

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE FAIRBROOK FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
445 S FIGUEROA STREET No 3400

City or town, state or country, and ZIP + 4
LOS ANGELES, CA 900711638

D Employer identification number
20-0993106

E Telephone number
(213) 413-4130

G Gross receipts \$ 3,220,618

F Name and address of Principal Officer
AUBREY G CHERNICK
445 SOUTH FIGUEROA STREET 3400
LOS ANGELES, CA 90071

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
(If "No," attach a list See instructions)

H(c) Group Exemption Number

I Tax-exempt status 501(c) (3) (Insert no) 4947(a)(1) or 527

J Web site: CALFUND.ORD

K Type of organization Corporation trust association other

L Year of Formation 2004 | **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE BENEFIT AND SUPPORT TO THE CALIFORNIA COMMUNITY FOUNDATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,352,931	345,380
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,393,607	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,746,538	345,380
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,653,513	4,325,125
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	286,896	341,469
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	7,940,409	4,666,594
19 Revenue less expenses Subtract line 18 from line 12	1,806,129	-4,321,214	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 66,413,454	End of Year 50,345,347
	21 Total liabilities (Part X, line 26)	3,020,000	2,500,000
	22 Net assets or fund balances Subtract line 21 from line 20	63,393,454	47,845,347

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: ***** Date: 2010-01-11

STEVEN J COBB ASSISTANT TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: John J Menchaca Date: _____ Check if self-employed: Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4: MENCHACA & COMPANY LLP, 835 WILSHIRE BLVD SUITE 300, LOS ANGELES, CA 90017 EIN: _____ Phone no: (213) 683-3317

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)**1** Briefly describe the organization's mission**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,325,125 including grants of \$ 4,325,125) (Revenue \$ 345,380)
 THE FOUNDATION'S ACTIVITIES INCLUDED GRANT MAKING TO SUPPORT THE CALIFORNIA COMMUNITY FOUNDATION, A PUBLIC CHARITY UNDER 501(C)(3)

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)






4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 4,325,125 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>		No
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	Yes	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13		No
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?		No
15b	Other officers or key employees of the organization? Describe the process in Schedule O		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 CALIFORNIA COMMUNITY FOUNDATION
 445 S FIGUEROA STREET 3400
 LOS ANGELES, CA 90071
 (213) 413-4130

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AUBREY G CHERNICK , PRESIDENT & BOARD CHAIR	50	X		X				0	0	0
JOYCE CHERNICK , VICE CHAIR	50	X		X				0	0	0
JEFFREY M WEINER , VICE PRESIDENT	50	X		X				0	0	0
JOHN KOBARA , BOARD MEMBER	50	X		X				0	153,117	36,498
EDGAR AGUIRRE , BOARD MEMBER	50	X		X				0	81,170	19,671

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
1b Total								0	234,287	56,169	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization: 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization: 0

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total (Add lines 1a-1f) ▶						
Program Service Revenue	2a	_____ Business Code _____						
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue _____						
	g	Total. Add lines 2a-2f ▶ \$ _____						
	Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	1,453,193			1,453,193	
4		Income from investment of tax-exempt bond proceeds . . . ▶						
5		Royalties ▶						
6a		Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
d		Net rental income or (loss) ▶						
7a		Gross amount from sales of assets other than inventory	(i) Securities	1,767,425				
			(ii) Other					
			b	Less cost or other basis and sales expenses	2,875,238			
			c	Gain or (loss)	-1,107,813			
d		Net gain or (loss) ▶	-1,107,813	-1,107,813				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b		Less direct expenses b						
c	Net income or (loss) from fundraising events . . . ▶							
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances . . . a							
		b	Less cost of goods sold . . . b					
		c	Net income or (loss) from sales of inventory . . . ▶					
	Miscellaneous Revenue	Business Code						
11a	_____							
b	_____							
c	_____							
d	All other revenue _____							
e	Total. Add lines 11a-11d ▶ \$ _____							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	345,380	-1,107,813	0	1,453,193			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,325,125	4,325,125		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MANAGEMENT FEES	177,697		177,697	
b	INVESTMENT MANAGER FEES	161,764		161,764	
c	ADMINISTRATIVE EXPENSES	2,008		2,008	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,666,594	4,325,125	341,469	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis	10a		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b		10c
	11 Investments—publicly traded securities	65,881,969	11	50,232,513
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	531,485	12	112,834
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	66,413,454	16	50,345,347	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	3,020,000	18	2,500,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>		25	
	26 Total liabilities. Add lines 17 through 25	3,020,000	26	2,500,000
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	63,393,454	27	47,845,347
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	63,393,454	33	47,845,347	
34 Total liabilities and net assets/fund balances	66,413,454	34	50,345,347	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
THE FAIRBROOK FOUNDATION

