EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For the	2017 calendar year, or tax year beginning and e	ending	-	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres change	META FOUNDATION			
F	Name change			33-0	913837
	Initial return		Room/suite	E Telephone numbe	
	Final return/		L000		556-9000
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	715,281.
	Amend return	DEVERDI HIDDS, CA 902II		H(a) Is this a group re	eturn
	Application	~ I		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
		e: ► N/A		H(c) Group exemptio	
			PR L Year	of formation: 2000 N	1 State of legal domicile: CA
P		Summary	DOBIT	CAMTONIA DII	DDOGE TO MO
e	1 1	Briefly describe the organization's mission or most significant activities: $rac{ extstyle{THE} extstyle{C}}{ extstyle{FUND}}$ EDUCATIONAL SCHOLARSHIPS AND TO PROV	JKGANI	CCTCMANCE M	RPOSE IS TO
Jan	-				
Governance	1	Check this box If the organization discontinued its operations or disposed the continued its operations or disposed the governing body (Part VI, line 1a)			ssets.
င္ဟိ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3 4	11
ø v		Fotal number of individuals employed in calendar year 2017 (Part V, line 1a)			0
itie		Fotal number of violunteers (estimate if necessary)			50
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12			68,915.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34			0.
		,		Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)		37,420.	22,016.
nue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,742.	54,892.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		102,624.	101,324.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		153,786.	178,232.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		80,500.	87,500.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		0.	0.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Α×	b	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	36,316.	33,092.
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,816.	120,592.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,970.	57,640.
Jr Ps		nevertue less expenses. Subtract line To ITOTT line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		679,112.	736,752.
ASS	21	Fotal liabilities (Part X, line 26)		0.	0.
ise is a second	22 1	Net assets or fund balances. Subtract line 21 from line 20		679,112.	736,752.
	art II	Signature Block	•		
Unc	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	STEVES RODRIGUEZ, TREASURER			
		Type or print name and title	11	Date Check	II PTIN
De!		Print/Type preparer's name Preparer's signature	اً ا	if	
Pai		STEVES A. RODRIGUEZ, CPA Firm's name ► FREEMARK FINANCIAL LLP		self-employe	P00185433 27-3974034
	-	Firm's name FREEMARK FINANCIAL LLP Firm's address 8383 WILSHIRE BLVD STE 1000		Firm's EIN 🛌	41-3314034
USE	, Unity	BEVERLY HILLS, CA 90211		Phone no. (3	23) 556-9000
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		I Holle Ho. (5	X Yes No

Га	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION'S PURPOSE IS TO FUND EDUCATIONAL SCHOLARSHIPS AND TO
	PROVIDE ASSISTANCE TO ENABLE PERSONS TO OBTAIN POST-SECONDARY
	EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 87,500 · including grants of \$ 87,500 ·) (Revenue \$) THE GOAL OF THE FOUNDATION IS TO PROVIDE EDUCATIONAL SCHOLARSHIPS TO
	INDIVIDUALS ENABLING THEM TO OBTAIN POST- SECONDARY EDUCATION.
	INDIVIDUALS ENABLING THEM TO OBTAIN POST- SECONDART EDUCATION.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 87,500.

Form 990 (2017) META FOUNDAT 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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_	
	complete Schedule G, Part III	19		х
	. , , , , , , , , , , , , , , , , , , ,			

