Form 990-PF

Return of Private Foundation



or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	or ca	lendar year 2018 or tax year beginning		, 2018, a	nd ending		, 20
		foundation				A Employer identifi	cation number
	MIC	HELSON MEDICAL RESEARCH FOUND	ATION, INC.			95-455161	5
_		and street (or P O box number if mail is not delivered t		F	com/suite	B Telephone numb	er (see instructions)
	117	55 WILSHIRE BLVD., SUITE 1400				(310) 80	6-9700
		own, state or province, country, and ZIP or foreign posts				- (==,	
_	,	,				C If exemption applica	
	LOS	ANGELES, CA 90025				pending, check here	
_		ck all that apply Initial return	Initial coturn	of a former pul	olio charity	, 	
G	Cile	··· · F	Amended re	· · · · · · · · · · · · · · · · · · ·	one charity		
		Final return	 			2 Foreign organiza 85% test, check h	
_	<u> </u>	Address change	Name chang		61.	computation .	▶□
"		ck type of organization X Section 501			(X,Y)	E If private foundation	n status was terminated
Ļ		ection 4947(a)(1) nonexempt charitable trust	Other taxable pr			under section 507(b)(1)(A), check here .
ı		1 ——	_	ash 🔼 Accru	iai		in a 60-month termination
			ther (specify)			under section 507(b))(1)(B), check here .
	_		column (d) must be on ca	ish basis)			(d) Dishurasments
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) itevenue and	(b) Net invest	ment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per books	income		income	purposes
_		column (a) (see instructions))				-	(cash basis only)
·	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check X if the foundation is not required to attach Sch B.	400 000		150	<u>`</u>	
	3	Interest on savings and temporary cash investments.	480,822.		,159.		
	4	Dividends and interest from securities \dots	1,723,388.	2,215	, /15.		
	5a	Gross rents					
	b	Net rental income or (loss)					
ne		Net gain or (loss) from sale of assets not on line 10	25,751.			. <u> </u>	
evenue	b	Gross sales price for all 17,547,065. assets on line 6a					
6	7	Capital gain net income (from Part IV, line 2)		2,250	,161.		
3	8	Net short-term capital gain				-	
>	9	Income modifications					
3	10 a	Gross sales less returns and allowances					
ְי	b	Less Cost of goods sold .					
בֿ	C	Gross profit or (loss) (attach schedule)					
ב	11	Other income (attach schedule) ATCH, 1	29,138.		,386.		
Ц	12	Total. Add lines 1 through 11	2,259,099.	5,136	,421.		
	13	Compensation of officers directors trustees etc.	0.				
èès èès	14	Other employees traces and wedge					
3	15	Pension plans, employee benefits					
χĎ	16 a	Legal fees (attach schedule) ATCH. 40	6,919.				6,919
Ē	b	Accounting fees (attach schedule)ATCH, 3	32,942.		,471.		16,471
and Administrative Expense	C	Other professional-fees (attach-schedule). [.4]	79,891.	78	,991.		900
rat	17	InterestOGDEN, UT					
ist	18	Taxes (attach schedule) (see instructions)[5].	101,877.	92	,717.		160
٦	19	Depreciation (attach schedule) and depletion.					
þ	20	Occupancy	,				
Ψp	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
Operating a	23	Other expenses (attach schedule) ATCH .6.	12,348.				2,348
ă.	24	Total operating and administrative expenses.					
ē		Add lines 13 through 23	233,977.	188	,179.		26,798
8	25	Contributions, gifts, grants paid	9,878,600.				9 ,8 78,600
	26	Total expenses and disbursements Add lines 24 and 25	10,112,577.	188	,179.	0.	9,905,398
_	27	Subtract line 26 from line 12					
	 a	Excess of revenue over expenses and disbursements	-7,853,478.				
		Net investment income (if negative, enter -0-)		4,948	242.		
		Adjusted net income (if negative, enter -0-)					

 $_{\rm JSA}$ For Paperwork Reduction Act Notice, see instructions. $_{\rm 8E1410~1~000}$ $87\,004$ $\rm J$ $\,$ U575

V 18-7.6F

0.0	et II	Palance Sheets	Attached schedules and amounts in the	Beginning of year	End o	f year
- E	rt II	Datative Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1 0	ash - non-interest-beari	ing			· -
	2 8		cash investments	33,305,660.	10,097,373.	10,097,373.
ł		-	btful accounts ▶			
		Pledges receivable ►				
ļ		-	btful accounts ▶			
1						
ı			officers, directors, trustees, and other			
			tach schedule) (see instructions)			
- [•	receivable (attach schedule)			
-			btful accounts ▶		_	
ফ	8 li	nventories for sale or us	se			
ssets	9 F	Prepaid expenses and d	eferred charges ATCH 7	88,045.	88,045.	88,045.
∀ .	10a I	nvestments - U.S. and state	e government obligations (attach schedule), .			
			e stock (attach schedule) ATCH 8	41,357,617.	51,034,343.	51,034,343.
	C 11	nvestments - corporate nvestments - land, buildings	e bonds (attach schedule) ATCH 9	6,083,952.	5,753,671.	5,753,671.
ļ	L	ind equipment basis less accumulated deprecia attach schedule)	ation >			
- 1	12 li	nvestments - mortgage	loans	46,167,472.	40,868,778.	40,868,778.
- 1	13 li 14 L	nvestments - other (atta and, buildings, and	ach schedule) ATCH 10	40,107,472.	40,000,770.	40,000,770.
1	· e	quipment basis ess accumulated deprecia	etion >			
	(:	attach schedule)	-	280,101.	249,953.	249,953.
- 1	15 (Other assets (describe P	ATCH 11)	200,101.	249,933.	
\perp			completed by all filers - see the age 1, item l)	127,282,847.	108,092,163.	108,092,163.
	17 A	Accounts payable and a	accrued expenses			
- 1	18 (Grants payable				
Liabilities	19 🗆	Deferred revenue			······································	
≝ :			ors, trustees, and other disqualified persons,			
iab			otes payable (attach schedule)	195,884.	105 005	
: :	22	Other liabilities (describe	e ► ATCH 12)	195,884.	195,885.	
	23 1	otal liabilities (add line	es 17 through 22)	195,884.	195,885.	
T			w SFAS 117, check here ► X			
ces			through 26, and lines 30 and 31.			
일	24 (Jnrestricted		127,086,963.	107,896,278.	
ala	25 T					
9	26 F		· · · · · · · · · · · · · · · · · · ·			
Net Assets or Fund Balan	F	oundations that do no and complete lines 27	ot follow SFAS 117, check here			
5						
3	27 (•	cipal, or current funds	 		
Se	20 F	•	r land, bldg , and equipment fund			
¥.	20 F		d balances (see instructions)	127,086,963.	107,896,278.	
e i	30 I 31 T		net assets/fund balances (see	227,000		
۲			assets/fully balances (see	127,282,847.	108,092,163.	
9			nges in Net Assets or Fund Bala			
			palances at beginning of year - Part		nust agree with	
•			ed on prior year's return)			127,086,963.
2			line 27a			-7,853,478.
					<u> </u>	<u>, </u>
			· · · · · · · · · · · · · · · · · · ·			119,233,485.
5	Decr	eases not included in	n line 2 (itemize) ► ATCH 13		5	11,337,207.
			palances at end of year (line 4 minus	line 5) - Part II, column (t		107,896,278.
Ť			The state of your fine a filling	and any objective (- <u>,,</u> - <u>-</u> <u>-</u> , <u> </u>	Form 990-PF (2018)

