

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

DURFEE FOUNDATION
700 S. FLOWER ST., 560
LOS ANGELES, CA 90017

||.||.|||||.....|||..|||

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

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

NOVEMBER 14, 2023

DURFEE FOUNDATION
700 S. FLOWER ST. 560
LOS ANGELES, CA 90017
ATTENTION: CLAIRE PEEPS

DEAR CLAIRE:

ENCLOSED IS THE ORGANIZATION'S 2022 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-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-PF HAS AN OVERPAYMENT OF \$38,740. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$1,284,297. THIS MAY BE APPLIED TO TAX YEAR 2023 AND SUBSEQUENT YEARS.

FORM 990-T 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-TE 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-T HAS A BALANCE DUE OF \$4,288.

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.

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, 2023 TO:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0501

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

ENCLOSE A CHECK OR MONEY ORDER FOR \$985, PAYABLE TO FRANCHISE TAX BOARD.

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 \$25, 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 a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **DURFEE FOUNDATION** EIN or SSN **95-4856207**

Name and title of officer or person subject to tax **CLAIRE PEEPS
EXEC DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>8,279.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 2022 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 11/14/23

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year **2022** or tax year beginning _____, and ending _____

Name of foundation DURFEE FOUNDATION		A Employer identification number 95-4856207
Number and street (or P.O. box number if mail is not delivered to street address) 700 S. FLOWER ST.	Room/suite 560	B Telephone number 310-899-5120
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90017		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 51,192,178.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	595.	595.		
	4 Dividends and interest from securities	77,390.	77,390.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-1,402,775.			STATEMENT 1
	b Gross sales price for all assets on line 6a	9,175,310.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	1,030,481.	880,511.		STATEMENT 2	
12 Total. Add lines 1 through 11	-294,309.	958,496.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	508,374.	84,628.		439,356.
	14 Other employee salaries and wages	204,249.	8,697.		209,794.
	15 Pension plans, employee benefits	170,242.	12,768.		160,854.
	16a Legal fees STMT 3	785.	0.		785.
	b Accounting fees STMT 4	44,785.	40,307.		4,478.
	c Other professional fees STMT 5	239,415.	216,507.		22,908.
	17 Interest	216.	0.		216.
	18 Taxes				
	19 Depreciation and depletion	14,768.	0.		
	20 Occupancy	67,314.	0.		73,302.
	21 Travel, conferences, and meetings	10,700.	0.		10,700.
	22 Printing and publications				
	23 Other expenses STMT 6	383,618.	0.		410,490.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,644,466.	362,907.		1,332,883.
	25 Contributions, gifts, grants paid	1,615,000.			1,496,267.
26 Total expenses and disbursements. Add lines 24 and 25	3,259,466.	362,907.		2,829,150.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-3,553,775.				
b Net investment income (if negative, enter -0-)		595,589.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	270,608.	217,137.	217,137.
	2 Savings and temporary cash investments	452,558.	1,053,406.	1,053,406.
	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	6,150.	53,169.	53,169.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	3,229,193.	6,420,658.	6,420,658.
	c Investments - corporate bonds STMT 8	3,171,599.	1,756,780.	1,756,780.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other STMT 9	57,629,141.	41,598,947.	41,598,947.	
14 Land, buildings, and equipment: basis 219,644.				
Less: accumulated depreciation STMT 10 127,563.	94,218.	92,081.	92,081.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	64,853,467.	51,192,178.	51,192,178.	
Liabilities	17 Accounts payable and accrued expenses	124,338.	47,059.	
	18 Grants payable	881,268.	1,000,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 11)	151,154.	11,988.	
23 Total liabilities (add lines 17 through 22)	1,156,760.	1,059,047.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	63,696,707.	50,133,131.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	63,696,707.	50,133,131.		
30 Total liabilities and net assets/fund balances	64,853,467.	51,192,178.		

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	63,696,707.
2 Enter amount from Part I, line 27a	2	-3,553,775.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	60,142,932.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSSES ON SECURITIES	5	10,009,801.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	50,133,131.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		01/01/22	12/31/22
b ALTERNATIVE INVESTMENTS	P	01/01/22	12/31/22
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 9,173,780.		8,815,417.	358,363.
b		1,762,668.	-1,762,668.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			358,363.
b			-1,762,668.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-1,404,305.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	8,279.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	8,279.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	8,279.
6 Credits/Payments:		
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	47,019.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	47,019.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	38,740.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 38,740. Refunded	11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <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 General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>HTTPS://DURFEE.ORG/</u>		
14 The books are in care of <u>CLAIRE PEEPS</u> Telephone no. <u>310-899-5120</u> Located at <u>700 S. FLOWER ST., 560, LOS ANGELES, CA</u> ZIP+4 <u>90017</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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

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

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

Form 990-PF (2022)

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		508,374.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STELLA CHUNG - 700 S. FLOWER ST., SUITE 560, LOS ANGELES, CA 90017	PROGRAM MANAGER 40.00	86,971.	15,204.	0.
MARY CRUZ - 700 S. FLOWER ST., SUITE 560, LOS ANGELES, CA 90017	PROGRAM MANAGER 40.00	47,000.	5,598.	0.

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ANGELES INVESTMENT ADVISORS - 429 SANTA MONICA BLVD., SUITE 650, SANTA MONICA, CA	INVESTMENT SERVICES	210,414.

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

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 13	75,453.
2 SABBATICAL - RETREAT, FACILITATOR FEES, AND AWARD CEREMONY.	72,612.
3 ALL PROGRAMS PROFESSIONAL FUND - UNDERWRITE FELLOWS PARTICIPATION IN TRAININGS AND CONFERENCES. ALSO, HIRING RETREAT FACILITATORS, ENGAGING BOARD CONSULTANTS, ETC.	43,622.
4 STANTON FELLOWSHIP - RETREAT, QUARTERLY MEETINGS, PROGRAM EVALUATION, AND AWARDS CEREMONY.	39,066.

Part VIII-B Summary of Program-Related Investments

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

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	51,383,763.
b	Average of monthly cash balances	1b	1,367,900.
c	Fair market value of all other assets (see instructions)	1c	145,250.
d	Total (add lines 1a, b, and c)	1d	52,896,913.
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	52,896,913.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	793,454.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	52,103,459.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,605,173.

