Form **990-PF** 

### **Return of Private Foundation**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

F	or ca	lendar year 2023 or tax year beginning	07/	01/2023	and endir	ıg		06/30/2024
Na	me of	foundation				Α	Employer identific	cation number
	THE	FRIARS CHARITABLE FOUNDATION					95-6	6047586
Νι	ımber	and street (or P.O. box number if mail is not delivered to	o street address)		Room/suite	В	Telephone number	er (see instructions)
	PΛ	. BOX 1523					(32	3)951-1006
_		own, state or province, country, and ZIP or foreign posta	al code				( 32 .	3 / 2 3 1 1 0 0 0
	,	, , , , , , , , , , , , , , , , , , , ,				c	If exemption applica	
	D [; 17]	ERLY HILLS, CA 90213-1523					pending, check here	
-		eck all that apply: Initial return	Initial return of	of a former r	ublic chari	h./		
G	Cile	Final return	Amended ret	•	Jublic Charl	ם   עי	1. Foreign organizati	
			<del></del>				<ol><li>Foreign organizat 85% test, check h</li></ol>	
	Cha	Address change	Name change				computation .	
<u>п</u>		eck type of organization: X Section 501(				E	If private foundation	status was terminated
		section 4947(a)(1) nonexempt charitable trust	Other taxable pr				under section 507(b)	)(1)(A), check here
ı				Cash X	Accrual	F		in a 60-month termination
		of year (from Part II, col. (c), line	Other (specify)			.	under section 507(b)	(1)(B), check here
_	16)		t I, column (d), must be o	n cash basis.)				(4) Dishamon and
Ŀ	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net inv	estment	(c)	Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per books	incon		(-)	income	purposes
_		column (a) (see instructions).)	DOOKS					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	NONE					
	2	Check X if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments.	207.		207.			
	4	Dividends and interest from securities	170,126.	17	0,126.			
	5a	Gross rents						
	b	Net rental income or (loss)						
ā	6a	Net gain or (loss) from sale of assets not on line 10	NONE					
Ĕ	b	Gross sales price for all assets on line 6a 4,200,130.						
evenue	7	Capital gain net income (from Part IV, line 2)			NONE			
œ	8	Net short-term capital gain.					NONE	
	9	Income modifications						
	10 a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
		Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	170,333.	17	0,333.		NONE	
П	13	Compensation of officers, directors, trustees, etc.	32,500.		9,750.			22,750
es		Other employee salaries and wages	·					
S	15	Pension plans, employee benefits	1,441.		432.			1,008
9	14 15 16a b c 17 18 19 20	Legal fees (attach schedule)	,					,
ω	h	Accounting fees (attach schedule)STMT 1	8,640.		6,480.		NONE	2,160
Ş	c	Other professional fees (attach schedule) *	32,616.	3	1,356.			1,260
a	17	Interest	32,7327					
돲	12	Taxes (attach schedule) (see instructions). **	75.					75
☲	10	Depreciation (attach schedule) and depletion	, 5 .					, ,
兵	20		35,488.	1	0,646.			24,842
ď	24	Occupancy	33,400.		,			21,012
	21 22	Travel, conferences, and meetings						
g	22	Printing and publications Other expenses (attach schedule) STMT 4	9,457.		2,471.			6,947
֟֝֝֟֝֟֝֝֟֝֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟	23	, , , , , , , , , , , , , , , , , , , ,	9,437.		۵, ٦/١٠			0,547
Operating	24	Total operating and administrative expenses.	120 217	_	1 125		MONTE	E0 040
ğ	0.5	Add lines 13 through 23	120,217.	0	1,135.		NONE	59,042
ں		Contributions, gifts, grants paid	220,000.		1 125		NTONTE	220,000
$\dashv$	26	Total expenses and disbursements. Add lines 24 and 25	340,217.	6	1,135.		NONE	279,042
	27	Subtract line 26 from line 12:	160 004					
		Excess of revenue over expenses and disbursements	-169,884.	1.0	0 100			
		Net investment income (if negative, enter -0-)		10	9,198.		^	
_	С	Adjusted net income (if negative, enter -0-)					-0-	