95-4551615

2-Story brick warehouse, or common stock, 200 shs MLC Co) 1 a SEE PART IV SCHEDULE (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (h) Gain (Coll (h) gain min (l) FMV as of 12/31/69 (g) Cost or other basis (le) plus (f) minus (g)) a	(a) List and describe the kir 2-story brick warehou	
1a SEE PART IV SCHEDULE b c d 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 c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 a c d d e e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 a c d d e e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 a b c c d 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 if (loss), enter -0- in Part I, line 8. 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 8. 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 8. 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 8. 2 Qualification Under Section 4940(e) For Reduced Tax on Net Investment Income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (fire year) if year in the base period and year in the base period in the part option and year in the base period in the part of the section 4940(e) Do not complete this part 1. 2 Enter the appropriate amount in each column for each year, see the instructions before making any entries (e) Distribution ratio (e) Distribut	2-story brick warehou	I
1a SEE PART IV SCHEDULE b c d 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 c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 a c d d e e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 a c d d e e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 a b c c d 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 if (loss), enter -0- in Part I, line 8. 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 8. 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 8. 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 8. 2 Qualification Under Section 4940(e) For Reduced Tax on Net Investment Income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (fire year) if year in the base period and year in the base period in the part option and year in the base period in the part of the section 4940(e) Do not complete this part 1. 2 Enter the appropriate amount in each column for each year, see the instructions before making any entries (e) Distribution ratio (e) Distribut		cquired (d) Date sold
b (e) Gross sales pnce (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (fe) plus (f) minus (g)) a	SEE PART IV SCHEDULE	y, yr) (mo, day, yr)
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e (e) Gross sales proce (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (gi) a		
(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		
(h) Garn or (loss) (le) glus (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 (l) FMV as of 12/31/69 (l) Adjusted basis as of 12/31/69 (l) FMV as of 12/31/69 (l) Adjusted basis (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 7 Aualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period years called a priod years and year in the base period years called a priod year year year year year year year year		
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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 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 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. Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation lable for the section 4942 tax on the distributable amount of any year in the base period? If Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) (b) (c) (b) divided by col (c)) (col (b) divided by col (c)) 2016 (a) (b) (col (b) divided by col (c)) 2017 (b) (col (b) divided by col (c)) 2016 (col (b) divided by col (c)) 2016 (col (b) divided by col (c)) 2017 (col (b) divided by col (c)) 2018 (col (b) divided by col (c)) 2019 (col (b) divided by col (c)) 2011 (col (b) divided by col (c)) 2012 (col (b) divided by col (c)) 2013 (col (b) divided by col (c)) 2014 (col (b) divided by col (c)) 2015 (col (b) divided by col (c)) 2016 (col (b) divided by col (c)) 2017 (col (b) divided by col (c)) 2018 (col (b) divided by col (c)) 2019 (col (b) divided by col (c)) 2010 (col (b) divided by col (c)) 2011 (col (b) divided by col (c)) 2015 (col (b) divided by col (c)) 2016 (col (b) divided by col (c)) 2017 (col (b) divided by col (c)) 2018 (col (b) divided by c	· · · · · · · · · · · · · · · · · · ·	
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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 (ii) Adjusted basis as of 12/31/69 (iii) FMV as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col (iv) color (k), but not less than -0-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 ff (loss), enter -0- in Part I, line 7 ff (loss), enter -0- in Part I, line 7 ff (loss), enter -0- in Part I, line 7 ff (loss), enter -0- in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 7 ff (loss), enter -0- in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 7 ff (loss), enter -0- in Part I, line 8 ff gain, also enter in Part I, line 8 ff gain, also enter in Part I, line 7 ff (loss), enter -0- in Part I, line 8 ff gain, also enter in Part I, line 7 ff (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 7 ff (loss), enter -0- in Part I, line 8 ff gain (loss), enter -0- in Part I, line 8 ff gain (loss), enter -		
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(i) FMV as of 12/31/69 as of 12/31/69 over col (j), if any lower col (j), if any lower col (h) as of 12/31/69 over col (j), if any lower col (j), if any lower col (h) as of 12/31/69 over col (j), if any lower col (j), if any lower col (h) as of 12/31/69 lower col (j), if any lower col	· · · · · · · · · · · · · · · · · · ·	
b c d e 2 Capital gain net income or (net capital loss)		
c d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7 f (gain, also enter in Part I, line 7 f (gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8. Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) (b) Adjusted qualifying distributions (c) Net value of noncharitable-use assets (col (b) divided by col (c)) 2017 9,832,297 123,587,594 0.07 2016 9,672,194 110,135,294 0.08 2015 9,157,588 111,143,626 0.08 2014 13,943,765 112,582,187 0.12 2013 7,513,125 113,856,470 2 0.43 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by		
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3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by	Enter the appropriate amount in ear (a) Base penod years endar year (or tax year beginning in) 2017 2016 2015 2014	0.079557 0.087821 0.082394 0.123854
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by	Enter the appropriate amount in ear (a) Base penod years endar year (or tax year beginning in) 2017 2016 2015 2014	(d) vided by col (c)) 0.079557 0.087821 0.082394
	Es," the foundation doesn't qualify un Enter the appropriate amount in ea (a) Base penod years endar year (or tax year beginning in) 2017 2016 2015 2014 2013	(d) Putton ratio Inded by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988
the number of years the foundation has been in existence if less than 5 years	Es," the foundation doesn't qualify under the appropriate amount in earth (a) Base period years (a) 2017 2016 2015 2014 2013 Total of line 1, column (d)	0.079557 0.087821 0.082394 0.123854
	Enter the appropriate amount in ear (a) Base penod years endar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) rutton ratio rided by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988 0.439614
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	Enter the appropriate amount in ear (a) Base penod years endar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) Putton ratio Inded by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988
5 Multiply line 4 by line 3	Enter the appropriate amount in earth (a) Base penod years (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) rutton ratio rided by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988 0.439614
	Enter the appropriate amount in ear (a) Base period years (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) Putton ratio (nded by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988 0.439614 0.087923
Enter 170 of fiet livestifient income (170 of fact), the 270)	Enter the appropriate amount in ear (a) Base penod years (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) rutton ratio rided by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988 0.439614 0.087923 119,536,908. 10,510,044.
7 Add lines 5 and 6	Enter the appropriate amount in ear (a) Base penod years (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) Potition ratio (n) (dd) (dd) (dd) (dd) (dd) (dd) (dd) (
8 Enter qualifying distributions from Part XII, line 4	Enter the appropriate amount in ear (a) Base penod years (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (d)	(d) rutton ratio rided by col (c)) 0.079557 0.087821 0.082394 0.123854 0.065988 0.439614 0.087923 119,536,908. 10,510,044.

