

Department of the Treasury
Internal Revenue Service

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.

2021

Open to Public Inspection

For calendar year **2021** or tax year beginning **07/01/2021** and ending **06/30/2022**

Name of foundation THE FRIARS CHARITABLE FOUNDATION		A Employer identification number 95-6047586
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) (323) 951-1006
City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90213-1523		C If exemption application is pending, check here. <input type="checkbox"/>
G Check all that apply:		D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<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		E If private foundation status was terminated under section 507(b)(1)(A), check here. <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 4,757,510.		
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.)		

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	NONE			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments	172.	172.		
4 Dividends and interest from securities	150,270.	150,269.		
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10	65,140.			
b Gross sales price for all assets on line 6a 1,942,169.				
7 Capital gain net income (from Part IV, line 2)		65,141.		
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) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	215,582.	215,582.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	30,000.	9,000.		21,000.
14 Other employee salaries and wages				
15 Pension plans, employee benefits	2,295.	689.		1,606.
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) STMT 1	6,115.	4,586.		1,529.
c Other professional fees (attach schedule) . * .	40,669.	39,619.		1,050.
17 Interest				
18 Taxes (attach schedule) (see instructions). * . *	2,134.			50.
19 Depreciation (attach schedule) and depletion				
20 Occupancy	35,660.	10,374.		25,286.
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) STMT 4	4,633.	1,389.		3,244.
24 Total operating and administrative expenses. Add lines 13 through 23.	121,506.	65,657.		53,765.
25 Contributions, gifts, grants paid	333,250.			333,250.
26 Total expenses and disbursements. Add lines 24 and 25	454,756.	65,657.		387,015.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-239,174.			
b Net investment income (if negative, enter -0-)		149,925.		
c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing	225.	225.	225.
	2	Savings and temporary cash investments	649,915.	414,272.	414,270.
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges STMT 5 . .	17,755.	16,891.	
	10a	Investments - U.S. and state government obligations (attach schedule).**	830,963.	910,526.	910,526.
	b	Investments - corporate stock (attach schedule) . STMT 7 . .	3,062,250.	2,242,336.	2,242,336.
	c	Investments - corporate bonds (attach schedule) . STMT 8 . .	1,186,837.	1,185,882.	1,185,882.
	11	Investments - land, buildings, and equipment: basis ▶ _____			
	Less: accumulated depreciation ▶ _____ (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule)				
14	Land, buildings, and equipment: basis ▶ _____ 5,534.			STMT 9	
	Less: accumulated depreciation ▶ _____ (attach schedule) 5,534.			2,000.	
15	Other assets (describe ▶ _____ STMT 10)	2,271.	2,271.	2,271.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	5,750,216.	4,772,403.	4,757,510.	
Liabilities	17	Accounts payable and accrued expenses	1,031.	693.	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons . .			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____ STMT 11)	93.	884.	
23	Total liabilities (add lines 17 through 22)	1,124.	1,577.		
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	5,749,092.	4,770,826.	
	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 (see instructions)	5,749,092.	4,770,826.		
30	Total liabilities and net assets/fund balances (see instructions)	5,750,216.	4,772,403.		

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	5,749,092.
2	Enter amount from Part I, line 27a	2	-239,174.
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	5,509,918.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 12	5	739,092.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	4,770,826.

** STMT 6

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.)
1 a SEE PART IV SCHEDULE						
b						
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
a						
b						
c						
d						
e						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.						
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
a						
b						
c						
d						
e						
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	65,141.	
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		

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	2,084.
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	
3 Add lines 1 and 2		3	2,084.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	NONE
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2,084.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	1,200.	
b Exempt foreign organizations - tax withheld at source	6b	NONE	
c Tax paid with application for extension of time to file (Form 8868)	6c	NONE	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	1,200.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	884.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

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. If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ CA,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? 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? Website address ▶ WWW.FRIARSCHARITABLEFOUNDATION.ORG	X	
14 The books are in care of ▶ MARILYN N STAMBLER Telephone no. ▶ 323-951-1006 Located at ▶ 8383 WILSHIRE BLVD., SUITE 531 BEVERLY HILLS, CA ZIP+4 ▶ 90211		
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		
16 At any time during calendar year 2021, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

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.

