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2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public
Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd end	ing 12-31-	2018				
MA	ARGIE A	indation IND ROBERT E PETERSEN FOUNDATION DORE CALLETON			A Employer id 95-4608757	entification numbe	r			
Num	ber and	d street (or P O box number if mail is not delivered to street address)	Room/suite		D Talanhana nu	mahay (aaa yastu yatya	\			
1	31 N EL	MOLINO			B Telephone number (see instructions) (626) 395-0860					
		n, state or province, country, and ZIP or foreign postal code CA 91101			· ,	application is pending	g, check here			
							P			
Gi Ch	песк аг	I that apply ☐ Initial return ☐ Initial return of a ☐ Final return ☐ Amended return	former public charity		= -	ganizations, check he ganizations meeting	▶ ∟			
		Address change Name change				k here and attach cor				
H Ch	neck ty	pe of organization Section 501(c)(3) exempt private	foundation			indation status was t n 507(b)(1)(A), chec				
		· · · · · · · · · · · · · · · · · · ·	e private foundation		under seedo	11 307 (B)(1)(A), check	KITCIC			
of		rom Part II, col (c),	Cash	ıal		ition is in a 60-month n 507(b)(1)(B), checi				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and				(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Ne	t investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach schedule)	10,981,088							
	2	Check ▶ ☐ If the foundation is not required to attach Sch B								
	3	Interest on savings and temporary cash investments	1,425,677		1,425,677	1,425,677				
	4	Dividends and interest from securities								
	5a	Gross rents								
<u>e</u>	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-34,084							
Ĭ	b	Gross sales price for all assets on line 6a	3 1,700 1							
Revenue		52,328,493								
~	7	Capital gain net income (from Part IV, line 2)								
	8	Net short-term capital gain								
	10a	Gross sales less returns and allowances								
	ь	Less Cost of goods sold								
	c	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	12,372,681		1,425,677	1,425,677				
	13	Compensation of officers, directors, trustees, etc	180,000							
_	14	Other employee salaries and wages								
ses	15 16a	Pension plans, employee benefits	9 56,072		28,000					
Sen	ь	Accounting fees (attach schedule)	9 67,709		27,600					
Expenses	C	Other professional fees (attach schedule)	5.,.63		_,,000					
live	17	Interest								
Administrative	18	Taxes (attach schedule) (see instructions)								
III S	19	Depreciation (attach schedule) and depletion								
Ę	20	Occupancy								
	21	Travel, conferences, and meetings								
an	22	Printing and publications								
Operating and	23	Other expenses (attach schedule)	20,063							
erat	24	Total operating and administrative expenses.	222.044		EF (00)					
ă	25	Add lines 13 through 23	323,844 20,059,212	-	55,600		20,059,212			
	26	Total expenses and disbursements. Add lines 24 and	25,055,212				20,000,212			
		25	20,383,056		55,600		20,059,212			
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements	-8,010,375							
	ь	Net investment income (If negative, enter -0-)			1,370,077					
	С	Adjusted net income (If negative, enter -0-)				1,425,677				

		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	3,649,497	6,290,128	
	3	Accounts receivable ►159,693			
		Less allowance for doubtful accounts ▶	2,268,347	159,693	
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ņ	8	Inventories for sale or use			
פֿ	9	Prepaid expenses and deferred charges	39,084	39,084	
î	10a	Investments—U S and state government obligations (attach schedule)		69,539,155	
	ь	Investments—corporate stock (attach schedule)	78,733,963		
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	84,690,891	76,028,060	С
	17	Accounts payable and accrued expenses			
	18	Grants payable	16,657,569	12,321,619	
S	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
2	21	Mortgages and other notes payable (attach schedule)			
١	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	16,657,569	12.321.619	

	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶		'	
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	84,690,891	76,028,060	
	17	Accounts payable and accrued expenses			
	18	Grants payable	16,657,569	12,321,619	
Liabilities	19	Deferred revenue			
틒	20	Loans from officers, directors, trustees, and other disqualified persons			
ᆵ	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	16,657,569	12,321,619	
		Foundations that follow SFAS 117, check here ▶			

and complete lines 24 through 26 and lines 30 and 31. 24 68,033,322 63,706,441 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here