Form 990 (2017) META FOUNDATION Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities // 11 */es.* complete Schedule H 21 Did the organization propert more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, coultum (A), inter 21 th 17 */es.* complete Schedule (L. Part III) 22 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, coultum (A), inter 21 th 17 */es.* complete Schedule (Part I and III) 23 Did the organization answer 'Yes.* to Part VII, Section A. Inte 3. 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensation of the organization scurrent and former officers, orientors, flustees, key employees, and highest compensation of the organization scurrent and former officers, orientors. The part IX (so domestic and former officers, orientors, flustees, key employees, and highest compensation of more than \$100,000 as of the laist day of the year, that was issued after December \$1, 2002* If 'Yes, 'answer lines 24b frough; 24d and complete Schedule K. If 'Yos,' or to fine 25a 24a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 25c Section 50(16), \$50(16), \$60(16)				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, Couthru (A), Inter 71 "Pars", complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic inclividuals on Part X, column (A), line 27 II" "Pars", complete Schedule I, Parts I and III 23 Did the organization never the "Yes", complete Schedule I, Parts I and III 24 Did the organization continued to the "Yes" of Part VI, Section A), Ins. 43, 40 or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II" In Yes a to III the size day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule II. If Yes, to III the III issuer for bonds beyond a temporary period exception? 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year 11 I'vss. complete Schedule I, Part II 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year 11 I'vss. complete Schedule I, Part II 28 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year 11 I'vss. complete Schedule I, Part II 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, fustee, or hey employee, or disqualified person III I'vss." complete Schedule II. 29 Did the organization aparty to a businesse transaction with one of the fol	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or a about compensation of the organization scurrent and former officies, directors, trustales, key employees, and highest compensated employees? If "Yes," complete Schedule I and III is a state of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 245 through 24d and complete Schedule I, I may be a state to go the territorial to the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25b Did the organization invest any an exception of the part in the during the year? 26c Did the organization invest any an exception of the part is the part of the part of the part of the part is the part of	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 29 IX or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is It In Yes, to the year, that was issued after December 31, 2002? If "Yes," answer lines 24 bit trusting 24 and complete Schedule Is It In Yes, to the year, that was issued after December 31, 2002? If "Yes," answer lines 24 bit trusting 24 and complete Schedule Is It In Yes, to the Yes, and the Island of the Yes, and the Island of the Yes, and Yes Interest 24 bit trusting 24 and complete Schedule Island or It Island or	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22 IX 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, courn (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 IX 24 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 IX 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 vais issued after December 31, 2002? If "Yes," anawar-lines 24b through 24d and complete Schedule K. If "No! go to line 25a 25a Section 50 (Ic)(3), 50 (Ic)(4), and 50 (Ic)(20) organizations. Did the organization with a disqualified person during the year? 14d 1 25a Section 50 (Ic)(3), 50 (Ic)(4), and 50 (Ic)(20) organizations. Did the organization with a disqualified person during the year? 14d 1 25a Section 50 (Ic)(3), 50 (Ic)(4), and 50 (Ic)(20) organizations. Did the organization aware that at the engaged in an excess benefit transaction with a disqualified person during the year? 17d 1 25a IX Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 17d 1 25b IX Is the organization aware that at engaged in an excess benefit transaction with a disqualified person during the year? 17d 1 25b IX Is the organization proved any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25c IV IV Institution or applicable line thereofice, grant selection committee member, or to a 35% controlled entity or family member of any or thress persons? If "Yes," complete Schedule L, Part IV 25c IV IV Institution or particular or former officer, director, trustee, or key employee (If Yes,"		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s 24a X 25b Did the organization hivest any proceeds of tax exempt bonds beyond a temporary period exception? 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of unit and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or port 990-EZ? If "Yes," complete Schedule L, Part II 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, or disqualide persons? If "Yes," complete Schedule L, Part IV 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, of experiments, or desembles, or a system or a	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(c/3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction expend to the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustess, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27 Is Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, experience or the substructions for applicable fling thresholds, conditions, and exceptions): 28 A current or former officer, director, trustee, or key employees or disqualified persons? If "Yes," complete Schedule L, Part IV 28 A result of which a current or former officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee for a family membe	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to fine 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		Schedule J	23		Х
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24b d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, clinectors, trustees, key employees, lightest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27c Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c Did the organiza	24a				
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? 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person or behalf of "issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 er 20 er 27 if "Yes," complete Schedule L, Part II b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, or well except the experiment or former officers, director, trustee, or key employees, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? 24d 25a Section 501(c)(a), 501(c)(d), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons' If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former prior, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 27 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 28 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II 38 Did the organization in own 1		Schedule K. If "No", go to line 25a	24a		Х
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? 24d 24d 25d 24d 25d 25d 25d 25d	b		24b		
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 AX 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 AX 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			280		<u> </u>
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming			
	(gambling) winnings to prize winners?			1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))				
За				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 6			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices p	rovided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	:t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	ition fi	le a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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	Section 501(c)(12) organizations. Enter:					
		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	Section 4947(a)(1) non-exempt charitable trusts. 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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				Form	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent lb 11			
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?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С				
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 000 is required to be filed CA			
17 10	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an erganization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)/2)s only of	woilsh	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	avallaD	ii C	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
19	statements available to the public during the tax year.	ınıdıl	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	C/O STEVES RODRIGUEZ - 323-556-9000			
	8383 WILSHIRE BLVD SUITE 1000, BEVERLY HILLS, CA 90211			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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, and 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 neither the organization r	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	(do not check more box, unless person			than	one	Reportable	Reportable	Estimated amount of
	hours per week	offic	cer ar	ss pe nd a d	irecto	r/trus	n an tee)	compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	gg.			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		9 9	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	itional	_	nploy	st con	15			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Forme			3
(1) STEVES RODRIGUEZ	5.00									
TREASURER				X				0.	0.	0.
(2) LISA ARELLANES	5.00									
SECRETARY				Х				0.	0.	0.
(3) FRANCISCO PINEDO	5.00							_	_	_
CHAIR				Х				0.	0.	0 .
		1								
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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related organizations		am	timate lount o other bensat	of
		hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizati I relate nizatio	e on ed
		line)	Indiv	Instit	Officer	Keye	High	Form						
			_											
	Sub-total								0.		0.			0.
	Sub-total Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.	000 - 6	0.			0.
	Total number of individuals (including but no compensation from the organization	iot iimited to tr	iose	IISTE	ed al	DOV	e) wi	no re	eceived more than \$100	,,000 of reportable	e 	1	Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•	•	-	highest compensated e	. ,		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-	•		ed organization or indiv	idual for services		5		Х
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business			INC					(B) Description of s		C	(C comper) nsation	า
								-						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	ization >					U					Form 9	390 (c	017