P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of	year
		_	amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-beari	ing	225.	2	225.	225.
	2		cash investments	155,427.	32,7	24.	32,724.
		Less: allowance for dou	btful accounts				
		Pledges receivable					
			btful accounts				
	6		officers, directors, trustees, and other				
	_		tach schedule) (see instructions)				
			eceivable (attach schedule)				
s			btful accounts				
ssets	8		e	24 547	0 0	0.7	0 007
			eferred charges STMT 5	24,547.		87.	9,087.
⋖			e government obligations (attach schedule) * *	1,185,417.		IONE	
		•	stock (attach schedule) STMT 7		4,422,0		4,422,050.
	11 C	Investments - corporate Investments - land, buildings and equipment: basis	bonds (attach schedule) STMT 8	1,107,735.	N	IONE	NONE
		Less: accumulated deprecia (attach schedule)	ition				
	12	,	loans				
			ach schedule)				
	14	Land, buildings, and equipment: basis	5,534.				STMT 9
							1,500.
	15	Other assets (describe	5,534. STMT 10)	2,271.	2,2	71.	2,271.
			completed by all filers - see the	,	,		,
			age 1, item I)	4,652,017.	4.466.3	57.	4,467,857.
	17		accrued expenses	, , .	, , .		, , , , , , , , , , , , , , , , , , , ,
	l						
_iabilities	19						
Ĭ	20		ors, trustees, and other disqualified persons				
<u>a</u>	21		otes payable (attach schedule)				
_	22		STMT 11)	NONE		323.	
			es 17 through 22)	NONE		323.	
·^				IVOIVE		,23.	
alances		complete lines 24 25	v FASB ASC 958, check here and 29, and 30				
ă				4,652,017.	4,465,5	34	
	l		or restrictions	4,032,017.	4,405,5	34.	
<u>о</u>	25		estrictions				
בַ			ot follow FASB ASC 958, check				
Ĩ	26 27 28 29 30	•	s 26 through 30				
ō	26		cipal, or current funds			-	
ets	27		land, bldg., and equipment fund			-	
SS	28	•	ulated income, endowment, or other funds	4 650 015	4 465 5	2.4	
t A	29		I balances (see instructions)	4,652,017.	4,465,5	34.	
Š	30		net assets/fund balances (see	,			
				4,652,017.	4,466,3	57.	
			nges in Net Assets or Fund Balar				
1			palances at beginning of year - Part I				
			ed on prior year's return)			1	4,652,017.
			line 27a			2	-169,884.
			ded in line 2 (itemize)SEE_STAT			3	418,498.
						4	4,900,631.
5	Dec	reases not included ir	n line 2 (itemize)SEE STAT	EMENT 13		5	435,097.
6	Tota	al net assets or fund h	alances at end of year (line 4 minus	line 5) - Part II column (h	n) line 29	6	4 465 534

STMT 6

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		TIME OHNETTIBLE TOOMBIIL	± 011	,,,,,,	,,,,,		- 3
Par	t IV Capital Gains	s and Losses for Tax on Inv	estment Income				
	` '	scribe the kind(s) of property sold (for orick warehouse; or common stock, 200	• •	P - Purchase D - Donation		ate acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
	·		7 3113. WILO 00.)		(****	-,,, ,,	(, 22), j
	SEE PART IV SCHE	DOPE					
<u>b</u>							
<u> </u>							
d							
<u>e</u>			(a) Cost or oth	or boois			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense				or (loss) ) minus (g))
a							
b							
С							
d							
е							
	Complete only for assets s	showing gain in column (h) and owned	d by the foundation on 1	12/31/69.			(h) gain minus
(	i) FMV as of 12/31/69	(k) Excess of over col. (j),		co	· //	less than -0-) <b>or</b> om col. (h))	
а							
b							
С							
d							
е							
_	Conital main wat income	If g	jain, also enter in Par	rt I, line 7			
2	Capital gain net income	e or (net capital loss)	loss), enter -0- in Part	t I, line 7	2		-433,579.
3	Net short-term capital g	gain or (loss) as defined in sections	s 1222(5) and (6):				
	If gain, also enter in F	Part I, line 8, column (c). See ins	structions. If (loss),	enter -0- in			
					3		NONE
Par	t V Excise Tax Ba	sed on Investment Income (S	Section 4940(a), 49	940(b), or 494	18 - se	e instructi	ons)
1a	Exempt operating foundati	ons described in section 4940(d)(2), cl	heck here and er	nter "N/A" on line	e 1. 🗎		
	Date of ruling or determination	letter: (attac	h copy of letter if necessa	ry - see instruction	ns)	1	1,518.
b	All other domestic found	dations enter 1.39% (0.0139) of li	ine 27b. Exempt fore	ign organization	s, (		
	enter 4% (0.04) of Part I, lir	ne 12, col. (b)			. 丿		
2	Tax under section 511 (d	omestic section 4947(a)(1) trusts an	d taxable foundations	only; others, ent	er -0-)	2	
3	Add lines 1 and 2					3	1,518.
4	Subtitle A (income) tax (c	Iomestic section 4947(a)(1) trusts an	d taxable foundations	only; others, ent	er -0-)	4	NONE
5	Tax based on investment	income. Subtract line 4 from line 3. If a	zero or less, enter -0-			5	1,518.
6	Credits/Payments:		1				
а	2023 estimated tax payme	nts and 2022 overpayment credited to	2023 <b>6a</b>		695.		
b	Exempt foreign organization	ons - tax withheld at source	6b		NONE		
С	Tax paid with application f	or extension of time to file (Form 8868)	)6c		NONE		
d	Backup withholding errone	eously withheld	6d				
7	Total credits and payments	s. Add lines 6a through 6d			]	7	695.
8	Enter any <b>penalty</b> for unde	rpayment of estimated tax. Check here	if Form 2220 is	attached		8	
9	Tax due. If the total of line	s 5 and 8 is more than line 7, enter am	ount owed			9	823.
10	Overpayment. If line 7 is r	nore than the total of lines 5 and 8, ent	ter the amount overpaid			10	
11		to be: Credited to 2024 estimated to		Refun		11	