Net Assets or Fund Balances and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds . . 28 Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 29 30 Total net assets or fund balances (see instructions) . 68,033,322 63,706,441 31 Total liabilities and net assets/fund balances (see instructions) 84,690,893 76,028,060 Part III Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of yearof-year figure reported on prior year's return) 68,033,322 1 2 2

Enter amount from Part I, line 27a -8,010,375 3 3 4,834,060 Other increases not included in line 2 (itemize) 4 64,857,007 Add lines 1, 2, and 3 . . 5 5 1,150,566 Decreases not included in line 2 (itemize) ▶ 6

63,706,441 Form **990-PF** (2018)

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a US TREASURY NOTES			P	2001-01-01	2018-12-31
b					
c					
d					
-	(f)	(a)		,	<u> </u>
(e)	Depreciation allowed	(g) Cost or oth			h) r (loss)
Gross sales price	(or allowable)	plus expens	e of sale) minus (g)
a 52,32	8,493		52,362,577		-34,084
b					
c					
d					
e					
	showing gain in column (h) and ow	ned by the foundation on	12/31/69	,	I)
	(i)	(k)			h) gain minus
(i)	Adjusted basis	Excess of			less than -0-) or
F M V as of 12/31/69	as of 12/31/69	over col(j), if any	Losses (fr	om col (h))
а					-34,084
b					
c					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in Part If (loss), enter -0- in Part		2	-34,084
· -	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0-	}	3	
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net In	vestment In	come	
	rivate foundations subject to the sec				
To optional use by domestic p	Tivate foundations subject to the set	ction +540(a) tax on het il	rvestment meom	,	
if section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributa	• •	the base period?	·	es 🗹 No
	ot qualify under section 4940(e) Do				
	nount in each column for each year,	see instructions before ma	aking any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-u	se assets	(d) Distribution rati (col (b) divided by c	
2017	103,069,367				
2016	29,313,406				
2015	28,382,702				
2014	21,983,874				
2013	50,734,049	109	9,067,133		0 46516
2 Total of line 1, column (d	d)		2		0 465163
number of years the four	o for the 5-year base period—divide in Idation has been in existence if less Incharitable-use assets for 2018 fron	than 5 years	or by the 3		0 093033
5 Multiply line 4 by line 3			5		
	ent income (1% of Part I, line 27b)		6		13,701
	, ,				
	one from Doub VII line 4				13,701
If line 8 is equal to or greenstructions	ons from Part XII, line 4 , eater than line 7, check the box in Pa	art VI, line 1b, and comple	8 te that part usin	<u>l</u> g a 1% tax rate Se	20,059,212 e the Part VI
mon decions				Fc	orm 990-PF (2018