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

1	Minimum investment return from Part IX, line 6	1	2,605,173.
2a	Tax on investment income for 2022 from Part V, line 5	2a	8,279.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	4,288.
c	Add lines 2a and 2b	2c	12,567.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,592,606.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,592,606.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,592,606.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,829,150.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,829,150.

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				2,592,606.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018	213,214.			
c From 2019				
d From 2020	216,921.			
e From 2021	617,618.			
f Total of lines 3a through e	1,047,753.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$	2,829,150.			
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				2,592,606.
e Remaining amount distributed out of corpus	236,544.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	1,284,297.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	1,284,297.			
10 Analysis of line 9:				
a Excess from 2018	213,214.			
b Excess from 2019				
c Excess from 2020	216,921.			
d Excess from 2021	617,618.			
e Excess from 2022	236,544.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling _____

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

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

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

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ADVANCEMENT PROJECT CALIFORNIA P.O. BOX 39347 LOS ANGELES, CA 90039		PC	SABBATICAL GRANT	50,000.
AL WOOTEN JR. YOUTH CENTER 9106 S. WESTERN AVE. LOS ANGELES, CA 90047		PC	LARK AWARD	30,000.
ALMA BACKYARD FARMS PO BOX 18484 LOS ANGELES, CA 90018		PC	LARK AWARD	30,000.
CALIFORNIA ASSOCIATION OF NONPROFITS 870 MARKET STREET, SUITE 985 SAN FRANCISCO, CA 94102		PC	GENERAL OPERATING	15,000.
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT 9800 S. LA CIENEGA BLVD. SUITE 905 INGLEWOOD, CA 90301		PC	LARK AWARD	30,000.
Total	SEE CONTINUATION SHEET(S)			3a 1,496,267.
b Approved for future payment				
AMITY FOUNDATION 3745 SOUTH GRAND AVENUE LOS ANGELES, CA 90007		PC	STANTON FELLOWSHIP	110,000.
FULCRUM ARTS 145 NORTH RAYMOND AVENUE PASADENA, CA 91103		PC	SPRINGBOARD FUND	35,000.
HEART OF LOS ANGELES 2701 WILSHIRE BLVD. #100 LOS ANGELES, CA 90057		PC	STANTON FELLOWSHIP	110,000.
Total	SEE CONTINUATION SHEET(S)			3b 915,000.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, and Subtotal.

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

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

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXEC DIRECTOR

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN JUAN P. LOPEZ, CPA JUAN P. LOPEZ, CP 11/14/23 P01367411 Firm's name LOPEZ ACCOUNTING GROUP Firm's EIN 81-2737245 Firm's address 3500 WEST OLIVE AVENUE, SUITE 680 BURBANK, CA 91505 Phone no. 818-840-7075

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

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE P.O. BOX 861766 LOS ANGELES, CA 90086		PC	SABBATICAL GRANT	50,000.
CENTER FOR NONPROFIT MANAGEMENT 1000 N. ALAMEDA ST., SUITE 250 LOS ANGELES, CA 90012		PC	GENERAL OPERATING	15,000.
CENTRAL AMERICAN RESOURCE CENTER 2845 W. 7TH STREET LOS ANGELES, CA 90005		PC	SABBATICAL GRANT	50,000.
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT 3101 S. GRAND AVENUE LOS ANGELES, CA 90007		PC	STANTON FELLOWSHIP	2,161.
COMMUNITY COALITION 8101 S. VERMONT AVENUE LOS ANGELES, CA 90044		PC	STANTON FELLOWSHIP	32,392.
COMMUNITY PARTNERS 1000 N. ALAMEDA ST., SUITE 240 LOS ANGELES, CA 90012		PC	LARK AWARD	60,000.
EL NIDO FAMILY CENTERS 440 W. SHATTO PLACE, SUITE 417 LOS ANGELES, CA 90020		PC	SABBATICAL GRANT	50,000.
ENGAGE 240 E. VERDUGO AVENUE, SUITE 100 BURBANK, CA 91502		PC	SABBATICAL GRANT	50,000.
FILIPINO MIGRANT CENTER 2125 SANTA FE AVE. LONG BEACH, CA 90810		PC	LARK AWARD	30,000.
FULCRUM ARTS 145 NORTH RAYMOND AVENUE PASADENA, CA 91103		PC	SPRINGBOARD FUND	35,000.
Total from continuation sheets				1,341,267.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INNER CITY LAW CENTER 1309 E. SEVENTH STREET LOS ANGELES, CA 90021		PC	SABBATICAL GRANT	50,000.
KHMER GIRLS IN ACTION 1085 REDONDO AVE. LONG BEACH, CA 90804		PC	LARK AWARD	30,000.
KOREATOWN IMMIGRANT WORKERS ALLIANCE 941 S. VERMONT, SUITE 301 LOS ANGELES, CA 90006		PC	LARK AWARD AND SABBATICAL GRANT	80,000.
LA VOICE 3660 WILSHIRE BOULEVARD, SUITE 602 LOS ANGELES, CA 90010		PC	SABBATICAL GRANT	50,000.
LITTLE TOKYO SERVICE CENTER COMMUNITY DEVELOPMENT CORPORATION 231 E. THIRD STREET, SUITE G106 LOS ANGELES, CA 90013		PC	LARK AWARD	30,000.
LOS ANGELES ALIANCE FOR A NEW ECONOMY 464 LUCAS AVENUE, SUITE 202 LOS ANGELES, CA 90017		PC	SPRINGBOARD FUND	50,000.
LOST ANGELS CHILDREN'S PROJECT 45059 TREVOR AVE. LANCASTER, CA 93534		PC	SPRINGBOARD FUND	30,000.
MARCH ON MARYLAND DBA MARCH ON FOUNDATION 820 RITCHIE HIGHWAY, SUITE 250 SEVERNA PARK, MD 21146		PC	SPRINGBOARD FUND	35,000.
PACOIMA BEAUTIFUL 12510 VAN NUYS ROAD, SUITE 302 PACOIMA, CA 91331		PC	LARK AWARD	30,000.
PHYSICIANS FOR SOCIAL RESPONSIBILITY - LOS ANGELES 617 S. OLIVE STREET, SUITE 1100 LOS ANGELES, CA 90014		PC	SABBATICAL GRANT	50,000.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROJECTQ 818 N. SPRING ST. #100 LOS ANGELES, CA 90012		PC	SPRINGBOARD FUND	80,000.
SELF-HELP GRAPHICS AND ARTS, INC. 1300 EAST 1ST STREET LOS ANGELES, CA 90033		PC	LARK AWARD	30,000.
SIERRA HEALTH FOUNDATION 1321 GARDEN HIGHWAY SACRAMENTO, CA 95833		PC	LARK AWARD	30,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS, SUITE 201 CALABASAS, CA 91302		PC	STANTON FELLOWSHIP	100,000.
SOUTH LA COMMUNITY FOUNDATION 4206 HALLDALE AVENUE LOS ANGELES, CA 90062		PC	SPRINGBOARD FUND	35,000.
THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET, SUITE B LOS ANGELES, CA 90028		PC	LARK AWARD	30,000.
TIA CHUCHA'S CENTRO CULTURAL & BOOKSTORE 12677 GLENOAKS BLVD. SYLMAR, CA 91342		PC	LARK AWARD	30,000.
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE STREET, SUITE T500 LOS ANGELES, CA 90015		PC	STANTON FELLOWSHIP	66,714.
UPWARD BOUND HOUSE 1104 WASHINGTON AVENUE LOS ANGELES, CA 90403		PC	SABBATICAL GRANT	50,000.
VISUAL COMMUNICATIONS MEDIA 120 JUDGE JOHN AISO STREET LOS ANGELES, CA 90012		PC	LARK AWARD	30,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YWCA GLENDALE AND PASADENA 735 E. LEXINGTON DRIVE GLENDALE, CA 91202		PC	SABBATICAL GRANT	50,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOS ANGELES ALIANCE FOR A NEW ECONOMY 464 LUCAS AVENUE, SUITE 202 LONG BEACH, CA 90017		PC	SPRINGBOARD FUND	100,000.
MARCH ON MARYLAND DBA MARCH ON FOUNDATION 820 RITCHIE HIGHWAY, SUITE 250 SEVERNA PARK, MD 21146		PC	SPRINGBOARD FUND	35,000.
MEZTLI PROJECTS 754 S. LA VERNE LOS ANGELES, CA 90022		PC	STANTON FELLOWSHIP	110,000.
NATIONAL PERFORMANCE NETWORK 8121 FIG STREET NEW ORLEANS, LA 70118		PC	STANTON FELLOWSHIP	110,000.
PROJECTQ 818 N. SPRING ST. #100 LOS ANGELES, CA 90012		PC	SPRINGBOARD FUND	50,000.
SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS, SUITE 201 CALABASAS, CA 91302		PC	STANTON FELLOWSHIP	110,000.
SOUTH LA COMMUNITY FOUNDATION 4206 HALLDALE AVENUE LOS ANGELES, CA 90062		PC	SPRINGBOARD FUND	35,000.
THE COALITION TO ABOLISH SLAVERY & TRAFFICKING 3580 WILSHIRE BLVD. #900-37 LOS ANGELES, CA 90010		PC	STANTON FELLOWSHIP	110,000.
Total from continuation sheets				660,000.