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orm 9	90-PF(2018) MICH ON MEDICAL RESEARCH FOUNDATION, C. 95-455	1615	F	age 4
Part		instru	ction	s)
	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		98,9	965.
	here and enter 1% of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
	Add lines 1 and 2		98,9	65.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		_	0.
	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0		98,9	65.
	Credits/Payments			
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 124,305.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d		124,3	305.
	Enter any penalty for underpayment of estimated tax. Check here		·	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		25,3	340.
	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 25,340. Refunded ▶ 11			
	VII-A Statements Regarding Activities			
	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
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	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 ▶ \$			
	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		X
	If "Yes." attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	<u></u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	<u> </u>
8а	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 ² If "No," attach explanation	8b	Х	
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		X

orm	990-PF (2018) MICHE ON MEDICAL RESEARCH FOUNDATION, C. 95-455	1615	J	Page 5
Par	t VII-A Statements Regarding Activities (continued)			
		11.5	Yes	No
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	Х	
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	Х	
	Website address ► WWW.MICHELSONMEDICAL.ORG			
14	The books are in care of ▶ KARLIN ASSET MANAGEMENT Telephone no ▶ 310-806	-970	0	
	Located at ▶11755 WILSHIRE BLVD., SUITE 1400 LOS ANGELES, CA ZIP+4 ▶ 90025			
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 2018, did the foundation have an interest in or a signature or other authorit		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	halibara umi i	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >	48.4° 5° 1.	电频净	1,44,70
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	25' 455	1	T 80.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	37.33	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? Yes X No	T.E.		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		7	11.71
		Contraction of the contraction o	황선	
	to, a distribution of the state	\$15.00 P		37.33
	(4) Tay compensation to, or pay of reimburse the expenses of, a disquamed person			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	(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)?	1, 2,		1
,	the benefit or use of a disqualified person)?	जुँदा हो। जुँदा हो।		
	foundation agreed to make a grant to or to employ the official for a period after		, T (S 72	1
	termination of government service, if terminating within 90 days)	1. C.		1.0
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1.57	
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	14 7 7 7		73. AS
С	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 2018?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		1	
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	3,71	1.75.64	
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			10 C
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	24.7	100	3.1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	ختمت	734	تستشته
	all years listed, answer "No" and attach statement - see instructions)	2b		J* 4.7
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>	3 - 43 5 34 - 42 -		**************************************
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	7.2	1	
	at any time during the year?	2 2		
D	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	1977	Time.	1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			7 N. W.
	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 Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b	- Military	and the state of
4-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2018?	4b		X