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101111	330 11 (2010)										age u
Pa	rt VIII-B Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During the year did the foundation	pay o	r incur any amount to							Yes	No
	(1) Carry on propaganda, or other	wise a	ise attempt to influence legislation (section 4945(e))?								
	(2) Influence the outcome of any s	pecifi	c public election (see sect	tion 4955), or to carry							
	on, directly or indirectly, any vo	oter re	egistration drive?			Yes	~	No			
	(3) Provide a grant to an individua	l for t	ravel, study, or other sım	ılar purposes?		Yes	7	No			
	(4) Provide a grant to an organizat	ion ot	her than a charitable, etc	: , organization described		res		NO			
	ın section 4945(d)(4)(A)? See i	nstru	ctions			☐ Yes	✓	No			
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tıfıc, lıterary, or		1es	ت	NO			
	educational purposes, or for the	e prev	ention of cruelty to childi	en or animals?		Yes	~	No			
b	If any answer is "Yes" to 5a(1)-(5)	, did a	any of the transactions fa	ıl to qualıfy under the ex	ceptions desc		•	NO			
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instri	uctions				5b		No
	Organizations relying on a current i	notice	regarding disaster assist	ance check here		🕨					
c	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the			ш				
	tax because it maintained expendit	ure re	sponsibility for the grant	·		□					
	If "Yes," attach the statement requ		· · · · · · · · · · · · · · · · · · ·			☐ Yes	•	No			
6a	Did the foundation, during the year		·		ıms on						
	a personal benefit contract?										
ь	Did the foundation, during the year				nefit contract	, ∐ Yes	✓	No	6b		No
_	If "Yes" to 6b, file Form 8870	, pu,	premium, anecety or ma	meedy, on a personal ber	TOTAL CONTRACT		•				
7a	At any time during the tax year, wa	e the	foundation a party to a r	rohibited tay shelter tran	esaction?						
	If yes, did the foundation receive a					☐ Yes	\checkmark	No	7b		No
8	Is the foundation subject to the sec		•						10		110
0					iii reiliullerat						
	excess parachute payment during t				• •		✓	No			
Pa		Offic	ers, Directors, Trust	ees, Foundation Ma	inagers, Hi	ghly Pai	d Er	nplo	yees,	•	
	and Contractors										
1	List all officers, directors, truste										
	(a) Name and address	(b) Title, and average hours per week 	(c) Compensation (If not paid, enter	(d) Cont employee be	ributions t		(e)	Exper	se acc	ount,
	(a) Name and address		devoted to position	-0-)	deferred c			0	ther a	llowand	es
KEVI	N STRAUCH	Direc	tor	84,000							
131 N	EL MOLINO STE 350	2 00		,							
	DENA, CA 91101										
	DORE CALLETON ESQ	Treas 2 00	surer	12,000							
	I EL MOLINO STE 350 DENA, CA 91101	2 00									
	TA CARLETON	Presi	dent	84,000				1			
	I EL MOLINO STE 350	2 00	dent	64,000							
	DENA, CA 91101										
2	Compensation of five highest-pa	iid en	nployees (other than tl	nose included on line 1	.—see instru	ctions). I	[f no	ne, e	nter "	NONE.	71
			(b) Title, and average			rıbutıons t					
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation		ee benefit id deferred				se acco lowance	
	more than \$50,000		devoted to position			ensation	1	O.	ilei ali	owance	=5
NON	<u> </u>				· ·						
Tota	l number of other employees paid o\	/er \$5	0,000			. •				0-PF (

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pa	aid Employees,
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
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produce:		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

2

3a 3h

4

5

20.059.212

20.045.511

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13.701

2018

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99	·U-	P٢	(,	20	
t	X	77	7		

Form 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

(a)

Corpus

233.650.179

20,059,212

253,709,391

50.745.595

202,963,796

22.054.557

28,426,023

29,324,579

103.099.425

20,059,212

(b)

Years prior to 2017

(c)

2017

b Total for prior years

Excess distributions carryover, if any, to 2018

a From 2013. 50.745.595 22,054,557 **b** From 2014. 28,426,023 29.324.579

c From 2015. . . . d From 2016. 103,099,425 e From 2017.

XII, line 4 ▶ \$

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

indicated below:

(Election required—see instructions).

c Treated as distributions out of corpus (Election

same amount must be shown in column (a))

factors



Enter gı	ross amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
_	ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fe	ees and contracts from government agencies mbership dues and assessments					
3 Inte	erest on savings and temporary cash			14	1,425,677	
	dends and interest from securities rental income or (loss) from real estate					
	ebt-financed property					
	ot debt-financed property					
	rental income or (loss) from personal property					
	er investment income					
ınve	entory					-34,084
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
	errevenue a	+		+		
е						
L2 Sub	ototal Add columns (b), (d), and (e)				1,425,677	-34,084
L2 Sub	ototal Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e)			13	1,425,677	
L2 Sub L3 Tot (See	ototal Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (e worksheet in line 13 instructions to verify calcu	ılatıons)				-34,084 1,391,593
L2 Sub L3 Tot (See	ototal Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calcumate the columns of activities to the columns of activities of activitie	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub L3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	
L2 Sub 3 Tot (See Part)	total Add columns (b), (d), and (e) (al. Add line 12, columns (b), (d), and (e) (b) worksheet in line 13 instructions to verify calculated by the color of the columns.	ilations) ne Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	