Employer identification number
20-0993106

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
CALIFORNIA COMMUNITY FOUNDATION	953510055	501(C)(3)	Yes		Yes		Yes		0
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9, of, Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part II **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

Name of the organization

THE FAIRBROOK FOUNDATION

Employer identification number

20-0993106

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE FAIRBROOK FOUNDATION GRANTS AWARDS FOR A BROAD CLASS OF CHARITABLE PURPOSES, INCLUDING IN THE AREAS OF EDUCATION, AS WELL AS THOSE WITH A FOCUS ON JEWISH OR ISRAELI CAUSES GRANTS ARE RECOMMENDED TO ORGANIZATIONS THAT THE DONORS HAVE RESEARCHED THE CALIFORNIA COMMUNITY FOUNDATION (CCF) PROVIDES ADMINISTRATIVE SERVICES TO THE FOUNDATION CCF'S POLICY AND PROCEDURES OVER GRANTS MANAGEMENT INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING ENSURING PROPER AUTHORITY TO APPROVE THE GRANT, RESEARCHING RECIPIENT (GRANTEE) CHARITABLE STATUS, VERIFYING CHARITABLE PURPOSE OF GRANT, AND ENSURING CORRECT GRANT AMOUNTS AND OBTAINING APPROVAL OVER AMOUNTS