Table with columns: Question, Yes, No. Rows include 1a(1) through 4b regarding disqualifying activities, disaster assistance, and business holdings.

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		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		X
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
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. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		30,000.	NONE	NONE

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 NONE

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services NONE

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 NONE
2
3
4

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount
1 NONE
2
All other program-related investments. See instructions.
3 NONE

Total. Add lines 1 through 3

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	4,920,043.
b	Average of monthly cash balances	1b	466,300.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	5,386,343.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	5,386,343.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	80,795.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	5,305,548.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	265,277.

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	265,277.
2a	Tax on investment income for 2021 from Part V, line 5.	2a	2,084.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b.	2c	2,084.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	263,193.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	263,193.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	263,193.

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	387,015.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	387,015.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				263,193.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.			NONE	
b Total for prior years: 20 19 ,20 18 ,20 17		NONE		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	36,982.			
b From 2017	37,813.			
c From 2018	43,694.			
d From 2019	84,132.			
e From 2020	39,996.			
f Total of lines 3a through e	242,617.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 387,015.				
a Applied to 2020, but not more than line 2a . . .			NONE	
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2021 distributable amount.				263,193.
e Remaining amount distributed out of corpus. . .	123,822.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	366,439.			
b Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
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				
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				NONE
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)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions) . . .	36,982.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	329,457.			
10 Analysis of line 9:				
a Excess from 2017	37,813.			
b Excess from 2018	43,694.			
c Excess from 2019	84,132.			
d Excess from 2020	39,996.			
e Excess from 2021	123,822.			

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

NOT APPLICABLE

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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
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).)

N/A

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.

N/A

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. See instructions.

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

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

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> SEE STATEMENT 17				333,250.
Total				3a 333,250.
b <i>Approved for future payment</i>				
Total				3b

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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

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

- 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?
b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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: MARILYN STAMBLER, 10/01/2022, PRESIDENT. May the IRS discuss this return with the preparer shown below? [X] Yes [] No

Paid Preparer Use Only: GREGORY B SIMON, 09/01/2022, SIMON ACCOUNTING GROUP, 16633 VENTURA BLVD., SUITE 905, ENCINO, CA 91436-1848, 310-479-1990

**FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
447,093.		CHARLES SCHWAB - SEE ATTACHED 438,371.					VARIOUS 8,722.	VARIOUS
1,495,076.		CHARLES SCHWAB - SEE ATTACHED 1,438,657.					VARIOUS 56,419.	VARIOUS
TOTAL GAIN(LOSS)							----- 65,141. =====	

FORM 990PF, PART I - ACCOUNTING FEES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
SIMON ACCOUNTING GROUP	6,115.	4,586.		1,529.
TOTALS	6,115.	4,586.	NONE	1,529.
	=====	=====	=====	=====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
INVESTMENT MANAGEMENT FEES	39,169.	39,169.		
COMPUTER, WEBSITE AND MISC	1,500.	450.		1,050.
	-----	-----		-----
TOTALS	40,669.	39,619.		1,050.
	=====	=====		=====

FORM 990PF, PART I - TAXES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
ATTORNEY GENERAL	50.	50.
FRANCHISE TAX BOARD	NONE	
FEDERAL EXCISE TAX	2,084.	
	-----	-----
TOTALS	2,134.	50.
	=====	=====

FORM 990PF, PART I - OTHER EXPENSES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
INSURANCE	3,359.	1,007.	2,352.
OFFICE, MEETING, POSTAGE	1,274.	382.	892.
TOTALS	----- 4,633. =====	----- 1,389. =====	----- 3,244. =====