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (cor	ntinued)			
5a	During the year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (sectio	n 4945(e))?	. 🔲 Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. L Yes	X No			
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described i	n				
	section 4945(d)(4)(A)? See instructions				No			
	(5) Provide for any purpose other than religious, ch	aritable, scientific,	literary, or educations	al le				
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the						.,	
	Regulations section 53 4945 or in a current notice regar					5b_	Х	
	Organizations relying on a current notice regarding disas				▶∟			
С	If the answer is "Yes" to question 5a(4), does the		•		п.			
	because it maintained expenditure responsibility for the	•		. X Yes	No			
_	If "Yes," attach the statement required by Regulations so						,	
6a	Did the foundation, during the year, receive any fur	•			X No			ı
_	on a personal benefit contract?					6.		Х
Ь	Did the foundation, during the year, pay premiums, dire	city or indirectly, on a	personal benefit contra	ict /		6Ь	_	
7a	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a p.	arty to a prohibited ta	v shelter transaction?	Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have	•	-			7 b	,	
8	Is the foundation subject to the section 4960 tax on pay	•		OII		10		
•	remuneration or excess parachute payment(s) during the	, ,		. Tyes	X No			
Pai	t VIII Information About Officers, Director	rs, Trustees, Fou	Indation Managers	s, Highly F		oyees,		
	and Contractors List all officers, directors, trustees, and foundation							
<u>'</u>	List all officers, directors, trustees, and foundati							
	folklane and address	(b) Title, and average	(c) Compensation	(d) Contrib		(e) Expens	e accoi	ມກt.
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee be and deferred o	nefit plans	(e) Expens other all		
		hours per week	(If not paid, enter -0-)	employee be	nefit plans ompensation			s
ATC	(a) Name and address	hours per week	(If not paid,	employee be	nefit plans			
ATCI		hours per week	(If not paid, enter -0-)	employee be	nefit plans ompensation			s
ATC		hours per week	(If not paid, enter -0-)	employee be	nefit plans ompensation			s
ATCI		hours per week	(If not paid, enter -0-)	employee be	nefit plans ompensation			s
ATCI		hours per week	(If not paid, enter -0-)	employee be	nefit plans ompensation			s
ATC		hours per week	(If not paid, enter -0-)	employee be	nefit plans ompensation			s
	H 15	hours per week devoted to position	(If not paid, enter -0-)	employee be and deferred c	nefit plans ompensation	other all	owance	0.
ATCI		hours per week devoted to position	(If not paid, enter -0-)	e mployee be and deferred c	instruction	other all	owance	0.
2	Compensation of five highest-paid employees "NONE."	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees	hours per week devoted to position	(If not paid, enter -0-)	employee be and deferred co	instruction	other all	one,	O.
2	Compensation of five highest-paid employees "NONE."	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE."	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction	ns). If no	one,	O.
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	nours per week devoted to position (other than those (b) Title, and average hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contrib e plans and	instruction instruction utions to benefit deferred	ns). If no	one,	O.
(a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those hours per week devoted to position) (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0. ce included on line (c) Compensation	e 1 - see (d) Contrib e plans and	instruction instruction utions to benefit deferred	ns). If no	one,	O.

Page 7

MICHEON	MEDICAL	RESEARCH	FOUNDATION,	C

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five I	nighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ATCH 16		78,455
	er of others receiving over \$50,000 for professional services	0.
Part IX-A	Summary of Direct Charitable Activities	
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
4		,
Part IX-B	Summary of Program-Related Investments (see instructions)	Amount
1 NONE	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
-		
2		
•	ogram-related investments. See instructions	
NONE		,
Total. Add	nes 1 through 3	

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	300-11 (2010)		, 494
Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	96,522,499.
b	Average of monthly cash balances	1b	24,508,671.
С	Fair market value of all other assets (see instructions)	1c	326,097.
d		1d	121,357,267.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d,	3	121,357,267.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Instructions)	4	1,820,359.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	119,536,908.
6	Minimum investment return. Enter 5% of line 5	6	5,976,845.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndation	
1	Minimum investment return from Part X, line 6	1	5,976,845.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 98, 965.		
b	1 4. 1 0 47E		
C	Add lines 2a and 2b	2c	107,440.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,869,405.
4	Recoveries of amounts treated as qualifying distributions,	4	
5	Add lines 3 and 4	5	5,869,405.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	5,869,405.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 1	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		9,905,398.
þ		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,905,398.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,905,398.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when ca	alculatii	na whether the foundation

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qualifies for the section 4940(e) reduction of tax in those years