1 (20	110)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
111	Exempt Organizations

Ŀ	art XVI	Exempt Organi	zations						•				
1		organization directly or in er than section 501(c)(3)								tion 501	Y	es	No
а	Transfer	s from the reporting foun	dation to a no	ncharit	able exe	empt organizati	on of	_					
	(1) Cas	sh								. 1a	1)		No
	(2) Oth	ner assets								1a	2)		No
b	Other tra	ansactions											
		es of assets to a nonchar	•	_						<u>1b</u>	1)		No
	(2) Pur	chases of assets from a r	oncharitable (exempt	organız	ation				<u>1b</u>	2)		No
	(3) Rer	ntal of facilities, equipmer	nt, or other as	sets						<u>1b</u>	3)		No
	(4) Rei	mbursement arrangemen	ts							. 1b	4)		No
	(5) Loa	ns or loan guarantees.								1b	5)		No
		ormance of services or m	•		_					. <u>1b</u>	6)	_	No
	_	of facilities, equipment, n									С		No
d		nswer to any of the above bods, other assets, or ser									!		
		ansaction or sharing arra											
	٠.	_											
(a)	Line No	(b) Amount involved	(c) Name of r	noncharit	able exer	npt organization	(c	d) Description of	transfers, transaction	s, and sharing	arrange	ment	ts
22	Is the fo	undation directly or indire	L activ affiliated	with o	r related	to one or mo	re tav-	-evemnt organ	ızatıons				
Za		d in section 501(c) (other	•	•		•				Yes 🗹 No			
h		complete the following s		301(0)((3)) 01 1	ii section 527				165 110	,		
ט	11 165,	(a) Name of organization		1	(b) Type of organiz	ation	1	(c) Description	on of relationsh	ם		
		(2) Hame or organization				, .,po o. o.ga <u>.</u>	u		(0) 5 3 3 3 1 1		<u> </u>		
	of	nder penalties of perjury, my knowledge and belief nich preparer has any kno	, it is true, co										
Si	gn 🗀	****				l				May the IF	S discu	ss thi	15
Нє	ere L	****				2019-05-15		\ ******		return with the pi	anarar	chow	ın I
								- P 	_	below	eparei	311044	"' I
	l'	Signature of officer or t	rustee			Date		' Title		(see ınstr	2 🗹 v	es [□No
		D		D		- b							
		Print/Type preparer's	name	Prepare	er's Sign	ature	Da	ate	Check if self-	PTIN			
									employed ▶ □	P01	24019	1	
Pa	id	GARY CARRUTHER	5						1 . ,				
_	epare	r roman wassa Na 1997	CUINCON AND	N DI OOF	00000	LLD							
	e Onl		CHINSON AND	א פרטטן	DGOOD	LLP				Fırm's EIN ▶	95-08	585	89
	J.II	-	0 N BRAND B	LVD 14t	th Floor								
					·					Phone no (318) 6	37-5	000
		GL	ENDALE, CA	91203							, 0		
										L			

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	NONE	PF	MEDICAL RESEARCH	4,000,000

I				
ı	SOCIETY OF THE LITTLE FLOWER 1313 N FRONTAGE ROAD DARIEN, IL 60561	NONE	PC	FACILITIES CONSTRUCTION
Ł				

Total .

SOCIETY OF THE LITTLE FLOWER 1313 N FRONTAGE ROAD DARIEN, IL 60561	NONE	PC	FACILITIES CONSTRUCTION	142,601
NEIGHBORHOOD MUSIC SCHOOL 358 SOUTH BOYLE AVE	NONE	PC	ASSISTANCE IN PUBLICMUSIC EDUCATION	30,000

1313 N FRONTAGE ROAD DARIEN, IL 60561				
NEIGHBORHOOD MUSIC SCHOOL 358 SOUTH BOYLE AVE LOS ANGELES, CA 90033	NONE	PC	ASSISTANCE IN PUBLICMUSIC EDUCATION	30,000
·			·	