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES	9,173,780.	8,815,417.	0.	0.	358,363.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
ALTERNATIVE INVESTMENTS	0.	1,762,668.	0.	0.	-1,762,668.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
ALTERNATIVE INVESTMENTS	1,530.	0.	0.	0.	1,530.

NET GAIN OR LOSS FROM SALE OF ASSETS	-1,402,775.
CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	-1,402,775.

FORM 990-PF	OTHER INCOME		STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ALTERNATIVE INVESTMENTS	900,402.	880,511.	
TAX BENEFIT	130,079.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,030,481.	880,511.	

FORM 990-PF	LEGAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	785.	0.		785.
TO FM 990-PF, PG 1, LN 16A	785.	0.		785.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	44,785.	40,307.		4,478.
TO FORM 990-PF, PG 1, LN 16B	44,785.	40,307.		4,478.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	216,507.	216,507.		0.
PAYROLL SERVICE	2,091.	0.		2,091.
TECHNICAL SUPPORT	6,867.	0.		6,867.
WEBSITE MAINTENANCE	13,950.	0.		13,950.
TO FORM 990-PF, PG 1, LN 16C	239,415.	216,507.		22,908.

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	328,454.	0.		355,326.
INSURANCE	6,252.	0.		6,252.
MISCELLANEOUS	9,489.	0.		9,489.
OFFICE EXPENSE	25,337.	0.		25,337.
PARKING	4,043.	0.		4,043.
POSTAGE	20.	0.		20.
PROFESSIONAL DEVELOPMENT	5,522.	0.		5,522.
TELEPHONE	4,501.	0.		4,501.
TO FORM 990-PF, PG 1, LN 23	383,618.	0.		410,490.

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITY FUNDS	6,420,658.	6,420,658.
TOTAL TO FORM 990-PF, PART II, LINE 10B	6,420,658.	6,420,658.

FORM 990-PF

CORPORATE BONDS

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BOND FUNDS	1,756,780.	1,756,780.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,756,780.	1,756,780.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS	FMV	41,598,947.	41,598,947.
TOTAL TO FORM 990-PF, PART II, LINE 13		41,598,947.	41,598,947.

FORM 990-PF

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLINE D. AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	PRESIDENT 32.00	167,439.	0.	0.
THEODORE AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	VICE PRESIDENT 2.00	5,000.	0.	0.
DIANA MCKEE 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	SECRETARY 2.00	5,000.	0.	0.
HALINA AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TREASURER 2.00	5,000.	0.	0.
NIKE IRVIN 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
LESLIE ITO 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
MICHAEL NEWKIRK 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.	0.	0.
ROBERT SAINZ 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	305,935.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		508,374.	0.	0.

ACTIVITY ONE

LARK AWARDS - WELLNESS COACH FOR GUIDANCE AND FACILITATION,
AND ACCESS TO CONVENINGS FOR WELLBEING CHECK-INS AND
CONTINUED SUPPORT OF STAFF AT SMALL COMMUNITY-CENTERED
ORGANIZATIONS.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

75,453.