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Par	t VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		Х
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	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?	2		Х
	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	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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?	6	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	7	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 General Instruction G? If "No," attach explanation	8b	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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website addressWWW.FRIARSCHARITABLEFOUNDATION.ORG			
14	The books are in care of MARILYN N STAMBLER Telephone no. 323-95:	1-100	)6	
	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			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

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rar	Statements Regarding Activities for Which Form 4/20 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		
С	Organizations relying on a current notice regarding disaster assistance, check here.			
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 2023?	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)):			
а	At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for	_		
	tax year(s) beginning before 2023? If "Yes," list the years	2a		X
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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	26		Х
_	all years listed, answer "No" and attach statement - see instructions.)	2b		Λ
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
33	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?	3a		Х
h	If "Yes," did it have excess business holdings in 2023 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 2023.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		Х
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 2023? • • • • • • • • • • • • • • • • • • •	4b		X

Pa	rt VI-B	Statements Regarding Activities f	or Which Form	4720 May Be Requ	uired (continued)			
5a	During th	ne year, did the foundation pay or incur any amo	ount to:				Yes	No
	(1) Carr	y on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?		5a(1)		Х
		ence the outcome of any specific public						
	indir	ectly, any voter registration drive?				5a(2)		Х
		ide a grant to an individual for travel, study, or o				5a(3)		Х
		ide a grant to an organization other than						
		.)? See instructions		-		5a(4)		Х
		ide for any purpose other than religious,						
	the p	revention of cruelty to children or animals?				5a(5)		Х
b		unswer is "Yes" to 5a(1)-(5), did any of th						
	in Regula	ations section 53.4945 or in a current notice reg	arding disaster assist	tance? See instructions		5b		
С	Organiza	itions relying on a current notice regarding disas	ster assistance, check	here	[			
d		answer is "Yes" to question 5a(4), does						
	maintain	ed expenditure responsibility for the grant?				5d		Х
		attach the statement required by Regulations se						
6a		foundation, during the year, receive any f	` '	ndirectly, to pay pre	miums on a personal			
		ontract?				6a		Х
b	Did the f	oundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?	6b		Х
		o 6b, file Form 8870.		•				
7a	At any tii	me during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?		7a		Х
b		did the foundation receive any proceeds or have				7b		
8	Is the fo	oundation subject to the section 4960 tax	on payment(s) of i	more than \$1,000,0	00 in remuneration or			
	excess pa	arachute payment(s) during the year?				8		Х
Pa	rt VII	Information About Officers, Directors	s, Trustees, Fou	ndation Managers	, Highly Paid Emplo	yees, a	nd	
1	l ist all o	Contractors fficers, directors, trustees, and foundati	on managers and	their compensation	See instructions			
-	List all C		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se accor	ınt
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		
SEE	STATE	MENT 14						
				32,500.	NONE			NON
2		sation of five highest-paid employees	(other than thos	se included on line	e 1 - see instruction	ns). If n	one,	ente
	"NONE."		(h) Title and average		(d) Contributions to			
(a)	Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense other all	se accou	unt,
			devoted to position		compensation			
	NONE							
Tota	I number	of other employees paid over \$50,000 .					NO	NE

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Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo Contractors (continued)	yees, and
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
	er of others receiving over \$50,000 for professional services	NONE
Part VIII-		Τ
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of as and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
<u> </u>		
4		
Part VIII-E	Summary of Program-Related Investments (see instructions)	
Describe th	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE		
		NONE
2		
All other pr	ogram-related investments. See instructions.	
3 NONE		
		NONE

NONE

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Form 990-PF (2023) THE FRIARS CHARITABLE FOUNDATION 95-6047586 Page 8 Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 3,370,888. 1b Average of monthly cash balances....... 1,011,016. c Fair market value of all other assets (see instructions) 1c NONE 4,381,904. Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 2 NONE 3 4,381,904. Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 4 65,729. Net value of noncharitable-use assets. Subtract line 4 from line 3 5 4,316,175. 5 215,809. 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.) 1 215,809. 2a 1,518. 2a Tax on investment income for 2023 from Part V, line 5. Income tax for 2023. (This does not include the tax from Part V.) . . 2b 2c 1,518. 3 214,291. 3 4 Recoveries of amounts treated as qualifying distributions 5 214,291. 6 Deduction from distributable amount (see instructions). Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, 7 214,291. 

#### Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	279,042.
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:		
а	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	279,042.