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID INSURANCE	2,284.
PREPAID EXPENSES	500.
ACCRUED INTEREST & DIVIDENDS	14,107.
TOTALS	----- 16,891. =====

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
CHARLES SCHWAB - COVE STREET	535,895.	535,895.
US OBLIGATIONS TOTAL	----- 535,895. =====	----- 535,895. =====
CHARLES SCHWAB - COVE STREET	374,631.	374,631.
STATE OBLIGATIONS TOTAL	----- 374,631. =====	----- 374,631. =====
US AND STATE OBLIGATIONS TOTAL	----- 910,526. =====	----- 910,526. =====

FORM 990PF, PART II - CORPORATE STOCK

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
CHARLES SCHWAB - COVE STOCKS	2,150,636.	2,150,636.
CHARLES SCHWAB - PTP	91,700.	91,700.
TOTALS	----- 2,242,336.	----- 2,242,336.
	=====	=====

FORM 990PF, PART II - CORPORATE BONDS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
CHARLES SCHWAB - COVE STREET	1,185,882.	1,185,882.
TOTALS	1,185,882.	1,185,882.

=====

=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT
 =====

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
OFFICE FURNITURE	SL	4,073.			4,073.	4,073.			4,073.
COMPUTER EQUIPMENT	SL	1,461.			1,461.	1,461.			1,461.
TOTALS		5,534.			5,534.	5,534.			5,534.
		=====			=====	=====			=====

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
SEC. DEPOSITS -8383 WILSHIRE	2,271.	2,271.
TOTALS	2,271.	2,271.
	=====	=====

FORM 990PF, PART II - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
EXCISE TAXES PAYABLE	884.
TOTALS	----- 884. =====

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
NET CHANGE IN UNREALIZED INVESTMENT LOSS	739,092.

TOTAL	739,092.
	=====

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
MARILYN N. STAMBLER

ADDRESS:
P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:
PRESIDENT, COO

COMPENSATION	30,000.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

OFFICER NAME:
LINDA SCHWARTZ

ADDRESS:
P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:
TRUSTEE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
LENORE ROSS

ADDRESS:
P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:
HONORARY TRUSTEE

OFFICER NAME:
MARGARET G GRAF

ADDRESS:
P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:
VICE PRESIDENT

OFFICER NAME:
LISSA ROTH HARRISON

ADDRESS:
P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:
TRUSTEE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

LOU ZIGMAN

ADDRESS:

P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:

SECRETARY / TREASURER

OFFICER NAME:

JAY J RAKOW

ADDRESS:

P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:

TRUSTEE

OFFICER NAME:

DAVID FELMAN

ADDRESS:

P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:

TRUSTEE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
FRAN ZIGMAN

ADDRESS:
P.O. BOX 1523
BEVERLY HILLS, CA 90213-1523

TITLE:
HONORARY TRUSTEE

TOTAL COMPENSATION: 30,000.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE
=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE
=====

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CENTER THEATRE GROUP

ADDRESS:

135 N. GRAND AVENUE

LOS ANGELES, CA 90012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS AND EDUCATIONAL PROGRAM

SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 30,000.

RECIPIENT NAME:

ST. FRANCIS CENTER

ADDRESS:

3630 E IMPERIAL HWY

LYNWOOD, CA 90262

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES AND FOOD

DISTRIBUTION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

INNER-CITY FILMMAKERS

ADDRESS:

3000 WEST OLYMPIC BLVD

SANTA MONICA, CA 90404

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND EDUCATIONAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

PATH (PEOPLE ASSISTING THE HOMELESS)

ADDRESS:

340 NORTH MADISON AVENUE

LOS ANGELES, CA 90004

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR HOMELESS SERVICES AND EDUCATION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 20,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

UCLA FOUNDATION

ADDRESS:

10920 WILSHIRE BLVD

LOS ANGELES, CA 90024

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR MENTAL HEALTH EDUCATION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

JEWISH FAMILY SERVICES (SOVA)

ADDRESS:

4311 WILSHIRE BLVD

LOS ANGELES, CA 90010

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES AND FOOD

DISTRIBUTIONS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 35,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CATHOLIC BIG BROTHERS BIG SISTERS

ADDRESS:

1530 JAMES M WOOD BLVD

LOS ANGELES, CA 90015

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATIONAL PROGRAMS AND MENTORS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:

AVIVA FAMILY AND CHILDRENS SERVICE

ADDRESS:

7120 FRANKLIN AVENUE

LOS ANGELES, CA 90046

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR HUMAN SERVICE FOR FOSTER CHILDREN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 15,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CARE4PAWS

ADDRESS:

272 GOULD LANE

MONTECITO, CA 93108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ANIMAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

CASA OF LOS ANGELES

ADDRESS:

201 CENTRE PLAZA DR, ROOM 1100

MONTEREY PARK, CA 91754

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES FOR FOSTER CHILDREN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

FRIENDS OF LARC

ADDRESS:

10560 WILSHIRE BLVD

LOS ANGELES, CA 90024

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR PROGRAM SERVICES FOR DEVELOPMENTALLY
DISABLED

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

HARMONY PROJECT

ADDRESS:

817 VINE STREET, SUITE 212

LOS ANGELES, CA 90038

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR MUSIC EDUCATION PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 15,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

THE JEFFREY FOUNDATION

ADDRESS:

5470 W. WASHINGTON BLVD

LOS ANGELES, CA 90016

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATIONAL PROGRAM SERVICES FOR

CHILDREN WITH DISABILITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,900.

RECIPIENT NAME:

EASTMONT COMMUNITY CENTER

ADDRESS:

701 S HOEFNER AVENUE

BEVERLY HILLS, CA 90022

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATION AND SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

OPICA - OPTIMISTIC PEOPLE IN A CARING ATMOSPHERE

ADDRESS:

11759 MISSOURI AVENUE

LOS ANGELES, CA 90025

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATION AND SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

THE ROAD THEATRE COMPANY

ADDRESS:

5108 LANKERSHIM BLVD.

NORTH HOLLYWOOD, CA 91601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

VARIETY BOYS & GIRLS CLUB

ADDRESS:

2530 CINCINNATI STREET

LOS ANGELES, CA 90033

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR AFTER SCHOOL EDUCATION PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:

JEWISH BIG BROTHERS BIG SISTERS

ADDRESS:

6505 WILSHIRE BLVD., SIXTH FLOOR

LOS ANGELES, CA 90048

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 12,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

DEAF WEST THEATRE CO

ADDRESS:

5114 LANKERSHIM BLVD

LOS ANGELES, CA 91601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR PERFORMING ARTS PROGRAMS FOR HEARING

IMPAIRED CHILDREN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

LA COUNTY POLICE CANINE ASSOCIATION

ADDRESS:

1223 WILSHIRE BLVD. STE 435

SANTA MONICA, CA 90403

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 850.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

BEIT T'SHUVAH

ADDRESS:

8831 VENICE BLVD

LOS ANGELES, CA 90034

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICE PROGRAMS FOR SUBSTANCE

ABUSE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:

SC LAMP-SOUTH CENTRAL LOS ANGELES MINISTRY PROJECT

ADDRESS:

892 E. 48TH STEET

LOS ANGELES, CA 90011

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATIONAL PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 18,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

LOS ANGELES YOUTH ORCHESTRA

ADDRESS:

4924 BALBOA BLVD. #409

ENCINO, CA 91316

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR CHILDREN

FOUNDATION STATUS OF RECIPIENT:

PF

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

PARA LOS NIÑOS

ADDRESS:

5000 HOLLYWOOD BLVD

LOS ANGELES, CA 90027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

VENICE FAMILY CLINIC

ADDRESS:

604 ROSE AVENUE

VENICE, CA 90291

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR HEALTH AND SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

ROBERT IRMAS YOUTH CENTER

ADDRESS:

11911 S VERMONT AVE

LOS ANGELES, CA 90044

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

24TH STREET THEATRE COMPANY

ADDRESS:

1117 WEST 24TH STREET

LOS ANGELES, CA 90007

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

PROJECT ECHO

ADDRESS:

1437 6TH STREET

SANTA MONICA, CA 90401

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SANTA CLARITA SHERIFF'S STATION

ADDRESS:

30300 ARILINGTON STREET

SANTA CLARITA, CA 91384

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ART AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

ACTORS' GANG

ADDRESS:

9070 VENICE BLVD.

CULVER CITY, CA 90232

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

LOS ANGELES MASTER CHORALE

ADDRESS:

135 N GRAND AVENUE

LOS ANGELES, CA 90012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

LOS ANGELES MUSIC AND ART SCHOOL

ADDRESS:

3630 E. 3RD ST.

LOS ANGELES, CA 90063

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

UNUSUAL SUSPECTS THEATRE CO.

ADDRESS:

3719 VERDUGO RD.

LOS ANGELES, CA 90065

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

HEAR CENTER

ADDRESS:

301 EAST DEL MAR BLVD

PASADENA, CA 91101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR HEALTH AND MEDICAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

WALLIS ANNENBERG CENTER

ADDRESS:

9390 N SANTA MONICA BLVD.

BEVERLY HILLS, CA 90210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

CHILDRENS BURN FOUNDATION

ADDRESS:

5000 VAN NUYS BLVD

SHERMAN OAKS, CA 91403

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR COMMUNITY HEATHCARE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 53,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

MUSIC CENTER FOUNDATION

ADDRESS:

135 NORTH GRAND AVE SUITE 301

LOS ANGELES, CA 90012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND EDUCATIONAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

YOUNG MUSICIANS FOUNDATION

ADDRESS:

1844 CYPRESS AVENUE

LOS ANGELES, CA 90065

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

TOTAL GRANTS PAID: 333,250.

=====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2021

Name of estate or trust

Employer identification number

THE FRIARS CHARITABLE FOUNDATION

95-6047586

Did you 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.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	447,093.	438,371.		8,722.
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 or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2020 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶				7 8,722.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	1,495,076.	1,438,657.		56,419.
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				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2020 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶				16 56,419.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2021

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions <i>before</i> completing this part.				
17	Net short-term gain or (loss)	17		8,722.
18	Net long-term gain or (loss):			
a	Total for year	18a		56,419.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		65,141.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		20
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000	()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21	
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22	
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23	
24	Add lines 22 and 23	24	
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	25	
26	Subtract line 25 from line 24. If zero or less, enter -0-	26	
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	
28	Enter the smaller of the amount on line 21 or \$2,700	28	
29	Enter the smaller of the amount on line 27 or line 28	29	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30	
31	Enter the smaller of line 21 or line 26	31	
32	Subtract line 30 from line 26	32	
33	Enter the smaller of line 21 or \$13,250	33	
34	Add lines 27 and 30	34	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	
36	Enter the smaller of line 32 or line 35	36	
37	Multiply line 36 by 15% (0.15) ▶	37	
38	Enter the amount from line 31	38	
39	Add lines 30 and 36	39	
40	Subtract line 39 from line 38. If zero or less, enter -0-	40	
41	Multiply line 40 by 20% (0.20) ▶	41	
42	Figure the tax on the amount on line 27. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	
43	Add lines 37, 41, and 42	43	
44	Figure the tax on the amount on line 21. Use the 2021 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2). ▶	45	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

THE FRIARS CHARITABLE FOUNDATION

95-6047586

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for general depreciation calculations and 13 rows for detailed property information including description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance, section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2021 and general asset accounts.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential rental property.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations: listed property amount, total depreciation, and basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes		No		Yes		No		Yes		No	
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes		No		Yes		No		Yes		No	
36 Is another vehicle available for personal use?	Yes		No		Yes		No		Yes		No	

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