2022 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.	2,361.		659.	3,020.
13	LAPTOP	06/06/18	SL	5.00		16	1,795.				1,795.	1,286.		359.	1,645.
14	LAPTOP	06/06/18	SL	5.00		16	1,795.				1,795.	1,286.		359.	1,645.
15	FURNITURE	12/31/18	SL	7.00		16	42,024.				42,024.	18,009.		6,003.	24,012.
16	LEASEHOLD IMPROVEMENTS	12/31/18	SL	15.00		16	80,862.				80,862.	16,173.		5,391.	21,564.
17	COMPUTER	12/19/20	SL	5.00		16	4,452.				4,452.	890.		890.	1,780.
18	MACBOOK PRO	07/12/22	SL	5.00		16	3,429.				3,429.			343.	343.
19	MACBOOK PRO	07/12/22	SL	5.00		16	3,430.				3,430.			343.	343.
20	MACBOOK PRO	07/12/22	SL	5.00		16	3,430.				3,430.			343.	343.
21	MACBOOK AIR	11/03/22	SL	5.00		16	2,342.				2,342.			78.	78.
	* TOTAL 990-PF PG 1 DEPR						219,644.				219,644.	112,795.		14,768.	127,563.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						207,013.			0.	207,013.	112,795.			126,456.
	ACQUISITIONS						12,631.			0.	12,631.	0.			1,107.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						219,644.			0.	219,644.	112,795.			127,563.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **DURFEE FOUNDATION** EIN or SSN **95-4856207**

Name and title of officer or person subject to tax **CLAIRE PEEPS
EXEC DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>4,288.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 2022 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 11/14/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 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

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DURFEE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 700 S. FLOWER ST., 560 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90017	D Employer identification number 95-4856207 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 51,192,178.				

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

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

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

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

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

L The books are in care of **CLAIRE PEEPS** Telephone number **310-899-5120**

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	21,445.
2 Reserved	2	
3 Add lines 1 and 2	3	21,445.
4 Charitable contributions (see instructions for limitation rules) STMT 14 STMT 15	4	24.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	21,421.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	21,421.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	20,421.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	4,288.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	4,288.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2022)

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		4,288.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		4,288.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		4,288.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax _____ Refunded _____	11		

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

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	Title	EXEC DIRECTOR
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JUAN P. LOPEZ, CPA	JUAN P. LOPEZ, CPA	11/14/23	P01367411
	Firm's name	Firm's EIN		
	LOPEZ ACCOUNTING GROUP	81-2737245		
	Firm's address			Phone no.
	3500 WEST OLIVE AVENUE, SUITE 680 BURBANK, CA 91505			818-840-7075

FORM 990-T

CONTRIBUTIONS

STATEMENT 14

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - NORTHGATE IV-B, LP	N/A	2.
CHARITABLE CONTRIBUTIONS - ANGELES PRIVATE MARKETS FUND 3, LP	N/A	21.
CHARITABLE CONTRIBUTIONS - ANGELES DIRECT EQUITY FUND 1 LP	N/A	1.
TOTAL TO FORM 990-T, PART I, LINE 4		24.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 15

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

24

TOTAL CONTRIBUTIONS AVAILABLE

24

TAXABLE INCOME LIMITATION AS ADJUSTED

1,113

EXCESS CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

24

TOTAL CONTRIBUTION DEDUCTION

24

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

Department of the Treasury
Internal Revenue Service

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

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

1
OMB No. 1545-0047

2022

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

A Name of the organization DURFEE FOUNDATION	B Employer identification number 95-4856207
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	1,530.		1,530.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 16	5	19,911.		19,911.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 17	12	4.		4.
13 Total. Combine lines 3 through 12	13	21,445.		21,445.

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

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement). See instructions							
6 Taxes and licenses							
7 Depreciation (attach Form 4562). See instructions		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a				8b	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							21,445.
17 Deduction for net operating loss. See instructions							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							21,445.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

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

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

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

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

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 16

DESCRIPTION	NET INCOME OR (LOSS)
LEGACY VENTURE IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	-51.
LEGACY VENTURE IV, LLC - INTEREST INCOME	14.
LEGACY VENTURE IV, LLC - OTHER INCOME (LOSS)	-42.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - ORDINARY BUSINESS INCOME (LOSS)	13,355.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - NET RENTAL REAL ESTATE INCOME	-125.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - INTEREST INCOME	9.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - ORDINARY BUSINESS INCOME (LOSS)	-40.
NORTHGATE IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	6,701.
NORTHGATE IV-B, LP - INTEREST INCOME	7.
NORTHGATE IV-B, LP - OTHER INCOME (LOSS)	-398.
STRATEGIC PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	1.
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	360.
STRATEGIC PARTNERS FUND IV, LP - NET RENTAL REAL ESTATE INCOME	-1.
STRATEGIC PARTNERS FUND IV, LP - OTHER NET RENTAL INCOME (LOSS)	1.
STRATEGIC PARTNERS FUND IV, LP - INTEREST INCOME	1.
STRATEGIC PARTNERS FUND IV, LP - OTHER PORTFOLIO INCOME (LOSS)	7.
STRATEGIC PARTNERS FUND IV, LP - OTHER INCOME (LOSS)	-22.
STRATEGIC REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-445.
STRATEGIC REAL ESTATE FUND III, LP - NET RENTAL REAL ESTATE INCOME	-317.
STRATEGIC REAL ESTATE FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	-37.
STRATEGIC REAL ESTATE FUND III, LP - OTHER INCOME (LOSS)	-4.
TOWNSEND BALANCED REAL ESTATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	4.
TOWNSEND BALANCED REAL ESTATE FUND, LP - NET RENTAL REAL ESTATE INCOME	-1.
ANGELES PRIVATE MARKETS FUND 3, LP - ORDINARY BUSINESS INCOME (LOSS)	1,737.
ANGELES PRIVATE MARKETS FUND 3, LP - INTEREST INCOME	101.
ANGELES PRIVATE MARKETS FUND 3, LP - OTHER PORTFOLIO INCOME (LOSS)	3.
ANGELES PRIVATE MARKETS FUND 3, LP - OTHER INCOME (LOSS)	-35.
ANGELES PRIVATE MARKETS FUND 4, LP - ORDINARY BUSINESS INCOME (LOSS)	4.
ANGELES PRIVATE MARKETS FUND 4, LP - NET RENTAL REAL ESTATE INCOME	-63.
ANGELES PRIVATE MARKETS FUND 4, LP - DIVIDEND INCOME	200.
ANGELES PRIVATE MARKETS FUND 4, LP - OTHER INCOME (LOSS)	-1,013.