Software ID:
Software Version:
EIN: 20-0993106
Name: THE FAIRBROOK FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AISH HATORAH LOS ANGELES 1417 SOUTH DOHENY DRIVE LOS ANGELES, CA 90035	95-3867719	501(C)(3)	14,000				RELIGION
AMERICAN CONGRESS FOR TRUTH PO BOX 6884 VIRGINIA BEACH, VA 23456	02-0711284	501(C)(3)	50,000				PEACE AND JUSTICE
AMERICAN FREEDOM ALLIANCE 11500 WEST OLYMPIC BOULEVARD STE 400 LOS ANGELES, CA 90064	68-0643445	501(C)(3)	20,000				RELIGION
AMERICAN FREEDOM ALLIANCE 11500 WEST OLYMPIC BOULEVARD STE 400 LOS ANGELES, CA 90064	68-0643445	501(C)(3)	50,000				PEACE AND JUSTICE
AMERICAN FREEDOM ALLIANCE 11500 WEST OLYMPIC BOULEVARD STE 400 LOS ANGELES, CA 90064	68-0643445	501(C)(3)	50,000				EDUCATION
AMERICAN FRIENDS OF ATERET COHANIM INC 470 SEVENTH AVENUE 311 NEW YORK, NY 10018	11-2706563	501(C)(3)	30,000				RELIGION
AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA 11110 OHIO AVENUE SUITE 204 LOS ANGELES, CA 90025	23-7183563	501(C)(3)	30,000				ARTS
AMERICAN JEWISH CONGRESS 520 BROADWAY SUITE 350 SANTA MONICA, CA 90401	13-1679610	501(C)(3)	30,000				EDUCATION
AMERICAN JEWISH CONGRESS 520 BROADWAY SUITE 350 SANTA MONICA, CA 90401	13-1679610	501(C)(3)	60,000				RELIGION
AMERICAN JEWISH CONGRESS 520 BROADWAY SUITE 350 SANTA MONICA, CA 90401	13-1679610	501(C)(3)	30,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH CONGRESS 520 BROADWAY SUITE 350 SANTA MONICA, CA 90401	13-1679610	501(C)(3)	30,000				EDUCATION
AMERICAN VALUES 2800 SHIRLINGTON ROAD SUITE 950 ARLINGTON, VA 22206	52-1762320	501(C)(3)	40,000				PEACE AND JUSTICE
AMERICAN VALUES 2800 SHIRLINGTON ROAD SUITE 950 ARLINGTON, VA 22206	52-1762320	501(C)(3)	40,000				EDUCATION
ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH 10495 SANTA MONICA BLVD LOS ANGELES, CA 90025	13-1818723	501(C)(3)	1,500				EDUCATION
BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	300				HIGHER EDUCATION
CENTER FOR SECURITY POLICY 1901 PENNSYLVANIA AVENUE SUITE 201 WASHINGTON, DC 20006	52-1601976	501(C)(3)	30,000				PEACE AND JUSTICE
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CENTER FOR THE STUDY OF POPULAR CULTURE DBA DHFC 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				ARTS
CHILDRENS UNITED NATIONS INC 9911 W PICO BOULEVARD SUITE 990 LOS ANGELES, CA 90035	95-4725323	501(C)(3)	5,000				HUMAN SERVICES CHILDREN AND YOUTH
COLLEGE DANCE THEATRE 2934 1/2 BEVERLY GLEN CIRCLE 25 LOS ANGELES, CA 90077	95-4152270	501(C)(3)	10,000				ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICAPO BOX 35040 BOSTON, MA 02135	52-1332702	501(C)(3)	25,000				PEACE AND JUSTICE
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	20,000				EDUCATION
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	20,000				EDUCATION
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	50,000				EDUCATION
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	20,000				EDUCATION
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	20,000				EDUCATION
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	3,250				EDUCATION
COUNCIL FOR DEMOCRACY AND TOLERANCE7035 PALM DRIVE ALTA LOMA, CA 91701	04-3726772	501(C)(3)	20,000				EDUCATION
COUNCIL FOR SECULAR HUMANISMPO BOX 664 AMHERST, NY 14226	22-2306795	501(C)(3)	8,334				ARTS
COUNCIL FOR SECULAR HUMANISMPO BOX 664 AMHERST, NY 14226	22-2306795	501(C)(3)	8,333				ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR SECULAR HUMANISMPO BOX 664 AMHERST, NY 14226	22-2306795	501(C)(3)	8,333				ARTS
DAVID HOROWITZ FREEDOM CENTER 14148 MAGNOLIA SUITE 103 SHERMAN OAKS, CA 91423	95-4194642	501(C)(3)	14,250				RELIGION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	10,000				EDUCATION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	10,000				EDUCATION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	10,000				EDUCATION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	10,000				EDUCATION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	20,000				EDUCATION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	10,000				EDUCATION
DEFEND THE WEST1223 WILSHIRE BLVD 1725 SANTA MONICA, CA 90403	20-4715567	501(C)(3)	10,000				RELIGION
ETTA ISRAEL CENTER 12722 RIVERSIDE DR 105 NORTH HOLLYWOOD, CA 91607	95-4308644	501(C)(3)	6,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETTA ISRAEL CENTER 12722 RIVERSIDE DR 105 NORTH HOLLYWOOD, CA 91607	95-4308644	501(C)(3)	5,000				EDUCATION
HARVARD WESTLAKE SCHOOLPO BOX 492415 LOS ANGELES, CA 90049	95-1644019	501(C)(3)	100,000				EDUCATION
HARVARD WESTLAKE SCHOOLPO BOX 492415 LOS ANGELES, CA 90049	95-1644019	501(C)(3)	50,000				EDUCATION
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	50,000				EDUCATION
HUDSON INSTITUTE INC 1015 15TH ST NW 6TH FL WASHINGTON, DC 20005	13-1945157	501(C)(3)	50,000				RELIGION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				HEALTH
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				HEALTH
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				HEALTH
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				HEALTH
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				NEIGHBORHOOD REVITALIZATION
ISRAEL KOSHER FOOD RELIEF FUND468 CAMDEN DRIVE 200 BEVERLY HILLS, CA 90210	20-3264072	501(C)(3)	100				HEALTH
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	300,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	150,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	150,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	100,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	150,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	300,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	10,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	200,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	200,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	200,000				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	200,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000				RELIGION
JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)	50,000				RELIGION RELIGION
JEWISH INSTITUTE FOR NATIONAL SECURITY AFFAIRS 1779 MASSACHUSETTS AVENUE NW SUITE 515 WASHINGTON, DC 20036	52-1233683	501(C)(3)	15,000				PEACE AND JUSTICE
MEDIA LINE 210 WEST 70TH ST SUITE 1509 NEW YORK, NY 10023	52-2276084	501(C)(3)	50,000				ARTS
SECOND DRAFT PO BOX 590591 NEWTON, MA 02459	11-3821968	501(C)(3)	50,000				EDUCATION
TEMPLE OF THE ARTS 8440 WILSHIRE BLVD BEVERLY HILLS, CA 90211	95-4383789	501(C)(3)	20,000				RELIGION
WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET NW 1050 WASHINGTON, DC 20036	52-1376034	501(C)(3)	10,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST COAST TORAH CENTER 322 N FOOTHILL BEVERLY HILLS, CA 90210	95-4601016	501(C)(3)	50,000				RELIGION
YOUNG ARTISTS INTERNATIONAL 1900 AVENUE OF THE STARS SUITE 1880 1880 LOS ANGELES, CA 90067	95-4618040	501(C)(3)	5,000				ARTS
TEMPLE OF THE ARTS 8440 WILSHIRE BLVD BEVERLY HILLS, CA 90211	95-4383789	501(C)(3)	50,000				RELIGION
THE INVESTIGATIVE PROJECT ON TERRORISM FOUNDATION 5505 CONNECTICUT AVENUE NW 341 WASHINGTON, DC 20015	13-4331855	501(C)(3)	25,000				RELIGION
TIDES FOUNDATION THE PRESIDIO PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	50,000				NEIGHBORHOOD REVITALIZATION
UCLA FOUNDATION BROAD ART CENTER BOX 05-1427 ROOM 8260 LOS ANGELES, CA 90095	95-2250801	501(C)(3)	100,000				EDUCATION
SECOND DRAFT PO BOX 590591 NEWTON, MA 02459	11-3821968	501(C)(3)	25,000				EDUCATION
SECOND DRAFT PO BOX 590591 NEWTON, MA 02459	11-3821968	501(C)(3)	15,000				PEACE AND JUSTICE
STAND WITH US PO BOX 341069 LOS ANGELES, CA 90034	01-0566033	501(C)(3)	20,000				RELIGION
STEPHEN S WISE TEMPLE 15500 STEPHEN S WISE DRIVE LOS ANGELES, CA 90077	95-6087552	501(C)(3)	1,525				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLE EAST FORUM FUND 1500 WALNUT STREET SUITE 1050 PHILADELPHIA, PA 19102	23-7749796	501(C)(3)	100,000				PEACE AND JUSTICE
MIDDLE EAST FORUM FUND 1500 WALNUT STREET SUITE 1050 PHILADELPHIA, PA 19102	23-7749796	501(C)(3)	80,000				PEACE AND JUSTICE
MIDDLE EAST MEDIA RESEARCH INSTITUTE PO BOX 27837 WASHINGTON, DC 20038	52-2068483	501(C)(3)	100,000				EDUCATION
PEF ISRAEL ENDOWMENT FUNDS INC 317 MADISON AVENUE 607 NEW YORK, NY 10017	13-6104086	501(C)(3)	3,000				RELIGION
LOS ANGELES COUNTY MUSEUM OF ART 5905 WILSHIRE BLVD LOS ANGELES, CA 90036	95-2264067	501(C)(3)	3,000				ARTS
LOS ANGELES HEBREW HIGH SCHOOL 5900 SEPULVEDA BLVD 560 VAN NUYS, CA 91411	95-1644595	501(C)(3)	10,000				EDUCATION
LOS ANGELES OPERA 135 NORTH GRAND AVENUE LOS ANGELES, CA 90012	95-2096402	501(C)(3)	1,000				ARTS
MARLBOROUGH SCHOOL 250 S ROSSMORE AVENUE LOS ANGELES, CA 90004	95-2816435	501(C)(3)	30,000				EDUCATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FAIRBROOK FOUNDATION