Form **990-PF** (2023)

Undistributed Income (see instructions) Part XII (d) (a) (b) (c) Corpus Years prior to 2022 2022 2023 Distributable amount for 2023 from Part X, line 7 214,291 Undistributed income, if any, as of the end of 2023: a Enter amount for 2022 only..... NONE NONE **b** Total for prior years: 20 21 ,20 20 .20 19 3 Excess distributions carryover, if any, to 2023: 43,694 **a** From 2018 . . . . . 84,132. **b** From 2019 **c** From 2020 39,996. 123,822. **d** From 2021 52,316 **e** From 2022 343,960 f Total of lines 3a through e 4 Qualifying distributions for 2023 from Part XI, 279,042. NONE a Applied to 2022, but not more than line 2a **b** Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 214,291. d Applied to 2023 distributable amount 64,751 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: 408,711 a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract NONE line 4b from line 2b . . . . . . . . . . . . . . . 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 Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see NONE instructions f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be NONE distributed in 2024 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 2018 not applied on line 5 or line 7 (see instructions) 43,694 Excess distributions carryover to 2024. 365,017 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 84,132. a Excess from 2019 39,996. **b** Excess from 2020 123,822. c Excess from 2021 52,316. d Excess from 2022 e Excess from 2023 64,751.

Form **990-PF** (2023)

Page **10** Form 990-PF (2023) THE FRIARS CHARITABLE FOUNDATION 95-6047586 Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) NOT APPLICABLE 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, 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 Prior 3 years 2a Enter the lesser of the ad-(e) Total justed net income from Part (a) 2023 **(b)** 2022 (c) 2021 (d) 2020 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 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 testenter 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.) **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).) 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here | X | 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:

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

JSA 3E1490 1.000 Form **990-PF** (2023) V23-7.6F 1501 15

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c Any submission deadlines:

Part XIV Supplementary Information (continued) **Grants and Contributions Paid During the Year or Approved for Future Payment** 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) recipient a Paid during the year SEE STATEMENT 18 220,000. 220,000. **b** Approved for future payment

JSA 3E1491 1.000

**Total** 

Form **990-PF** (2023)

	Unrela	ated business income	Excluded by	section 512, 513, or 5	14 (e) Related or exemp
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.
a					
b					
:					
ı					
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments •			14	207	
vividends and interest from securities			14	170,126	
let rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property					
Other investment income					
ain or (loss) from sales of assets other than inventory	,		18	NON	IE
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
other revenue: a					
Subtotal. Add columns (b), (d), and (e)				170,333	
worksheet in line 13 instructions to verify calc	culations.)			13	170,33
worksheet in line 13 instructions to verify calc  t XV-B Relationship of Activities	s to the Ac	complishment of E	xempt Purp	oses	170,33
worksheet in line 13 instructions to verify calc t XV-B Relationship of Activities	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities  No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,3
rt XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,33
rt XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,33
t XV-B Relationship of Activities e No. Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,33
Explain below how each activity f	s to the Ac	complishment of E	xempt Purp mn (e) of Part such purposes)	oses  XV-A contributed impor	170,33

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Part XVI	Information Regardi	ng Transfers	to and	Transactions	and	Relationships	With	Noncharitable	Exemp
	Organizations								

а	in secondarial Transf (1) Ca (2) Ot Other (1) Sa	ction 501(c) (other izations? fers from the reportinash	than section to a	ngage in any of the follo 501(c)(3) organizations) a noncharitable exempt o	or in section of:	on 527, rel	ating to	political	1a(1) 1a(2) 1b(1)	Yes	X X X
	(3) Re (4) Re (5) Lo	ental of facilities, equi eimbursement arrange eans or loan guarantee	pment, or other a ements es	le exempt organization. ssets			 		1b(2) 1b(3) 1b(4) 1b(5)		X X X
d	Sharin If the value	ng of facilities, equipm answer to any of th of the goods, other a	ent, mailing lists e above is "Yes assets, or service	o or fundraising solicitation, other assets, or paid em, "complete the followings given by the reporting ement, show in column (	ployees g schedule. C g foundation.	olumn (b) s	hould a	lways show ceived less	1c the than	fair m	arket
<b>(a)</b> Li	ne no.	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Desc	ription of transf	ers, transa	ctions, and sha	ring arra	ingeme	nts
	descri		(other than sect	iated with, or related to ion 501(c)(3)) or in section					Y	es X	] No
		(a) Name of organization		(b) Type of organization	on	(	c) Descrip	tion of relations	ship		
	cori			ed this return, including accompany			o the best	of my knowledg	ge and b	elief, it	is true,
Sign	1 1	MARILYN STAMBLE	קי	11/15/2024	PRESI	DENT		May the IRS			
Here	<b>-</b>	nature of officer or trustee	317	Date	Title	T NTO T		with the pre			below? No
	9	,			2				[ 25		
		Print/Type preparer's nar	me	Preparer's signature		Date	Ch	neck if F	PTIN		
Paid		GREGORY B SIMO	N	GREGORY B SIMON		11/13/2		—	2002	L185	4
Prep	oarer		MON ACCOUNT			, , , , , , , , , , , , , , , , , , ,	Firm's Ell		3308		
Use	Only			BLVD., SUITE 905							
			CINO, CA		91436-1848	8	Phone no	310-47	<u> 19</u> –19	90	
									m 990		(2023)