orm 990-PF (2018)	, ,		-	Page 3
Part XIII Undistributed Income (see insti	ructions)	in the electric terms of the electric terms	* 1	
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7		ا الله الله الله الله الله الله الله ال	4 2 1 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5,869,405.
2 Undistributed income, if any, as of the end of 2018	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 - H1 - K		1 mt h 1 k 1 k 2 k m 1 k 2 k m 1 k 2 k m 1 k 2 k m 1 k 2 k m 1 k 2 k m 1 k 2 k m 1 k 2 k 2 k 2 k 2 k 2 k 2 k 2 k 2 k 2 k
a Enter amount for 2017 only	3 3 4 4 5	* * * * * * * * * * * * * * * * * * *	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Total for prior years 20 16 ,20 15 ,20 14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 m 1 5 m 1		2 Not 1 12
3 Excess distributions carryover, if any, to 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			x x x x x x x x x x x x x x x x x x x
a From 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2 027 101	Tight and the second		Fr. 1973	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 200 100			1-3- 2-4 1-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	تاريخ المراجعة المرا وي المراجعة
d From 2016		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f Total of lines 3a through e'	17,863,339.	F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		The second secon
4 Qualifying distributions for 2018 from Part XII,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
line 4 ▶ \$9,905,398.	1 n r3 1 1 n n 1 1 n 1 1 1 1 1 1 1 1 1 1 1 1			
a Applied to 2017, but not more than line 2a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 12 12 12 12 12 12 12 12 12 12 12 12 12
b Applied to undistributed income of prior years				
(Election required - see instructions)	المراجع المراج	$R_1 = \frac{k_1^{1/2}}{k_1^{1/2}} \frac{k_2^{1/2}}{r_{1,1}^{1/2}} \frac{k_1^{1/2}}{r_{1,1}^{1/2}} \frac{k_1^{1/2}}{r_{1,1}^{1/2}$	1	The state of the s
c Treated as distributions out of corpus (Election required - see instructions)				1
d Applied to 2018 distributable amount	Tank 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	5,869,405
e Remaining amount distributed out of corpus	4,035,993.		First State	-, 10, 2 , 10, 14, 18, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same		2	1	, , , , , , , , , , , , , , , , , , , ,
amount must be shown in column (a))	3 , 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - A 1 - Ax 8 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	B to the second second
6 Enter the net total of each column as		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Park A Mark Mark Mark Mark Mark Mark Mark Mark
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,899,332.		1 Hillson 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Prior years' undistributed income Subtract	and the state of the			
line 4b from line 2b	The second secon		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Enter the amount of prior years' undistributed			The second secon	
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed				This plant is the second of th
d Subtract line 6c from line 6b Taxable	$ \begin{bmatrix} x_1 x_1^{(n)} & x_1^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_1^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)} \\ x_2^{(n)} & x_2^{(n)} & x_2^{(n)}$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e Undistributed income for 2017 Subtract line	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) é	
4a from line 2a Taxable amount - see instructions		1 77" 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		-Castle and the state of the st
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon		,
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be				3,000
distributed in 2019	The state of the s		1	A William Office of the state o
7 Amounts treated as distributions out of corpus		1 = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		The state of the s
to satisfy requirements imposed by section		$ \begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 1 & 1 \\ 1 & 1 & 1 \end{bmatrix} $		
170(b)(1)(F) or 4942(g)(3) (Election may be required -see instructions)				
8 Excess distributions carryover from 2013 not	4	1		
applied on line 5 or line 7 (see instructions)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 miles 1 mile
9 Excess distributions carryover to 2019.	21 000 222			
Subtract lines 7 and 8 from line 6a	21,899,332	The state of the s	The state of the s	
Analysis of line 9 5, 889, 846.			The state of the s	
a Excess 11011 2014			A STATE OF THE STA	
b Excess from 2015				
d Excess from 2016 3,727,110		1 - 1 - x		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e Excess from 2018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	,	,	N 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form 990-PF (201
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	990-PF (2018)			RCH FOUNDATION				age IU
_		erating Foundations				N	OT APPLICA	BLE
1 a	If the foundation has	-						,
	foundation, and the ruling	=						
b	Check box to indicate v	whether the foundation	is a private operating	foundation described	in section	4942(J)	(3) or 494	12(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total	
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d)	2015	(0)	
	I or the minimum investment				-			
	return from Part X for each year listed				/			
h	85% of line 2a		<u> </u>					
C	Qualifying distributions from Part XII line 4 for each year listed .							
d	Amounts included in line 2c not		-				1	
	used directly for active conduct							
_	of exempt activities		-	 /				
е	Qualifying distributions made directly for active conduct of				•			
	exempt activities. Subtract line							
3	2d from line 2c		/-		-			
•	alternative test relied upon							
а	"Assets" alternative test - enter							
	(1) Value of all assets		-/					
\	(2) Value of assets qualifying under section							
,	4942(j)(3)(B)(i)				-			
þ	"Endowment" alternative test-						I	
	enter 2/3 of minimum invest- ment return shown in Part X,						I	
	line 6 for each year listed						 	
C	"Support" alternative test - enter						I	
	(1) Total support other than gross investment income	1 /		1	l l			
	(interest, dividends, rents,							
	payments on secunties loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general public and 5 or more							
	exempt organizations as							
	provided in section 4942 (i)(8)(B)(III)							
	(3) Largest amount of sup-							
	port from an exempt organization							-
	(4) Gross investment income.					•		
Рa	rt XV Suppleme	ntary Information (Complete this par	t only if the foun	dation had	\$5,000 o	r more in ass	ets a
_	any time o	luring the year - see	instructions.)					
1	Information Regardin	g Foundation Manage	ers:					
а	List any managers of	the foundation who	have contributed mo	ore than 2% of the to	otal contribu	tions receiv	ed by the four	ndatio
	before the close of an	y tax year (but only if th	hey have contributed	more than \$5,000)	(See section	507(d)(2))		
	GARY KARLIN	N MICHELSON, M.I	D	•				
b	List any managers of	the foundation who	own 10% or more	of the stock of a co	rporation (o	r an equally	large portion	of the
	ownership of a partne	rship or other entity) o	f which the foundation	on has a 10% or great	ter interest			
	NOT APPLICA	ABLE						
2	Information Regardin		t, Gift, Loan, Scholars	ship, etc., Programs:				
		the foundation only			aritable orda	anizations a	and does not	accer
	unsolicited requests f	for funds If the found	lation makes gifts, g	rants, etc. to individ	uals or orga	nizations ur	ider other con-	ditions
		c, and d See instruction		, .	J			
	The name, address, a			the person to whom a	applications sl	nould be add	Iressed	
u	The hame, address, c	and tolophone number			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_ <u>_</u>	The form in which app	olications should be su	ibmitted and informat	tion and materials the	ev should incl	lude		
J	The form in which app	JJakionio Oniodia Do Od			. ,			
_	Any submission dood	lines						
С	Any submission dead	iii icə						
								•

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

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Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	CONTIDUTION				
a Paid during the year							
3 mg/y 17							
ATCH 17							
•							
,							
Tatal	<u> </u>	L	▶ 3a	9,878,600.			
b Approved for future payment			Ja				
b Approved for fature payment							
			!				
•							
•							
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MICH	MEDICAL	RESEARCH	FOUNDATION,	Clc.	

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities				
Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by	y section 512, 513, or 514	(e) Related or exempt	
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
. —							
е				<u> </u>			
f							
g Fees	and contracts from government agencies					 	
2 Member	rship dues and assessments			1	400 000		
3 Interest	on savings and temporary cash investments -	ļ		14	480,822.		
4 Dividen	ds and interest from securities			14	1,723,388.	· · · · · · · · · · · · · · · · · · ·	
5 Net rent	tal income or (loss) from real estate	ļ		_			
	t-financed property	·		 -		-	
	debt-financed property	<u> </u>					
	al income or (loss) from personal property			14	29,138.		
	nvestment income			18	25,751.	<u></u> _	
	loss) from sales of assets other than inventory			+	237,011	- -	
	ome or (loss) from special events · · ·						
	profit or (loss) from sales of inventory	l		 			
-		-					
			-				
e							
12 Subtota	I Add columns (b), (d), and (e)				2,259,099.		
13 Total. A	dd line 12, columns (b), (d), and (e)				13	2,259,099.	
	heet in line 13 instructions to verify calc						
Part XVI	B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses		
Line No.	Explain below how each activit	-					
lacktriangle	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purposes) (See instructions)	
		-	-				
							