20,059,212

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JOURNEY HOUSE1232 N LOS ROBLES PASADENA, CA 91104	NONE	POF	FOR ASSISTANCE TO YOUTH	250,000
NEUROENDOCRINE TUMOR RECEARCH	NONE	DOE	MEDICAL DECEADOU	000 443

NEUROENDOCRINE TUMOR RESEARCH FOUND 20 PARK PLAZA BOSTON, MA 02116	NONE	POF	MEDICAL RESEARCH	888,442
HILLSIDES-YOUTH MOVING ON 940 AVENUE 64	NONE	POF	SUPPORT EDUCATION OF AT RISK YOUTH	1,000,000

Total			▶ 3a	20,059,212
HILLSIDES-YOUTH MOVING ON 940 AVENUE 64 PASADENA, CA 91101	NONE	POF	SUPPORT EDUCATION OF AT RISK YOUTH	1,000,000
20 PARK PLAZA BOSTON, MA 02116				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
PASADENA CITY COLLEGE FOUNDATION	NONE	EOF	EDUCATION	150,000

1570 E COLORADO BLVD PASADENA, CA 91106				
PAINTED TURTLE OUTPOST PROGRAM 1400 4TH STREE STE 300 SANTA MONICA, CA 90401	NONE	POF	ASSIST CHILDREN WITH CANCER FOR RECREATIONAL PURPOSES	2,600,000

PAINTED TURTLE OUTPOST PROGRAM 1400 4TH STREE STE 300 SANTA MONICA, CA 90401	NONE	POF	ASSIST CHILDREN WITH CANCER FOR RECREATIONAL PURPOSES	2,600,000
OMAHA COMMUNITY FOUNDATION 302 S 36TH ST STE 100	NONE	EOF	YOUTH SERVICES	250,000

SANTA MONICA, CA 90401			PURPOSES	
OMAHA COMMUNITY FOUNDATION 302 S 36TH ST STE 100 OMAHA, NE 68131	NONE	EOF	YOUTH SERVICES	250,000
Total			▶ 3a	20,059,212

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
FIVE ACRES 760 WEST MOUNTAIN VIEW STREET	NONE	POF	GERERAL SUPPORT	1,000,000

FIVE ACRES 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001	NONE	POF	GERERAL SUPPORT	1,000,000
ST ANNES155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	NONE	PF	GENERAL SUPPORT	1,000,000
DAVID AND MARGARET YOUTH FAMILY	NONE	POF	CAPITAL IMPROVEMENTS	600,000

•				
ST ANNES155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	NONE	PF	GENERAL SUPPORT	1,000,000
DAVID AND MARGARET YOUTH FAMILY SER 1350 THIRD STREET	NONE	POF	CAPITAL IMPROVEMENTS	600,000

				22.252.242
DAVID AND MARGARET YOUTH FAMILY SER 1350 THIRD STREET LA VERNE, CA 91750	NONE	POF	CAPITAL IMPROVEMENTS	600,000
LOS ANGELES, CA 90026	None	11	GENERAL SOTT ORT	1,000,000

DAVID AND MARGARET YOUTH FAMILY SER 1350 THIRD STREET LA VERNE, CA 91750	NONE	POF	CAPITAL IMPROVEMENTS	600,000
Total			▶ 3a	20,059,212

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

Total.

NRA FOUNDATION	NONE	POF	EDUCATION	8 148 169
a Paid during the year				
Name and address (nome or business)	or substantial contributor			

NRA FOUNDATION	NONE	POF	EDUCATION	8,14
11250 WAPLES MILL ROAD				
FAIRFAX, VA 22030				

	l			
IRA FOUNDATION .1250 WAPLES MILL ROAD	NONE	POF	EDUCATION	8,148,169

20,059,212

efile GRAPHIC print - DO NOT F	PROCESS	As Filed D	ata -	DI	N: 93491135039289
TY 2018 Accounting Fo	ees Sch	edule			
	Name:	MARGIE	AND ROBERT E PET	TERSEN FOUNDATION	ON
		CO THEC	DORE CALLETON		
	EIN: 95-4608757				
Softv	ware ID:	1800721	8		
Software '	Version:	2018v3.1	1		
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND ADVISORY FEES		55,109	27,600	0	0
AUDIT FEES		12,600	0	0	0