JSA

3E1493 1.000

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

	<u>L GAINS AND LO</u>	OOLO I O	IN IAA ON	HAVEOI			
Kind of Property		Desc	cription		P or D	Date acquired	Date sold
Gross sale Depred	ciation Cost or	FMV	Adj. basis	Excess of	۲	Gain	
price less allow	ved/ other	as of	as of 12/31/69	FMV over		or	
expenses of sale allow	rable basis	12/31/69	12/31/69	adj basis	H	(loss)	
	SCHWAB - SE	E STATEMENT	ATTACHED			VARIOUS	VARIOUS
701,218.	PROPERTY TY: 750,540.	PE: SECURIT	IES			-49,322.	
	SCHWAB - SE	E STATEMENT	ATTACHED		P		VARIOUS
498,912.	PROPERTY TY: 3,883,169.	PE: SECURIT	IES			-384,257.	
	0,000,000						
OTAL GAIN(LOSS)						 -433,579.	
TAL GAIN(LOSS)				• • • • • •		=======	
1730 1.000 1NF01B L14!		777	23-7.6F 15	0.1	·		19

# FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES	
SIMON ACCOUNTING GROUP	8,640.	6,480.		2,160.	
TOTALS	8,640.	6,480.	NONE	2,160.	

1NF01B L145 V23-7.6F 1501 20 STATEMENT 1

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES COMPUTER, WEBSITE AND MISC	30,816. 1,800.	30,816. 540.		1,260.
TOTALS	32,616.	31,356.		1,260.

1NF01B L145 V23-7.6F 1501 21 STATEMENT 2

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
ATTORNEY GENERAL FRANCHISE TAX BOARD	75. NONE	75.
TOTALS	75.	75.

1NF01B L145 V23-7.6F 1501 22 STATEMENT 3

# FORM 990PF, PART I - OTHER EXPENSES

		==========	==========	==========
	TOTALS	9,457.	2,471.	6,947.
INSURANCE OFFICE, MEETING, STORAGE	POSTAGE	4,590. 3,776. 1,091.	1,338. 1,133.	3,213. 2,643. 1,091.
DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES

1NF01B L145 V23-7.6F 1501 23 STATEMENT 4

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

	ENDING	ENDING
DESCRIPTION	BOOK VALUE	FMV
PREPAID INSURANCE	2,468.	2,468.
PREPAID EXPENSES	500.	500.
ACCRUED INTEREST & DIVIDENDS	4,798.	4,798.
FEDERAL EXCISE TAX RECEIVABLE	NONE	NONE
PAYROLL TAX OVERPAYMENT REC	1,321.	1,321.
TOTALS	9,087.	9,087.
	==========	==========

1NF01B L145 V23-7.6F 1501 24 STATEMENT 5

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

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CHARLES SCHWAB - COVE STREET	NONE	NONE
US OBLIGATIONS TOTAL	NONE	NONE
CHARLES SCHWAB - COVE STREET	NONE	NONE
STATE OBLIGATIONS TOTAL	NONE	NONE
US AND STATE OBLIGATIONS TOTAL	NONE	NONE
	==========	=========

1NF01B L145 V23-7.6F 1501 25 STATEMENT 6

FORM	990PF,	PART	II -	CORPORATE	STOCK
=====		=====	====	=======	=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CHARLES SCHWAB - COVE STOCKS BNY MELLON - MUTUAL FUNDS	4,422,050.	4,422,050.
TOTALS	4,422,050.	4,422,050.

1NF01B L145 V23-7.6F 1501 26 STATEMENT 7

ENDING

ENDING

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION BOOK VALUE FMV
-----CHARLES SCHWAB - COVE STREET NONE NONE
TOTALS NONE NONE

1NF01B L145 V23-7.6F 1501 27 STATEMENT 8

THE FRIARS CHARITABLE FOUNDATION 95-6047586

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

-----

#### FIXED ASSET DETAIL

#### ACCUMULATED DEPRECIATION DETAIL

	METHOD/	BEGINNING			ENDING	BEGINNING			ENDING
ASSET DESCRIPTION	CLASS	BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	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.
		========				=======			

1NF01B L145 V23-7.6F 1501 **28** STATEMENT 9

FORM	990PF,	PART	ΙI	- OTHER	ASSETS
	======		====	:======	=====

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

1NF01B L145 V23-7.6F 1501 29 STATEMENT 10

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION ENDING
BOOK VALUE

\_\_\_\_\_

EXCISE TAXES PAYABLE 823.

\_\_\_\_\_

TOTALS 823.

STATEMENT 11

STATEMENT 12

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

DESCRIPTION AMOUNT -----

NET CHANGE IN UNREALZED INVESTMENT GAIN 418,498.

TOTAL 418,498.

=========

STATEMENT 13

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

DESCRIPTION AMOUNT

\_\_\_\_\_

FEDERAL EXCISE TAX PREPAID 1,518.
REALIZED CAPITA LOSS 433,579.

TOTAL 435,097.

TOTAL 435,097.

