME (LOSS)	-16.
LEGACY VENTURE IV, LLC - INTEREST INCOME	540.
LEGACY VENTURE IV, LLC - OTHER INCOME (LOSS)	-149.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - ORDINARY BUSINESS INCOME (LOSS)	-381.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - NET RENTAL REAL ESTATE INCOME	-131.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - INTEREST INCOME	14.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - OTHER INCOME (LOSS)	-725.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - ORDINARY BUSINESS INCOME (LO	-1,767.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - INTEREST INCOME	309.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - OTHER INCOME (LOSS)	-75.
NORTHGATE IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	8,108.
NORTHGATE IV-B, LP - INTEREST INCOME	325.
NORTHGATE IV-B, LP - DIVIDEND INCOME	167.
NORTHGATE IV-B, LP - OTHER INCOME (LOSS)	35.
STRATEGIC PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	18.
STRATEGIC PARTNERS FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	-14.
STRATEGIC PARTNERS FUND III, LP - OTHER INCOME (LOSS)	-1.
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	154.
STRATEGIC PARTNERS FUND IV, LP - NET RENTAL REAL ESTATE INCOME	-2.
STRATEGIC PARTNERS FUND IV, LP - INTEREST INCOME	2.
STRATEGIC PARTNERS FUND IV, LP - OTHER INCOME (LOSS)	-105.
STRATEGIC REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	112.
STRATEGIC REAL ESTATE FUND III, LP - NET RENTAL REAL ESTATE INCOME	-316.
STRATEGIC REAL ESTATE FUND III, LP - INTEREST INCOME	257.
STRATEGIC REAL ESTATE FUND III, LP - OTHER INCOME (LOSS)	-120.
TOWNSEND BALANCED REAL ESTATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	-104.
TOWNSEND BALANCED REAL ESTATE FUND, LP - NET RENTAL REAL ESTATE INCOME	-15.
TOWNSEND BALANCED REAL ESTATE FUND, LP - OTHER INCOME (LOSS)	1.
ANGELES PRIVATE MARKETS FUND 3, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,835.
ANGELES PRIVATE MARKETS FUND 3, LP - NET RENTAL REAL ESTATE INCOME	-2,057.

TOTAL TO FORM 109, PAGE 2, LINE 5

111.

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CA 109                      CASH & CARRYOVER CHARITABLE CONTRIBUTIONS                      STATEMENT 16

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DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS - NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP	91.
CHARITABLE CONTRIBUTIONS - NORTHGATE IV-B, LP	5.
CARRYOVER FROM PRIOR YEAR(S)	129.
LESS EXCESS CONTRIBUTIONS	-225.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	0.

# Capital Gains and Losses Worksheet

**\*\* (Non-official Do Not File) \*\***

Name <b>DURFEE FOUNDATION</b>	Employer identification number <b>95-4856207</b>
----------------------------------	---

**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 LEGACY VENTURE IV, LLC					-287.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, STRATEGIC PARTNERS FUND III, LP					9.
STRATEGIC PARTNERS FUND IV, LP					-2.
					-2.

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	-282.

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

6 LEGACY VENTURE IV, LLC					-572.
STRATEGIC PARTNERS FUND IV, LP					226.
STRATEGIC REAL ESTATE FUND III, LP					417.

7 Enter gain from Form 4797, line 7 or 9 .....	7	334.
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	405.

**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	123.
14 Add lines 12 and 13. Enter here and on the proper line on the return .....	14	123.

**Note.** If losses exceed gains, see the instructions.

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

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

Corporation name

California corporation number

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 0 00

2 2020 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 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 00

6 Current year NOL. Add line 2, line 4c, and line 5. See instructions .....  6 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-). If the corporation taxable income is \$1,000,000 or more, see inst

(g) Available balance

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 2019	(f) Amount used in 2020	(g) Available balance	(h) Carryover to 2021 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2019		GEN	1,405	<input checked="" type="radio"/> 1,405	0	0	<input checked="" type="radio"/> 1,405
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2019	Amount used in 2020	Available balance	Carryover to 2021
3 2020	DIS					col. (d) minus col. (f) See instructions.
4 2020						
2020						
2020						
2020						

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

Part III 2020 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 0 00



TAXABLE YEAR

# Sales of Business Property

CALIFORNIA SCHEDULE

2020

(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

2368140

95-4856207

DURFEE FOUNDATION

## 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 2020 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"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	STATEMENT	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	334.

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:  7 334

**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-  9 334

**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"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<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), 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"/>
<b>28 If IRC Section 1245 property:</b>				
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"/>
<b>29 If IRC Section 1250 property:</b> 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"/>
<b>30 If IRC Section 1252 property:</b> 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"/>
<b>31 If IRC Section 1254 property:</b>				
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"/>
<b>32 If IRC Section 1255 property:</b>				
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 17

PROPERTY DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR. ALLOWED	COST OR BASIS	GAIN OR (LOSS)
NORTHGATE PRIVATE EQUITY PARTNERS II-B,						-139.
NORTHGATE PRIVATE EQUITY PARTNERS III B-						-6.
STRATEGIC PARTNERS FUND III, LP						15.
STRATEGIC PARTNERS FUND IV, LP						-2.
TOWNSEND BALANCED REAL ESTATE FUND, LP						468.
ANGELES PRIVATE MARKETS FUND 3, LP						-2.
TOTAL TO SCH D-1, PART I, LINE 2						334.

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

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

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

(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 01/01/2020 ending 12/31/2020 ) list:

Gross Annual Revenue \$ 7,294,891 Noncash Contributions \$ 0 Total Assets \$ 61,164,799  
 Program Expenses \$ 1,365,087 Total Expenses \$ 2,838,087

**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