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491135039289
TY 2018 Legal Fees Schedu	ıle			_
Nov	MADOIT AND	NOBERT E RETE	CEN FOUNDATIO	N.I.
Nan		O ROBERT E PETER	SEN FOUNDATION	N
	CO THEODORE CALLETON			
EIN: 95-4608757				
Software :	ID: 18007218			
Software Version	on: 2018v3.1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL ADVISORY FEES	56,072	28,000	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491135039289			
TY 2018 Other Decreases Scho	TY 2018 Other Decreases Schedule					
Name:	MARGIE AND	ROBERT E PETERSEN FOUNDA	TION			
	CO THEODORI	E CALLETON				
EIN:	95-4608757					
Software ID:	18007218					
Software Version:	2018v3.1					
De	escription		Amount			
DECREASE IN RECEIVABLES			1,150,566			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491135039289		
TY 2018 Other Expenses Sche	dule			_		
<u>-</u>						
Name:	MARGIE AND R	OBERT E PETERS	EN FOUNDATION	l		
	CO THEODORE	CALLETON				
EIN:	1: 95-4608757					
Software ID:	D: 18007218					
Software Version:	2018v3.1					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXCISE TAXES	310					
INSURANCE EXPENSE	15,025					
OFFICE EXPENSES	1,688					
TRAVEL	3,040					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491135039289
TY 2018 Other Increases Sche	dule		
Name:	MARGIE AND	ROBERT E PETERSEN FOUNDA	ATION
	CO THEODORE	E CALLETON	
EIN:	95-4608757		
Software ID:	18007218		
Software Version:	2018v3.1		
De	escription		Amount
DECREASE IN ACCRUED GIFTS			4,335,950
dECREASE IN UNREALIZED LOSSES			498,110

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -			DLN: 93491135039289		
Schedule B		Schedu	ule of Contributors	5	OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990-Pi ov/Form990 for the latest info		2018		
Name of the organizati MARGIE AND ROBERT E	PETERSEN FOUNDATI	ON			oyer identification number		
CO THEODORE CALLETON Organization type (che				95-460	08757		
Filers of:	Section:						
	Geotion.						
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 politi	ical organization					
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
			PF that received, during the omplete Parts I and II See				
Special Rules							
under sections 5 received from ar	509(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, tota	al contributions of the great	0 or 990-EZ), Part II, Iır	t test of the regulations ne 13, 16a, or 16b, and that 2% of the amount on (i) Form		
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 or 9 0 <i>exclusively</i> for religious, c animals Complete Parts I	haritable, scientific, lite			
during the year, If this box is che purpose Don't o	contributions exclusecked, enter here the complete any of the p	sively for religious, total contributions parts unless the G o		out no such contribution the year for an <i>exclusi</i> organization because i	ns totaled more than \$1,000 vely religious, charitable, etc, it received nonexclusively		
990-EZ, or 990-PF), but	t it must answer "No	o" on Part IV, line 2	le and/or the Special Rules , of its Form 990, or check t it doesn't meet the filing r	the box on line H of its	•		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)		

Name of organization

Employer identification number

O THEODORE CAL	RT E PETERSEN FOUNDATION LETON	95-4608757	
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETERSEN LIVING TRUST 131 N EL MOLINO PASADENA, CA 91101	\$ 8,118,169	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETERSEN LIVING TRUST 131 N EL MOLINO PASADENA, CA 91101	\$ 2,862,919	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2018)		Page 3	
	ERT E PETERSEN FOUNDATION		Employer identification number	
CO THEODORE CA		95-46	08757	
Part II	Noncash Property			
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	COLLECTIBLE WEAPONS AND MEMORABILIA	\$ 8,118 169	2018-01-08	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$_		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 4	
Name of organization MARGIE AND ROBERT E PETERSEN FOUNDATION CO THEODORE CALLETON			Employer identification number 95-4608757	
than \$1, organiza the year	,000 for the year from any one contributor	r. Complete columns (a) through exclusively religious, charictions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	: Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	