OFFICER NAME:

MARILYN N. STAMBLER

ADDRESS:

P.O. BOX 1523

BEVERLY HILLS, CA 90213-1523

TITLE:

PRESIDENT, COO

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 20.00

COMPENSATION ..... 32,500.

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

STATEMENT 14

### 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

## 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

STATEMENT 16

OFFICER NAME: FRAN ZIGMAN

ADDRESS:

P.O. BOX 1523

BEVERLY HILLS, CA 90213-1523

TITLE:

HONORARY TRUSTEE

TOTAL COMPENSATION: 32,500.

=========

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE

=========

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE

==========

STATEMENT 17

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

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

STATEMENT 18

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:

РC

RECIPIENT NAME:

UCLA FOUNDATION

ADDRESS:

10920 WILSHIRE BLVD

LOS AONGELES, CA 90024

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT FOR MENTAL HEALTH EDUCATION

FOUNDATION STATUS OF RECIPIENT:

РC

STATEMENT 19

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

RECIPIENT NAME:

INNER-CITY ARTS

ADDRESS:

720 KOLHLER STREET

LOS ANGELES, CA 90021

1NF01B L145

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATIONAL PROGRAMS AND MENTORS

FOUNDATION STATUS OF RECIPIENT:

РC

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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:

РC

RECIPIENT NAME:

AFTER-SCHOOL ALL-STARS

ADDRESS:

5900 WILSHIRE BLVD.

SUITE 2000

LOS ANGELES, CA 90036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR CHILDREN SERVICES

FOUNDATION STATUS OF RECIPIENT:

РC

STATEMENT 21

RECIPIENT NAME:

RONALD MCDONALD HOUSE CHARITIES

ADDRESS:

4560 FOUNTAIN AVE

LOS ANGELES, CA 90029

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

РC

STATEMENT 22

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

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

STATEMENT 23

RECIPIENT NAME:

BEVERLY HILLS FIREMEN'S ASSOCIATION

ADDRESS:

269 S BEVERLY DRIVE

BEVERLY HILLS, CA 90212

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

OPICA - OPTIMISTIC PEOPLE IN A CARING ATMOSPHERE

ADDRESS:

11759 MISSOURI AVENUE

LOS ANGLES, CA 90025

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR EDUCATION AND SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

РC

STATEMENT 24

RECIPIENT NAME:

BEVERLY HILLS POLICE ASSOCIATION

ADDRESS:

9663 SANTA MONICA BLVD

BEVERLY HILLS, CA 90210

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

РC

STATEMENT 25

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:

РC

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:

РC

STATEMENT 26

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

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:

1NF01B L145

РC

V23-7.6F 1501

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

RECIPIENT NAME:

LOS ANGELES PHILHARMONIC ASSOCIATION

ADDRESS:

151 S GRAND

LOS ANGELES, CA 90012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR THE ARTS

1NF01B L145

FOUNDATION STATUS OF RECIPIENT:

PF

V23-7.6F 1501

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:

РC

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:

РC

STATEMENT 29

RECIPIENT NAME:

SHERIFF'S YOUTH FOUNDATION

ADDRESS:

11911 S VERMONT AVE

LOS ANGELES, CA 90044

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT FOR SOCIAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

РC

STATEMENT 30

RECIPIENT NAME:

CATHOLIC BIG BROTHERS BIG SISTERS OF LOS ANGELES

ADDRESS:

1530 JAMES M WOOD BLVD

LOS ANGELES, CA 90015

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR CHILDRENS SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

РC

STATEMENT 31

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

RECIPIENT NAME:

LOS ANGELES MUSIC AND ART SCHOOL

ADDRESS:

3630 E. 3RD ST.

LOS ANGELES, CA 90063

1NF01B L145

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR ARTS AND PROGRAM SERVICES

FOUNDATION STATUS OF RECIPIENT:

РC

V23-7.6F 1501

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

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:

РC

STATEMENT 33

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:

РC

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:

1NF01B L145

РC

V23-7.6F 1501

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

TOTAL GRANTS PAID:

220,000.

==========

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

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/Form1041 for instructions and the latest information.

OMB No. 1545-0092

Employer identification number

THE FRIARS CHARITABLE FOUNDATION Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X 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. Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments Subtract column (e) the lines below. Proceeds Cost to gain or loss from from column (d) and Form(s) 8949, Part I, line 2, column (g) This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with column (g) to whole dollars. 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 701,218. 750,540. -49.3222 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 4 5 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . . . . . . Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss 6 12,531) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3) -61,853. Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments (e) Cost Subtract column (e) the lines below. to gain or loss from from column (d) and Proceeds This form may be easier to complete if you round off cents (sales price) (or other basis) Form(s) 8949, Part II, combine the result with line 2, column (g) column (g) to whole dollars. 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 3,883,169. -384,257. 3,498,912. 9 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . . . . . . . . . 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts...... 12 12 13 14 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss 15 20,445). Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 16 -404,702. For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2023 Page 2

Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this part.		(see instr.)	or trust's	<b>(3)</b> Total
17	Net short-term gain or (loss)	17			-61,853.
18	Net long-term gain or (loss):				
а	Total for year	18a			-404,702.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			-466,555.