							
					· 		
						·	
						<u> </u>	
					-		
							
			<u> </u>			<u></u>	
	 						
	<u> </u>						
	-			 			
					 		
	<u> </u>						

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

1	Did th	e organization dire	ctly or indirectly	engage in	any of the foli	owing with	any other orga	anization	described		Yes	No
	ın se	ction 501(c) (othe	r than section	501(c)(3)	organizations) or in se	ection 527, re	elatına t	o political			
		zations?		()()			,		•			
	_	ers from the report	ing foundation to	o a nonchai	utable exempt	organization	of					
		sh	-			-				10/1)		Х
		her assets										<u> </u>
										1a(2)		<u> </u>
		transactions										.,
		les of assets to a n										X
	(2) Pu	rchases of assets f	rom a noncharit	able exemp	t organization.					1b(2)		<u>X</u>
	(3) Re	ntal of facilities, eq	uipment, or othe	r assets	. .	. 				1b(3)		X
	(4) Re	ımbursement arran	gements		. 					1b(4)		Х
	(5) Lo	ans or loan guarante	es		. 	. 				1b(5)		X
		rformance of service										Х
		g of facilities, equip			_							X
		answer to any of									fair m	arket
		of the goods, other										
		in any transaction (
	1		· T · · ·									
(a) Lu	ie no	(b) Amount involved	(c) Name of	noncharitable	exempt organization		Description of trans	ters, transa	ictions, and shar	ing arra	ngeme	nts
		N/A	_			N/I	4					
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		foundation directly bed in section 501(•				•	•		X Ye	es 🗀] No
b	If "Yes	," complete the foll	owing schedule			<u>. </u>						
		(a) Name of organizat	on	(t) Type of organizat	ion		(c) Descrip	tion of relations	hip		
G.I	K. MI	CHELSON		§501(C)	(4)		SAME FOUN	NDER				
LEC	SISLA	TIVE FUND INC										
						-						
			X/									
	Unde	r penalties of penjury, I de	are that I have exam	ined this return	including accompan	vina schedules a	and statements and t	to the best	of my knowledge	e and b	elief. it	is true
	corre	ct, and complete Declarated										
Sign		\1		1 1	1/-1-0		m		May the IRS	discus	this	retum
Here	. 🔼	<i>X</i>		<u> </u>	1/15/2019		<u> 40</u>		with the pre	parer s	hown _t	
	' Sıg	nature of officer or trustee	•	Date	9	Title			See instructions	<u> </u>	Yes	No
ם: מ		Print/Type preparer's r	ame	Preparer	's signature	•	Date	Cr	neck if P	TIN		
Paid -		STEPHANIE W	ILKINSON		p W	ill	11/15/	17 se	If-employed I	2012	3161	7
Prep	arer	Firm's name ► H	OLTHOUSE CA	RLIN & V	AN TRIGT I	LLP		Firm's Ell	95-43	4552	26	
Use	Only		011 TOWNSGA	TE ROAD	SUITE 400)		1				
	- · · · · · · ·	1	ESTLAKE VII		CA		91361	Dhone s-	805-37	4 - 8 -	555	
		<u> </u>						Phone no			DE	

2018 FORM 990-PF

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CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ON MEDICAL RESEARCH FOUNDATION,

FORM 990-PF - PART IV

95-4551615

Date Date sold Kind of Property Description acquired Gross sale Depreciation Cost or FMV Adj basis Excess of Gain allowed/ as of 12/31/69 FMV over price less other as of expenses of sale allowable basis adı basıs (loss) TOTAL LONG-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS 4.674. TOTAL CAPITAL GAIN DISTRIBUTIONS 1 11,185. PUBLICLY TRADED SECURITIES VARIOUS **VARIOUS** PROPERTY TYPE: SECURITIES 1,011,381. 1,016,429. -5,048.PUBLICLY TRADED SECURITIES VARIOUS **VARIOUS** PROPERTY TYPE: SECURITIES 7,284. 342,836. 335,552. PUBLICLY TRADED SECURITIES VARIOUS **VARIOUS** PROPERTY TYPE: SECURITIES 797,828. 898,513. -100,685. PUBLICLY TRADED SECURITIES **VARIOUS VARIOUS** PROPERTY TYPE: SECURITIES 360,587. 315,036. 45,551. 9,000 SHS FORTRESS TRANSPORTATION AND IN VARIOUS 09/19/2018 PROPERTY TYPE: SECURITIES 107,820. 59,609. 167,429. BLUEKNIGHT ENERGY LP DISTRIBUTIONS **VARIOUS VARIOUS** PROPERTY TYPE: SECURITIES 779. 779. PRUDENTIAL FINANCIAL INC. (SECURITY LITI P VARIOUS **VARIOUS** PROPERTY TYPE: SECURITIES 75. 75. BANK OF AMERICA CORP (SECURITY LITIGATIO VARIOUS **VARIOUS** PROPERTY TYPE: SECURITIES 63. 63. SEC V MOZILO FAIR FUND (SECURITY LITIGAT VARIOUS VARIOUS PROPERTY TYPE: SECURITIES 13. 13. 573,588.818 SHS GMO QUALITY FUND III **VARIOUS** 1/19/2018 PROPERTY TYPE: SECURITIES 12623554. 2,226,661. 14850215. 2,250,161. TOTAL GAIN(LOSS)

8E1730 1 000

87004J U575

- OTHER INCOME PART I FORM 990PF,

Щ
DESCRIPTION OTHER INVESTMENT INCOME PARTNERSHIP INCOME

£ Œ Z	INVESTMENT	29, 138. 162, 248.	191,386.
REVENUE AND	EXPENSES FOR BOOKS	29, 138.	29,138.
	-		S

TOTALS

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	CHARITABLE PURPOSES	6,919.	6,919.
	ADJUSTED NET INCOME		
	NET INVESTMENT INCOME		
	REVENUE AND EXPENSES PER BOOKS	6,919.	6,919.
I – LEGAL FEES			TOTALS
FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	LEGAL FEES	

95-4551615

FEES
ACCOUNTING
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PART
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990PF, F

CHARITABLE	16,471.	16,471.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	16,471.	16,471.
REVENUE AND EXPENSES PER BOOKS	32,942.	32,942.
•		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FEES
PROFESSIONAL
OTHER
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990PF,
FORM

	ţ	
NET INVESTMENT INCOME	78,515. 476.	78 991
REVENUE AND EXPENSES PER BOOKS	78,515. 476. 900.	79 891
DESCRIPTION	ADVISORY FEES REAL ESTATE ADVISORY FEES OTHER PROFESSIONAL FEES	S.14TOT

900. CHARITABLE PURPOSES

900.