DURFEE FOUNDATION

95-4856207

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

19,911.

FORM 990-T (A)

OTHER INCOME

STATEMENT 17

DESCRIPTION

AMOUNT

CANCELLATION OF DEBT - STRATEGIC PARTNERS FUND IV, LP

4.

TOTAL TO SCHEDULE A, PART I, LINE 12

4.

**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 for instructions and the latest information.

OMB No. 1545-0123

2022

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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				1,519.
11 Enter gain from Form 4797, line 7 or 9				11 11.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 1,530.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	1,530.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	1,530.

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

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

Social security number or taxpayer identification no.

DURFEE FOUNDATION

95-4856207

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

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

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

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include LEGACY VENTURE IV, LLC, NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP, STRATEGIC PARTNERS FUND IV, LP, STRATEGIC REAL ESTATE FUND III, LP, TOWNSEND BALANCED REAL ESTATE FUND, LP. Total row shows 1,519.

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.

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

Name(s) shown on return

Identifying number

DURFEE FOUNDATION

95-4856207

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 18						

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

3
4
5
6
7 **11.**

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
- 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

8
9 **11.**

Part II Ordinary Gains and Losses (see instructions)

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

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11 ()
12
13
14
15
16
17

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

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- 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

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP						74.
STRATEGIC PARTNERS FUND III, LP						-57.
TOWNSEND BALANCED REAL ESTATE FUND, LP						-3.
TOTAL TO 4797, PART I, LINE 2						11.

**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 for instructions and the latest information.

OMB No. 1545-0123

2022

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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				1,519.
11 Enter gain from Form 4797, line 7 or 9				11 44.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 1,563.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	1,563.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	1,563.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

Name(s) shown on return

Identifying number

DURFEE FOUNDATION

95-4856207

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 19						

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

3

4

5

6

7

44.

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
- 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

8

9

44.

Part II Ordinary Gains and Losses (see instructions)

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

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

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

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- 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

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

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

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

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

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

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP						74.
STRATEGIC PARTNERS FUND III, LP						-57.
TOWNSEND BALANCED REAL ESTATE FUND, LP						-3.
ANGELES REAL ASSETS FUND I LP						-3.
						33.
TOTAL TO 4797, PART I, LINE 2						44.

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **DURFEE FOUNDATION**

California corporation number: **2368140**

FEIN: **95-4856207**

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

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

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

A First return Yes No

B Amended return Yes No

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

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

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

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

G Is this a group filing? See instructions Yes No

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

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

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

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

L Is the organization a limited liability company? Yes No

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

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

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	10,283,776	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	10,283,776	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	10,578,085	00
	7	Total costs. Add line 5 and line 6	7	10,578,085	00
	8	Total gross income. Subtract line 7 from line 4	8	-294,309	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,140,733	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,435,042	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	EXEC. DIRECTOR	Title	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	JUAN P. LOPEZ, CPA	Date	11/14/23	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	LOPEZ ACCOUNTING GROUP 3500 WEST OLIVE AVENUE, SUITE 680 BURBANK, CA 91505			PTIN P01367411
					Firm's FEIN 81-2737245 Telephone 818-840-7075
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	595	00	
	3	Dividends	•	3	77,390	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STMT 2 STATEMENT 1	•	6	9,175,310	00	
	7	Other income SEE STATEMENT 3	•	7	1,030,481	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	10,283,776	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 13	•	9	1,496,267	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	508,374	00	
	12	Other salaries and wages	•	12	204,249	00	
	Expenses and Disbursements	13	Interest	•	13	216	00
		14	Taxes	•	14		00
		15	Rents	•	15	67,314	00
		16	Depreciation and depletion (See instructions)	•	16	14,768	00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	849,545	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,140,733	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		723,166		• 1,270,543
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds STMT 6		3,171,599		• 1,756,780
7 Investments in stock STMT 7		3,229,193		• 6,420,658
8 Mortgage loans				•
9 Other investments STMT 8		57,629,141		• 41,598,947
10 a Depreciable assets	207,013		219,644	
b Less accumulated depreciation	(112,795)	94,218	(127,563)	92,081
11 Land				•
12 Other assets STMT 9		6,150		• 53,169
13 Total assets		64,853,467		51,192,178
Liabilities and net worth				
14 Accounts payable		124,338		• 47,059
15 Contributions, gifts, or grants payable		881,268		• 1,000,000
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 10		151,154		11,988
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		63,696,707		• 50,133,131
22 Total liabilities and net worth		64,853,467		51,192,178

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• -13,563,576	7 Income recorded on books this year not included in this return. Attach schedule *	• -10,009,801
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	-10,009,801
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-3,435,042
5 Expenses recorded on books this year not deducted in this return. Attach schedule *	• 118,733		
6 Total. Add line 1 through line 5	-13,444,843		

* SEE STATEMENT

CA 199 GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PUBLICLY TRADED SECURITIES	01/01/22	12/31/22	PURCHASED	8,815,417.	0.	0.	9,173,780.
ALTERNATIVE INVESTMENTS	01/01/22	12/31/22	PURCHASED	1,762,668.	0.	0.	0.
TOTAL ON FORM 199, PG 2, LINE 6				10,578,085.	0.	0.	9,173,780.

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

DESCRIPTION OF PROPERTY	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
ALTERNATIVE INVESTMENTS	01/01/22	12/31/22	PURCHASED	0.	0.	0.	1,530.
TOTAL ON FORM 199, PG 2, LINE 6				0.	0.	0.	1,530.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
ALTERNATIVE INVESTMENTS TAX BENEFIT	900,402.
TOTAL TO FORM 199, PART II, LINE 7	1,030,481.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

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	167,439.
THEODORE AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	VICE PRESIDENT 2.00	5,000.
DIANA MCKEE 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	SECRETARY 2.00	5,000.
HALINA AVERY 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TREASURER 2.00	5,000.
NIKE IRVIN 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
LESLIE ITO 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
MICHAEL NEWKIRK 700 S. FLOWER ST., SUITE 560 LOS ANGELES, CA 90017	TRUSTEE 2.00	5,000.
ROBERT SAINZ 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	305,935.
 TOTAL TO FORM 199, PART II, LINE 11		 <u>508,374.</u>

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS		170,242.
LEGAL FEES		785.
ACCOUNTING FEES		44,785.
OTHER PROFESSIONAL FEES		239,415.
TRAVEL, CONFERENCES, AND MEETINGS		10,700.
DIRECT CHARITABLE EXPENSES		328,454.
INSURANCE		6,252.
MISCELLANEOUS		9,489.
OFFICE EXPENSE		25,337.
PARKING		4,043.
POSTAGE		20.
PROFESSIONAL DEVELOPMENT		5,522.
TELEPHONE		4,501.
TOTAL TO FORM 199, PART II, LINE 17		849,545.