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

#### **Capital Loss Limitation** Part IV

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:

3,000.) a The loss on line 19, column (3); or b \$3,000 20 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.

#### **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, column (2), or line 18c, column (2), is more than zero;
- 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, column (2), or line 18c, column (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			
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			
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 \$3,000	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 \$14,650	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 <b>smaller</b> 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 2023 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 2023 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 of	•		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)		45	

Schedule D (Form 1041) 2023

### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

Name(s) sl	hown on return				Social sec	Social security number or taxpayer identification r						
THE FRIA	RS CHARITABLE FOUNDATION											
statemen	u check Box A, B, or C below, t will have the same informati nd may even tell you which box	on as Form 10	-	• • •		. ,						
Part I	Short-Term. Transact instructions). For long				1 year or less	are genera	lly short-term (s	see				
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).												
complete	st check Box A, B, or C be e a separate Form 8949, por more of the boxes, com	page 1, for e	ach applicab	le box. If you ha	ve more short-	term transac						
	Short-term transactions r Short-term transactions r	-		_	-	-	e <b>Note</b> above)					
	Short-term transactions r	ot reported t	o you on For	m 1099-B								

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis See the <b>Note</b> below	enter a co See the sepa	Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
SCHWAB - SEE STATEMENT								
ATTACHED	VARIOUS	VARIOUS	701,218.00	750,540.00			-49,322.00	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), line	lude on your e 2 (if Box B	701,218.	750,540.			-49,322.	

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

Form 8949 (2023) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
THE FRIARS CHARITABLE FOUNDATION	95-6047586

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.

						Adjustment if any to gain or loss							
	(F) Long-term transactions no	ot reported to you	on Form 1099-E	3									
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS												
Х	x (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see <b>Note</b> above)												
110	ore or the boxes, complete as ma	iny forms with the s	same box chec	ked as you	need.								

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) (g) Code(s) from Amount of instructions adjustment		combine the result with column (g).	
SCHWAB - SEE STATEMENT								
ATTACHED	VARIOUS	VARIOUS	3,498,912.00	3,883,169.00			-384,257.00	
-								
-								
-								
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	here and inclu	ude on your						
above is checked), or line 10 (if Box			3,498,912.	3,883,169.			-384,257.	

**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.

Form **8949** (2023)

V23-7.6F 1501 58

# Form **4562**

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Attachment Sequence No. **179** 

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE FRIARS CHARITABLE FOUNDATION

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

Identifying number 95-6047586

Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION							
Pa	rt I Election To Expense Co	ertain Property U	Jnder Sect	ion 179				
	Note: If you have any lis	ted property, con	nplete Part	V before	you comp	lete Part I.		
1	Maximum amount (see instructions).						1	
2	Total cost of section 179 property pla	iced in service (see in	structions)				2	
3	Threshold cost of section 179 proper	ty before reduction in	n limitation (se	e instructior	ns)		3	
4 5	Reduction in limitation. Subtract line 3 Dollar limitation for tax year. Sub- separately, see instructions	tract line 4 from	line 1. If	zero or le	ess. enter -(	) If married	filing 5	
6	(a) Description				siness use only			
	( )			, ,		/ /		
7	Listed property. Enter the amount from	m line 29			7			
	Total elected cost of section 179 prop						8	
	Tentative deduction. Enter the <b>smaller</b>	•	. , .					
10	Carryover of disallowed deduction from	om line 13 of your 20	22 Form 4562				10	
11	Business income limitation. Enter the	smaller of business	s income (no	t less than	zero) or line	5. See instruc	tions 11	
12	Section 179 expense deduction. Add	lines 9 and 10, but of	don't enter mo	ore than line	11		12	
13	Carryover of disallowed deduction to	2024. Add lines 9 ar	nd 10, less line	12	13		·	
Note	e: Don't use Part II or Part III below for	listed property. Instea	ad, use Part V.					
Pa	rt    Special Depreciation A	llowance and Ot	her Deprec	iation (D	on't include	listed propert	y. See insti	ructions.)
14	Special depreciation allowance for	or qualified proper	rty (other tl	han listed	property)	placed in se	ervice	
	during the tax year. See instructions						14	
15	Property subject to section 168(f)(1) e	election					15	
	Other depreciation (including ACRS)						16	
Pa	rt    MACRS Depreciation (D	on't include listed	property. Se	ee instruct	tions.)			
				tion A				
	MACRS deductions for assets placed							
18	If you are electing to group any		ū		•	٦	neral	
	asset accounts, check here					_		-1
	Section B - Assets	(b) Month and year				General Dep	reclation Sy	/stem
	(a) Classification of property	placed in service	(business/invess/invess/invessee in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
	5-year property							
С	7-year property							
	10-year property							
	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real				39 yrs.	MM	S/L	
	property Section C. Access B.	lacad in Camrica D	i 2022	Tay Vaar	llaina tha t	MM	S/L	Cretem
200	Section C - Assets P Class life	laced in Service D	uring 2023	rax rear	Using the A	Aiternative De	1	System
					12 1/20		S/L	
	12-year 30-year				12 yrs.	MM	S/L	
	40-year				30 yrs. 40 yrs.	MM	S/L S/L	
	rt IV Summary (See instruction	nns )			40 yıs.	IVIIVI	3/L	
							24	
	Listed property. Enter amount from line <b>Total.</b> Add amounts from line 12,		7 lines 10 :	and 20 i=	column (c)	and line 21	21	
~ ~	here and on the appropriate lines of yo							
23	For assets shown above and place portion of the basis attributable to see	ed in service during	g the curren	t year, ent	ter the 23		22	
	portion of the basis attributable to set	CHOH ZOOM COSIS						

Form 4562 (2023) Page 2

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.