- TAXES	
Н	i
PART	
990PF,	
FORM	

CHARITABLE	10.	160.
NET INVESTMENT INCOME	92,717.	92,717.
REVENUE AND EXPENSES PER BOOKS	6,000. 10. 150. 92,717. 3,000.	101,877.
DESCRIPTION	UNITED STATES TREASURY CA FILING FEES CA REGISTRY FOREIGN TAX STATE TAXES	TOTALS

160.

10.

95-4551615

ATTACHMENT 6

MICHELSON MEDICAL RESEARCH FOUNDATION, INC.

V 18-7.6F

- OTHER EXPENSES PART I FORM 990PF,

REVENUE AND EXPENSES PER BOOKS

CHARITABLE PURPOSES 2,348.

2,348.

INSURANCE EXPENSE OTHER EXPENSE DESCRIPTION

12,348.

TOTALS

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

ENDING <u>FMV</u>	88,045.	88,045.
ENDING BOOK VALUE	88,045.	88,045.
BEGINNING BOOK VALUE	88,045.	88,045.
		TOTALS
DESCRIPTION	PREPAID EXCISE TAX	

V 18-7.6F

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- CORPORATE STOCK PART II FORM 990PF,

ENDING <u>FMV</u>	42,71,997,51,997,468 68,756 68,75,18 75,18 34,888 18,03	1,992,134. 1,015,717. 2,100,574. 1,612,428. 396,822. 131,495. 9,124,473. 8,962,608. 396,160. 130,125. 1,139,789. 1,139,789. 467,100. 7,571,250. 1,494,874. 1,971,000.	51,034,343.
ENDING BOOK VALUE	42,71(997,517) 997,468 997,468 688,756 75,188 78,433 18,033	1,992,435. 1,015,717. 2,100,574. 1,612,428. 396,822. 131,495. 9,124,473. 8,962,608. 396,160. 130,125. 146,298. 1,139,789. 467,100. 7,571,250. 1,494,874. 1,971,000.	51,034,343.
BEGINNING BOOK VALUE	5,575,948. 1,398,051. 2,227,050. 1,086,879. 1,544,130. 123,888.	65,71 000,08 39,11 72,28 41,33 41,33 14,33 14,52 14,52	41,357,617.
DESCRIPTION	325.788 SHS HARDING LOES SHS NEW YORK MORT 7.70046 SHS NEUBERGER BERMANDO SHS VANECK VECTORS SHS RAYNE ANDERSON MICO SHS ARES COMMERCIAL COSHS APOLLO COMI REAL SHS BLACKROCK MULTI SHS SHS BLACKROCK MULTI SHS SHS SHS SHS SHS SHS SHS SHS SHS SH	10,091 SHS BROOKFIELD REAL ASS 4,000 SHS CYS INVESTMENT 7.75% 228,194 SHS FRONT YARD RESI 70,831 SHS FORTRESS TRANSPORT 134,825 SHS ARES CAPITAL CORP 403,107 SHS ASHFORD HOSPITALIT 31,976 SHS DESPEGAR.COM 8,500 SHS LADDER CAP CORP 355,377 SHS SCHWAB FUNDAMENTAL 16,000 SHS ANNALY CAP 6.95% PF 12,500 SHS ANNALY CAP 6.95% PF 12,500 SHS PIMCO DYNMC CRDT AND 127,636 SHS PIMCO DYNMC CRDT AND 127,636 SHS PIMCO ENHANCED SHOR 75,000 SHS PIMCO ENHANCED SHOR 192,887 SHS OAKTREE STRATEGIC 100,000 SHS TERRAFORM POWER IN	TOTALS

BONDS	
CORPORATE	
1	
II	
PART	
990PF,	
FORM	

ENDING	5,753,671.	5,753,671.
ENDING BOOK VALUE	5,753,671.	5,753,671.
BEGINNING BOOK VALUE	6,083,952.	6,083,952.
DESCRIPTION	CHARLES SCHWAB-ATTACHMENT 9A	TOTALS

11
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OTHER
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PART
990PF,
FORM

ENDING <u>FMV</u>	1,917,230. 2,883,377. 6,119,808. 9,583,107. 1,188,998. 204,053. 94,480. 88,102. 774,016. 13,010,750. 243,070. 500,000. 273,840. 504,261. 522,055. 142,620.	
ENDING BOOK VALUE	1,917,230. 2,883,377. 6,119,808. 9,583,107. 1,188,998. 204,053. 94,480. 88,102. 774,016. 13,010,750. 243,070. 500,000. 2,819,011. 273,840. 504,261. 522,055. 142,620.	
BEGINNING BOOK VALUE	2,914,779. 3,245,346. 7,286,268. 9,714,523. 1,178,247. 571,372. 571,372. 571,372. 2,680,126. 128,560. 2,326,413. 265,747. 304,560. 513,982. 519,038.	
DESCRIPTION	18.241 SHS GREENLIGHT CAPITAL 9,179.7081 SHS KENSICO OFFSHOR 1,309.531 SHS PALO ALTO HEALTH 3,228.21 SHS PARK WEST INVESTO STRUCTURAL CAPITAL INVESTORS 5,109 SHS ISHARES MORTGAGE REA 4,000 SHS TWO HARBORS I 7.75% 6,200 SHS NEW RESIDENTIAL INVESTOR II INVESTMENT LOAN - DECATUR 715,662.818 SHS GMO RESOURCES 37,109.975 SHS PUTNAM DIVERSIF STRUCTURAL CAPITAL MGT GP 8,000 SHS PENNYMAC MORTGAGE IN NEUBERGER BERMAN LOAN ADVISERS 24,629 SHS ALPS ALERIAN MLP ET 8,000 SHS ISHARES US PREFERRED 52,691.836 SHS JPMORGAN GLOBAL 44,204.479 SHS PIMCO INCM INST 6,000 SHS PENNYMAC MOR 8.1250%	

ATTACHMENT 11

FORM 990PF, PART II - OTHER ASSETS		•	
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	
INTEREST RECEIVABLE DIVIDEND RECEIVABLE DUE FROM TRIMONT ADVANCE DRAW	21,349. 46,052. 119,397.	35,375.	
OTHER RECEIVABLES ACCRUED INCOME	5,375. 87,928.	214,578.	
TOTALS	280,101.	249,953.	