CA 199	INVESTMENTS IN OTHER BONDS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
BOND FUNDS	3,171,599.	1,756,780.
TOTAL TO FORM 199, SCHEDULE L, LINE 6	3,171,599.	1,756,780.

CA 199	INVESTMENTS IN STOCK	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY FUNDS	3,229,193.	6,420,658.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	3,229,193.	6,420,658.

CA 199	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ALTERNATIVE INVESTMENTS	57,629,141.	41,598,947.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	57,629,141.	41,598,947.

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	6,150.	53,169.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,150.	53,169.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED EXCISE TAXES	151,154.	11,988.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	151,154.	11,988.

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
CONTRIBUTIONS AND GRANTS ACCRUAL ADJUSTMENT		118,733.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		118,733.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
DESCRIPTION		AMOUNT
UNREALIZED LOSSES ON SECURITIES		-10,009,801.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-10,009,801.

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>
ADVANCEMENT PROJECT CALIFORNIA P.O. BOX 39347, LOS ANGELES, CA 90039	NONE	50,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AL WOOTEN JR. YOUTH CENTER 9106 S. WESTERN AVE., LOS ANGELES, CA 90047	NONE	30,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALMA BACKYARD FARMS PO BOX 18484, LOS ANGELES, CA 90018	NONE	30,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA ASSOCIATION OF NONPROFITS 870 MARKET STREET, SUITE 985, SAN FRANCISCO, CA 94102	NONE	15,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT 9800 S. LA CIENEGA BLVD. SUITE 905, INGLEWOOD, CA 90301	NONE	30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CALIFORNIA LATINAS FOR REPRODUCTIVE JUSTICE
P.O. BOX 861766, LOS ANGELES, CA 90086

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

15,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

CENTRAL AMERICAN RESOURCE CENTER
2845 W. 7TH STREET, LOS ANGELES, CA 90005

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

2,161.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

32,392.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

60,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EL NIDO FAMILY CENTERS
440 W. SHATTO PLACE, SUITE 417, LOS ANGELES, CA
90020

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

FILIPINO MIGRANT CENTER
2125 SANTA FE AVE., LONG BEACH, CA 90810

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

FULCRUM ARTS
145 NORTH RAYMOND AVENUE, PASADENA, CA 91103

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

KHMER GIRLS IN ACTION
1085 REDONDO AVE., LONG BEACH, CA 90804

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

80,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LA VOICE
3660 WILSHIRE BOULEVARD, SUITE 602, LOS ANGELES,
CA 90010

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

LITTLE TOKYO SERVICE CENTER COMMUNITY DEVELOPMENT
CORPORATION
231 E. THIRD STREET, SUITE G106, LOS ANGELES, CA
90013

NONE

30,000.

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

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

MARCH ON MARYLAND DBA MARCH ON FOUNDATION
820 RITCHIE HIGHWAY, SUITE 250, SEVERNA PARK, MD
21146

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PACOIMA BEAUTIFUL
12510 VAN NUYS ROAD, SUITE 302, PACOIMA, CA 91331

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

PHYSICIANS FOR SOCIAL RESPONSIBILITY - LOS
ANGELES
617 S. OLIVE STREET, SUITE 1100, LOS ANGELES, CA
90014

NONE

50,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

80,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SELF-HELP GRAPHICS AND ARTS, INC.
1300 EAST 1ST STREET, LOS ANGELES, CA 90033

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SIERRA HEALTH FOUNDATION
1321 GARDEN HIGHWAY, SACRAMENTO, CA 95833

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

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

NONE

100,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

SOUTH LA COMMUNITY FOUNDATION
4206 HALLDALE AVENUE, LOS ANGELES, CA 90062

NONE

35,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

THAI COMMUNITY DEVELOPMENT CENTER
6376 YUCCA STREET, SUITE B, LOS ANGELES, CA 90028

NONE

30,000.

ORGANIZATIONAL STATUS: PC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

TIA CHUCHA'S CENTRO CULTURAL & BOOKSTORE
12677 GLENOAKS BLVD., SYLMAR, CA 91342

NONE

30,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF GREATER LOS ANGELES 1150 S. OLIVE STREET, SUITE T500, LOS ANGELES, CA 90015	NONE	66,714.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UPWARD BOUND HOUSE 1104 WASHINGTON AVENUE, LOS ANGELES, CA 90403	NONE	50,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VISUAL COMMUNICATIONS MEDIA 120 JUDGE JOHN AISO STREET, LOS ANGELES, CA 90012	NONE	30,000.

ORGANIZATIONAL STATUS: PC

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YWCA GLENDALE AND PASADENA 735 E. LEXINGTON DRIVE, GLENDALE, CA 91202	NONE	50,000.

ORGANIZATIONAL STATUS: PC

TOTAL FOR THIS ACTIVITY 1,496,267.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,496,267.

**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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	14	219,644.	112,795.				
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	14,768

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	14,768
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	14,768
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.	2,361.	SL	5.00	659.	
13 LAPTOP	06/06/18	1,795.	1,286.	SL	5.00	359.	
14 LAPTOP	06/06/18	1,795.	1,286.	SL	5.00	359.	
15 FURNITURE	12/31/18	42,024.	18,009.	SL	7.00	6,003.	
16 LEASEHOLD IMPROVEMENTS	12/31/18	80,862.	16,173.	SL	15.00	5,391.	
17 COMPUTER	12/19/20	4,452.	890.	SL	5.00	890.	
18 MACBOOK PRO	07/12/22	3,429.		SL	5.00	343.	
19 MACBOOK PRO	07/12/22	3,430.		SL	5.00	343.	
20 MACBOOK PRO	07/12/22	3,430.		SL	5.00	343.	
21 MACBOOK AIR	11/03/22	2,342.		SL	5.00	78.	
TOTAL TO FORM 3885		219,644.	112,795.			14,768.	

