

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

Name of foundation KIRKEBY FOUNDATION		A Employer identification number 36-6050460	
% SHEPHARD MCILWEE TINGLOF			
Number and street (or P O box number if mail is not delivered to street address) 9200 SUNSET BLVD PENTHOUSE 22	Room/suite	B Telephone number (see instructions) (310) 858-2200	
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90069		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,359,436		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	0			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	20,065	20,065		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	10,023			
	b Gross sales price for all assets on line 6a 265,617				
	7 Capital gain net income (from Part IV, line 2)		10,023		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	30,088	30,088			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	41,420	20,710	0	20,710
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,500			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,231	5,816		415
	24 Total operating and administrative expenses. Add lines 13 through 23	50,151	26,526	0	21,125
	25 Contributions, gifts, grants paid	44,000			44,000
26 Total expenses and disbursements. Add lines 24 and 25	94,151	26,526	0	65,125	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-64,063				
b Net investment income (if negative, enter -0-)		3,562			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	92	8,839	8,839
	2 Savings and temporary cash investments	354	2,835	2,835
	3 Accounts receivable ▶ <u>4,980</u>			
	Less allowance for doubtful accounts ▶ _____	2,051	4,980	4,980
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,149,010	1,070,790	1,318,308
	c Investments—corporate bonds (attach schedule)	24,983	24,983	24,474
	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)	1,176,490	1,112,427	1,359,436	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	1,176,490	1,112,427	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	1,176,490	1,112,427		
31 Total liabilities and net assets/fund balances (see instructions) .	1,176,490	1,112,427		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,176,490
2 Enter amount from Part I, line 27a	2	-64,063
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	1,112,427
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,112,427

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 12, 13.

14 The books are in care of SHEPHARD MCILWEE TINGLOF Telephone no (310) 858-2200

Located at 9200 SUNSET BLVD PH 22 LOS ANGELES CA ZIP+4 90069

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 15

Table with 3 columns: Question, Yes, No. Row 16.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a, 2, 3a, 4a, 4b.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

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

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				44,000
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AIDS WALK LA 3550 WILSHIRE BLVD STE 890 LOS ANGELES, CA 90010	NONE	PC	CHARITABLE	150
HOME DOG LA3201 LACY ST LOS ANGELES, CA 90027	NONE	PC	CHARITABLE	1,000
WESTSIDE GUILD OF CHILDRENS HOSPITAL OF LA 4650 W SUNSET BLVD LOS ANGELES, CA 90027	NONE	PC	CHARITABLE	200
Total ▶ 3a				44,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VENICE COMMUNITY HOUSING 720 ROSE AVE VENICE, CA 90291	NONE	PC	CHARITABLE	7,300
ISRAEL SPORT CENTER FOR THE DISABLED ONE NORTHFIELD PLAZA SUITE 300 NORTHFIELD, IL 60093	NONE	PC	CHARITABLE	500
FRIENDS OF ROBINSON GARDENS 1008 ELDEN WAY BEVERLY HILLS, CA 90210	NONE	PC	CHARITABLE	150
Total ▶ 3a				44,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VETS WHOLE IN ONE 17130 AVENIDA DE LA HERRADURA PACIFIC PALISADES, CA 90272	NONE	PC	CHARITABLE	1,000
WESTSIDE CHILDREN CENTER 5721 W SLAUSON AVENUE CULVER CITY, CA 90230	NONE	PC	CHARITABLE	1,500
INSTITUTE OF CONTEMPORARY ART LOS ANGELES 1717 E 7TH ST LOS ANGELES, CA 90021	NONE	PC	CHARITABLE	4,200
Total ▶ 3a				44,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S INSTITUTE INC 2121 WEST TEMPLE STREET LOS ANGELES, CA 91342	NONE	PC	CHARITABLE	2,600
GUIDE DOGS FOR THE BLIND 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	PC	CHARITABLE	2,500
WESTSIDE CHILDREN CENTER 5721 W SLAUSON AVENUE CULVER CITY, CA 90230	NONE	PC	CHARITABLE	2,600
Total 				44,000
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DOCA9245 Old Keene Mill Road Burke, VA 22015	NONE	PC	CHARITABLE	2,500
ALL SAINTS EPISCOPAL CHURCH 504 N CAMDEN DR BEVERLY HILLS, CA 92660	NONE	PC	CHARITABLE	4,000
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS 2300 BONITA CANYON DR NEWPORT BEACH, CA 92660	NONE	PC	CHARITABLE	2,000
Total 3a				44,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VAIL VALLEY FOUNDATION 90 BENCHMARK ROAD STE 300 AVON, CO 81620	NONE	PC	CHARITABLE	5,000
WEILENMAN SCHOOL - WSD 4199 KILBY RD PARK CITY, UT 84098	NONE	PC	CHARITABLE	2,050
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH, CA 92663	NONE	PC	CHARITABLE	950
Total 				44,000
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SISTERS OF SOJOURN 1453 16TH STREET SANTA MONICA, CA 90404	NONE	PC	CHARITABLE	450
NANTUCKET PRESERVATION TRUST 55 MAIN ST 3RD FL NANTUCKET, MA 02554	NONE	PC	CHARITABLE	500
ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK CITY, NY 10065	NONE		CHARITABLE	1,650
Total 3a				44,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARLBOROUGH SCHOOL 250 S ROSSOMORE AVE LOS ANGELES, CA 90004	NONE	PC	CHARITABLE	500
SISTER STELLA FOUNDATION PO BOX 492515 LOS ANGELES, CA 90049	NONE	PC	CHARITABLE	500
LOYOLA HIGH SCHOOL 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	PC	CHARITABLE	200
Total 3a				44,000

TY 2017 Accounting Fees Schedule**Name:** KIRKEBY FOUNDATION**EIN:** 36-6050460**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	41,420	20,710		20,710

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: KIRKEBY FOUNDATION

EIN: 36-6050460

TY 2017 Investments Corporate Bonds Schedule**Name:** KIRKEBY FOUNDATION**EIN:** 36-6050460**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BEL AIR SECURITIES	24,983	24,474

TY 2017 Investments Corporate Stock Schedule**Name:** KIRKEBY FOUNDATION**EIN:** 36-6050460

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BEL AIR SECURITIES	1,070,790	1,318,308

TY 2017 Other Expenses Schedule**Name:** KIRKEBY FOUNDATION**EIN:** 36-6050460**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND BANKING FEES	5,816	5,816		
FILING FEES	85			85
POSTAGE	180			180
BANKING FEES	150			150

TY 2017 Taxes Schedule**Name:** KIRKEBY FOUNDATION**EIN:** 36-6050460

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	2,500			