35,375.

ENDING

214,578.

249,953.

2018 FORM 990-PF MICHE ON MEDICAL RESEARCH FOUNDATION,

c. 95-4551615

ATTACHMENT 12

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

BEGINNING BOOK VALUE

ENDING BOOK VALUE

DEFERRED FEDERAL EXCISE TAXES

195,884. 195,885.

TOTALS

195,884.

195,885.

95-4551615

ATTACHMENT 13

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

DESCRIPTION TRUOMA

11,337,207. UNREALIZED LOSS ON INVESTMENTS

11,337,207. TOTAL

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME:

THE MICHELSON FOUND ANIMALS FOUNDATION

GRANTEE'S ADDRESS:

3000 S ROBERTSON BLVD., SUITE 105

CITY, STATE & ZIP: LOS ANGELES, CA 90034

GRANT DATE:

VAR

GRANT AMOUNT:

9,000,000.

GRANT PURPOSE:

BENEFIT OF ANIMALS THROUGH MULTIPLE ANIMAL WELFARE

PROGRAMS, INCLUDING THE...SEE ATTACHMENT 14.1

9,000,000.

AMOUNT EXPENDED: ANY DIVERSION?

NO

DATES OF REPORTS:

04/27/2018, 08/22/2018, 02/08/2019, 05/15/2019

VERIFICATION DATE: 05/15/2019

RESULTS OF VERIFICATION:

VERIFICATION CONFIRMED THAT \$9,000,000 WAS SPENT TOWARD THE GRANT

PURPOSE WITH NO DIVERSION.

Michelson Medical Research Foundation, Inc. Supplement to Part VII-B, Line 5c

95-4551615

Michelson Prize and Grants in Reproductive Biology, the microchipping program, the adoption program, the start-up accelerator program, the spay/neuter program and others toward The Michelson Found Animals Foundation, Inc.'s purpose of reducing euthanasia rates in Los Angeles area animal shelters.

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

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EXPENSE ACCT AND OTHER ALLOWANCES	·	· o	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	o	·	0
COMPENSATION	Ö	Ċ	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR, PRESIDENT	SECRETARY/CFO	GRAND TOTALS
NAME AND ADDRESS	GARY KARLIN MICHELSON, M.D. 11755 WILSHIRE BLVD., SUITE 1400 LOS ANGELES, CA 90025	DAVID COHEN 11755 WILSHIRE BLVD., SUITE 1400 LOS ANGELES, CA 90025	

2018 FORM 990-PF MICHE ON MEDICAL RESEARCH FOUNDATION, C. 95-4551615

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

ATTACHMENT 16

NAME AND ADDRESS

TYPE OF SERVICE

COMPENSATION

CHARLES SCHWAB & CO., INC. 211 MAIN STREET SAN FRANCISCO, CA 94105

INVESTMENT MGMT

78,455.

TOTAL COMPENSATION

78,455.

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MICHELSON MEDICAL RESEARCH FOUND

95-4551615

ATTACHMENT 17

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

200 9,000,000 25,000 828,100 15,000 10,000 AMOUNT MICROCHIPPING PROGRAM, THE ADOPTION PROGRAM, THE WELFARE PROGRAMS, INCLUDING THE MICHELSON PRIZE ANIMALS FOUNDATION, INC 'S PURPOSE OF REDUCING START-UP ACCELERATOR PROGRAM, THE SPAY/NEUTER PROGRAM AND OTHERS TOWARD THE MICHELSON FOUND EUTHANASIA RATES IN LOS ANGELES AREA ANIMAL BENEFIT OF ANIMALS THROUGH MULTIPLE ANIMAL AND GRANTS IN REPRODUCTIVE BIOLOGY, THE PURPOSE OF GRANT OR CONTRIBUTION GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SHELTERS. RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT SAME SUBSTANTIAL CONTRIBUTOR NONE NONE NONE NONE NONE SC S. S S 8 THE MICHELSON FOUND ANIMALS FOUNDATION, INC CENTER FOR BIOLOGICAL DIVERSITY INC 3000 S ROBERTSON BLVD , SUITE 105 1100 NEW JERSEY AVENUE SE, NO 900 AFRICAN WILDLIFE FOUNDATION, INC. TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD , NO 401 HUMAN VACCINES PROJECT, INC RECIPIENT NAME AND ADDRESS 100 SOUTH BARRINGTON PLACE BEVERLY HILLS, CA 90211 LOS ANGELES, CA 90049 LOS ANGELES, CA 90034 WASHINGTON, DC 20003 NEW YORK, NY 10119 BRENTWOOD SCHOOL TUSCON, AZ 85702 P O BOX 710 1 PENN PLAZA

ATTACHMENT 17

9,878,600

TOTAL CONTRIBUTIONS PAID

v 18-7 6F

FEDERAL FOOTNOTES

FORM 990-PF, PART VII-A, LINE 11 - CONTROLLED ENTITY STATEMENT ______

CONTROLLED ENTITY'S NAME:

CITY, STATE & ZIP:

EIN: EXCESS BUSINESS HOLDING? IAM SLP LTD

CONTROLLED ENTITY'S ADDRESS: 11755 WILSHIRE BLVD, STE 1400

LOS ANGELES, CA 90025

N/A NO

FORM 990-PF, PART VII-A, LINE 11 - CONTROLLED ENTITY STATEMENT ______

CONTROLLED ENTITY'S NAME:

CONTROLLED ENTITY'S ADDRESS: PO BOX 309, UGLAND HOUSE

CITY, STATE & ZIP:

EIN:

EXCESS BUSINESS HOLDING?

DESCRIPTION OF TRANSFER:

AMOUNT OF TRANSFER:

STRUCTURAL CAPITAL INVESTORS I-C, LP

GRAND CAYMAN KY1-1104 CAYMAN ISLANDS

98-1175015

NO

CASH DISTRIBUTION

\$35,750