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
DURFEE FOUNDATION	95-4856207

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	10,283,776
2 Total gross income (Form 199, line 8)	2	-294,309
3 Total expenses and disbursements (Form 199, line 9)	3	3,140,733

Part II Settle Your Account Electronically for Taxable Year 2022

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

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

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 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		_____ Date		EXEC. DIRECTOR Title
------------------	--	---------------	--	--------------------------------

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

California Exempt Organization Business Income Tax Return

Calendar Year 2022 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? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business: INVESTMENTS H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code... L Is this a hospital?

Table with 25 rows detailing tax calculations: Taxable Corporation (lines 1-3), Taxable Trust (line 4), Tax Computation (lines 5-11), Total Tax (lines 12-14), Payments (lines 15-19), and Use Tax/Tax Due/Overpayment (lines 20-25). Total tax due is 985.00.

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		985	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	1,563	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	10,596	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	SEE STATEMENT 16		• 12	4	00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	12,163	00

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

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest. Attach schedule	• 18		00
19 Taxes. Attach schedule	• 19		00
20 Contributions. See instructions and attach schedule	• 20	24	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A. See instructions	• 21b		00
22 Depletion. Attach schedule	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs. See instructions	• 23b		00
24 Other deductions. Attach schedule	• 24		00
25 Total deductions. Add line 14 through line 24	• 25	24	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26	12,139	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	12,139	00
29 Specific deduction. See instructions	• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30	11,139	00

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title EXEC. DIRECTOR	Date	• Telephone
	Preparer's signature	Date	Check if self-employed	• PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			• Firm's FEIN
				• Telephone

May the FTB discuss this return with the preparer shown above? See instructions

• Yes No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

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

Schedule B Tax Credits.

Table for Schedule B with 4 rows. Columns include line numbers (1-4) and amounts (00). Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?'.

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

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

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

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

Table for Part A with 2 rows. Columns include (a) Total within and outside California, (b) Total within California, and (c) Percent within California.

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

Table for Part B with 5 rows. Columns include (a) Total within and outside California, (b) Total within California, and (c) Percent within California.

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 4 main rows. Columns include Description of property, Rent received or accrued, Percentage of rent attributable to personal property, and various calculation columns (a-e).

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, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

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

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

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

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

Schedule G Exploited Exempt Activity Income, other than Advertising Income

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

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

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

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns: d, e, f. Rows d, e, f.

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

Schedule I Compensation of Officers, Directors, and Trustees

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

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

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

CA 109 INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED STATEMENT 15
LIABILITY COMPANIES OR S CORPORATIONS

DESCRIPTION	AMOUNT
LEGACY VENTURE IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	-51.
LEGACY VENTURE IV, LLC - INTEREST INCOME	14.
LEGACY VENTURE IV, LLC - OTHER INCOME (LOSS)	-42.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - ORDINARY BUSINESS INCOME (LOSS)	13,355.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - NET RENTAL REAL ESTATE INCOME	-125.
NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP - INTEREST INCOME	9.
NORTHGATE PRIVATE EQUITY PARTNERS III B-3, LP - ORDINARY BUSINESS INCOME (LO	-40.
NORTHGATE IV-B, LP - ORDINARY BUSINESS INCOME (LOSS)	6,701.
NORTHGATE IV-B, LP - INTEREST INCOME	7.
NORTHGATE IV-B, LP - OTHER INCOME (LOSS)	-398.
STRATEGIC PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	1.
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	360.
STRATEGIC PARTNERS FUND IV, LP - NET RENTAL REAL ESTATE INCOME	-1.
STRATEGIC PARTNERS FUND IV, LP - OTHER NET RENTAL INCOME (LOSS)	1.
STRATEGIC PARTNERS FUND IV, LP - INTEREST INCOME	1.
STRATEGIC PARTNERS FUND IV, LP - OTHER PORTFOLIO INCOME (LOSS)	7.
STRATEGIC PARTNERS FUND IV, LP - OTHER INCOME (LOSS)	-22.
STRATEGIC REAL ESTATE FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-445.
STRATEGIC REAL ESTATE FUND III, LP - NET RENTAL REAL ESTATE INCOME	-317.
STRATEGIC REAL ESTATE FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	-37.
STRATEGIC REAL ESTATE FUND III, LP - OTHER INCOME (LOSS)	-4.
TOWNSEND BALANCED REAL ESTATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	4.
TOWNSEND BALANCED REAL ESTATE FUND, LP - NET RENTAL REAL ESTATE INCOME	-1.
ANGELES PRIVATE MARKETS FUND 3, LP - ORDINARY BUSINESS INCOME (LOSS)	1,737.
ANGELES PRIVATE MARKETS FUND 3, LP - INTEREST INCOME	101.
ANGELES PRIVATE MARKETS FUND 3, LP - OTHER PORTFOLIO INCOME (LOSS)	3.
ANGELES PRIVATE MARKETS FUND 3, LP - OTHER INCOME (LOSS)	-35.
ANGELES PRIVATE MARKETS FUND 4, LP - ORDINARY BUSINESS INCOME (LOSS)	4.
ANGELES PRIVATE MARKETS FUND 4, LP - NET RENTAL REAL ESTATE INCOME	-63.
ANGELES PRIVATE MARKETS FUND 4, LP - DIVIDEND INCOME	200.
ANGELES PRIVATE MARKETS FUND 4, LP - OTHER INCOME (LOSS)	-1,013.
ANGELES PRIVATE CREDIT FUND 2 LP - ORDINARY BUSINESS INCOME (LOSS)	-3,897.
ANGELES PRIVATE MARKETS FUNDS 5 LP - ORDINARY BUSINESS INCOME (LOSS)	-6.