		3 (a) tillough (c) o															
		Depreciation and															
248	Do you have evidenc	e to support the bus		ent use	claimed	?	Yes		No	24b	lf "\	Yes," is t	he evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment us percentage	e Cost	(d) or other b	asis	(busir		reciation estment y)	Re	(f) covery eriod		<b>g)</b> hod/ ention	Depr	(h) eciation uction	Elected s	ection 179
25	Special depreciat											during	′				
26	Property used mor																
				%													
			(	%													
				%													
27	Property used 50%	6 or less in a qualifi	ied business	use:													
			,	%								S/L -					
			,	%								S/L -				_	
				%								S/L -					
	Add amounts in co																
29	Add amounts in co	lumn (i), line 26. E													. 29		
					Inform												
	nplete this section for our employees, first an															rovided	vehicles
то у	our employees, mst an	swer the questions if	1 Section C to		-	an e			Tomp		g mis	1		1		1	3
					( <b>a)</b> nicle 1	١ ،	<b>(b)</b> Vehicl		v	<b>(c)</b> ehicle	e 3	,	<b>d)</b> icle 4		(e) nicle 5	<b>(f)</b> Vehicle 6	
30	Total business/investment miles driven during the year (don't include commuting miles)  Total commuting miles driven during the year																
	_	niles driven during ersonal (nonco															
-	miles driven	٠,															
33	Total miles drive																
	lines 30 through 32																
34	Was the vehicle		F	Yes	No	Ye	s	No	Yes	s	No	Yes	No	Yes	No	Yes	No
	use during off-duty	•	T T														
35	Was the vehicle																
	than 5% owner or r	elated person?															
36	Is another vehicle	available for pers	sonal use?														
	Se	ction C - Questic	ons for Em	ploye	rs Who	Pro	ovid	e Ve	hicle	s fo	r Use	by Th	eir En	ploye	es		
	swer these question re than 5% owners o		•		eption t	0 00	ompl	eting	Sect	ion I	B for	vehicle	s used	by em	ployees	who <b>a</b> ı	ren't
	Do you maintain	· · · · · · · · · · · · · · · · · · ·			ohibits	all p	ersc	onal ເ	ise o	f ve	hicles	includ	lina co	mmutii	na. bv	Yes	No
	your employees?.					-							-				
38	Do you maintain																
	employees? See th			•		•						•		•			
39	Do you treat all use			-	•												
40	Do you provide m	nore than five ve	hicles to yo	our en	nployee	s, ol	btain	info	rmati	on f	rom	your er	nploye	es abo	ut the		
	use of the vehicles,	, and retain the info	ormation re	ceived'	?												
41	Do you meet the re	equirements conce	rning qualif	ied aut	tomobile	e der	mons	stratio	on use	e? Se	e ins	truction	s				
	Note: If your answ		0, or 41 is	"Yes," (	don't co	mple	ete S	ectio	n B fo	or the	cove	ered vel	nicles.				
Pa	rt VI Amortizat	ion	1														
	(a) Description o	of costs	(b) Date amort		An		<b>(c)</b> able a	mount		C	(d) Code se		Amorti perio perce	ization od or	Amortiz	<b>(f)</b> ation for th	is year
42	Amortization of cos	sts that begins dur	ing your 20	23 tax	year (se	e ins	struc	tions	):					<u> </u>			
43	Amortization of cos	sts that began befo	ore your 20	23 tax	year									43			
	Total. Add amount	_	-		-									44			

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#### Description of Property

GENERAL DEPRECIATION

### **DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	179	Current-year depreciation
OFFICE FURNITURE	08/08/2006	4,073.	100.000			4,073.	4,073.	4,073.			7.000			·	•
COMPUTER EQUIPMENT	03/16/2011	1,461.	100.000			1,461.	1,461.	1,461.	SL		5.000				
Less: Retired Assets															
Subtotals		5,534.				5,534.	5,534.	5,534.	]						
Listed Property		3,331.				3,331.	3,331.	3,331.							
Listed 1 Toperty															
Less: Retired Assets									1						
Subtotals															
TOTALS		5,534.				5,534.	5,534.	5,534.							
AMORTIZATION															
	Date placed in	Cost or					Accumulated	Ending							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
·															
											-				
									1						

<sup>\*</sup>Assets Retired

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