Employer identification number

20-0993106

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN KOBARA	(i)							
	(ii)	153,117			21,436	15,062	189,615	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
THE FAIRBROOK FOUNDATION

Employer identification number

20-0993106

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		AUBREY G CHERNICK, PRESIDENT & BOARD CHAIR, AND JOYCE CHERNICK, VICE CHAIR, HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE TAX RETURN IS DISTRIBUTED TO EACH BOARD MEMBER AND OFFICER PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		AVAILABLE UPON REQUEST AT THE CALIFORNIA COMMUNITY FOUNDATION LOCATED AT 445 S FIGUEROA STREET, LOS ANGELES, CALIFORNIA 90071

Identifier	Return Reference	Explanation
FORM 990, PAGE 6, SECTION B, LINE 12A & 13		A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND GIFT ACCEPTANCE POLICY WILL BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED MEETING

Identifier	Return Reference	Explanation
FORM 990, PAGE 6, SECTION B, LINE 14		THE CALIFORNIA COMMUNITY FOUNDATION (CCF) RETAINS AND DESTROYS DOCUMENTS ON BEHALF OF THE FAIRBROOK FOUNDATION CCF HAS A DOCUMENT RETENTION AND DESTRUCTION POLICY IN PLACE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

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▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FAIRBROOK FOUNDATION

Employer identification number
20-0993106

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CALIFORNIA COMMUNITY FOUNDATION 445 SOUTH FIGUEROA STREET 3400 LOS ANGELES, CA90071 95-3510055	CHARITABLE	CA	501(C)(3)	SUPPORTED ORG	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproporionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No