DURFEE FOUNDATION

95-4856207

ANGELES PRIVATE MARKETS FUNDS 5 LP - NET RENTAL REAL ESTATE INCOME	-435.
ANGELES PRIVATE MARKETS FUNDS 5 LP - INTEREST INCOME	10.
ANGELES PRIVATE MARKETS FUNDS 5 LP - OTHER INCOME (LOSS)	-253.
ANGELES DIRECT EQUITY FUND 1 LP - ORDINARY BUSINESS INCOME (LOSS)	-2,233.
ANGELES REAL ASSETS FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-17.
ANGELES REAL ASSETS FUND I LP - NET RENTAL REAL ESTATE INCOME	-1,791.
ANGELES REAL ASSETS FUND I LP - INTEREST INCOME	28.
ANGELES REAL ASSETS FUND I LP - OTHER PORTFOLIO INCOME (LOSS)	1.
ANGELES REAL ASSETS FUND I LP - OTHER INCOME (LOSS)	-722.
TOTAL TO FORM 109, PAGE 2, LINE 5	<u>10,596.</u>

CA 109	OTHER INCOME	STATEMENT 16
<hr/>		
<u>DESCRIPTION</u>		<u>AMOUNT</u>
CANCELLATION OF DEBT - STRATEGIC PARTNERS FUND IV, LP		4.
TOTAL TO FORM 109, PAGE 2, LINE 12		<u>4.</u>

CA 109	CASH CHARITABLE CONTRIBUTIONS	STATEMENT 17
<hr/>		
<u>DESCRIPTION</u>		<u>AMOUNT</u>
CHARITABLE CONTRIBUTIONS - NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP		0.
CHARITABLE CONTRIBUTIONS - NORTHGATE IV-B, LP		0.
CONTRIBUTION CARRYOVER FROM PRIOR YEARS		0.
CHARITABLE CONTRIBUTIONS - LEGACY VENTURE IV, LLC		0.
CHARITABLE CONTRIBUTIONS - NORTHGATE PRIVATE EQUITY PARTNERS II-B, LP		0.
CHARITABLE CONTRIBUTIONS - NORTHGATE IV-B, LP		2.
CHARITABLE CONTRIBUTIONS - ANGELES PRIVATE MARKETS FUND 3, LP		21.
CHARITABLE CONTRIBUTIONS - ANGELES DIRECT EQUITY FUND 1 LP		1.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20		<u>24.</u>

Capital Gains and Losses Worksheet

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

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

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					

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	

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

6					

7 Enter gain from Form 4797, line 7 or 9	7	44.
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	1,563.

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	1,563.
14 Add lines 12 and 13. Enter here and on the proper line on the return	14	1,563.

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	2022 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3		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	<input checked="" type="radio"/> 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-).	<input checked="" type="radio"/>	(g) Available balance	
			11,139	

Prior Year NOLs

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

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2021	Amount used in 2022	Available balance	Carryover to 2023
3 2022	DIS					col. (d) minus col. (f) See instructions.
4 2022						
2022						
2022						
2022						

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

Part III 2022 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 3		00

CA SCHEDULE D

LONG-TERM CAPITAL GAINS AND LOSSES

STATEMENT 18

(A) PROPERTY DESCRIPTION	(B) DATE ACQUIRED	(C) DATE SOLD	(D) SALES PRICE	(E) COST OR OTHER BASIS	(F) GAIN (LOSS) (D) MINUS (E)
LEGACY VENTURE IV, LLC NORTHGATE PRIVATE EQUITY PARTNERS II-B, NORTHGATE IV-B, LP STRATEGIC PARTNERS FUND IV, LP STRATEGIC REAL ESTATE FUND III, LP TOWNSEND BALANCED REAL ESTATE FUND, LP			0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.	-17. 469. 178. -106. 994. 1. 1,519.
TOTAL TO SCHEDULE D, LINE 6			0.	0.	1,519.

Sales of Business Property

2022

(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.

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on federal Form 1099-B, Proceeds from Broker and Barter Exchange Transactions, or federal Form 1099-S, Proceeds from Real Estate Transactions (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23
1b Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions

Table with 7 columns: (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). Includes entry for STATEMENT 19 with a value of 44.

- 3 Gain, if any, from federal Form 4684, line 39
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
6 Gain, if any, from line 35, from other than casualty and theft
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: 44

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 instr. Partnerships or LLCs (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: Forms 540 and 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Forms 100 and 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
9 Subtract line 8 from line 7. If zero or less, enter -0- 44

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: Forms 540 and 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Forms 100 and 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):

Table with 7 columns: (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).

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions
13 Gain, if any, from line 34
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
17 Combine line 10 through line 16

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

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Forms 540 and 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"/>
28 If IRC Section 1245 property:				
a Depreciation allowed or allowable from line 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 28a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a Additional depreciation after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by the smaller of line 27 or line 29a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Additional depreciation after 12/31/70 and before 1/1/77	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Enter the smaller of line 29c or line 29d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f IRC Section 291 amount (for corporations only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Add line 29b, line 29e, and line 29f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 If IRC Section 1252 property: Skip section if you did not dispose of farm land or if form is being completed for a partnership.				
a Soil, water, and land clearing expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by line 30a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Enter the smaller of line 27 or line 30b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 If IRC Section 1254 property:				
a Intangible drilling and development costs deducted after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 If IRC Section 1255 property:				
a Applicable percentage of payments excluded from income under IRC Section 126	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 32a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

SCHEDULE D-1

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 19

PROPERTY DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR. ALLOWED	COST OR BASIS	GAIN OR (LOSS)
NORTHGATE PRIVATE EQUITY PARTNERS II-B,						74.
NORTHGATE IV-B, LP						-57.
STRATEGIC PARTNERS FUND III, LP						-3.
TOWNSEND BALANCED REAL ESTATE FUND, LP						-3.
ANGELES REAL ASSETS FUND I LP						33.
TOTAL TO SCH D-1, PART I, LINE 2						44.

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

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

<p>DURFEE FOUNDATION Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>700 S. FLOWER ST., NO. 560 Address (Number and Street)</p> <p>LOS ANGELES, CA 90017 City or Town, State, and ZIP Code</p> <p>310-899-5120 ADMIN@DURFEE.ORG 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 CT123130</p> <p>Corporation or Organization No. 2368140</p> <p>Federal Employer ID No. 95-4856207</p>
---	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ -294,309 Noncash Contributions \$ 0 Total Assets \$ 51,192,178
 Program Expenses \$ 2,829,150 Total Expenses \$ 3,259,466

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.

CLAIRE PEEPS	EXEC. DIRECTOR		
Signature of Authorized Agent	Printed Name	Title	Date