		Check if Schedule O con	taine a reenonee	or note to any lin	e in this Dart VIII			
		Check if Schedule O con	tairis a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	A Federated campaigns D Membership dues Fundraising events Related organizations G Government grants (contributed All other contributions, gifts, grant similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1tions) 1e 1ts, and 1ve 1f 1s 1a-1f: \$	22,016.	22,016.			
Program Service Revenue		All other program service revo	enue					
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, interest.	est, and proceeds	15,123.			15,123.
	6 a	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	 Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis 	(i) Securities 462,869 .	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss)	39,769.		39,769.	39,769.		
Other Revenue		a Gross income from fundraisir including \$ contributions reported on line Part IV, line 18	of e 1c). See a	182,864. 113,949.				
0	9 a	Net income or (loss) from funda Gross income from gaming at Part IV, line 19 Less: direct expenses	draising events ctivities. See a	>	68,915.		68,915.	
	10 a	 Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale 	ning activities returns a b					
	11 a	Miscellaneous Revenus Miscellaneous Revenus GAIN UNREALIZED GAIN Comparison of the	ne	Business Code 523000	32,409.			32,409.
		d All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		>	32,409. 178,232.	39,769.	68,915.	47,532.

Г	arti	^ State	illelit ol Ful	ictional	Exheir	5 C5			
_							 	 	

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	87,500.	87,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	310.		310.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,626.		6,626.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	4,946.		4,946.	
14	Information technology	2,600.		2,600.	
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	4 222			
23	Insurance	1,809.		1,809.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OUTSIDE SERVICES	13,170.		13,170.	
b	BANK FEES	1,691.		1,691.	
c	WEBSITE DESIGN AND MAIN	1,647.		1,647.	
d	TAXES & LICENSES	148.		148.	
	All other expenses	145.		145.	
25	Total functional expenses. Add lines 1 through 24e	120,592.	87,500.	33,092.	0
26	Joint costs. Complete this line only if the organization	-		•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
72201	0 11-28-17		ı		Form 990 (201

					<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	114,113.	1	114,904.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	564,999.	12	621,848.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	679,112.	16	736,752.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
-ja		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ces	07	complete lines 27 through 29, and lines 33 and 34.		07	
<u>la</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē					
ts o	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds	679,112.	30	736,752.
se	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	730,732.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Se	33	Total net assets or fund balances	679,112.	33	736,752.
	34	Total liabilities and net assets/fund balances	679,112.	34	736,752.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
	Tatal revenue (revet access Dart VIII. activery (A) line 40)			17	8,2	32
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{5,2}{0,5}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,6	
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		67	9,1	⊥∠.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		73	6,7	52.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	•				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:		-,			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t. I			
_	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	J	·	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1	3b		
	, , , , , , , , , , , , , , , , , , , ,			_		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization META FOUNDATION 33-0913837 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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 the organization without charge to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	Section A. Public Support						
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 lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Johrsat line 5 tron line 4. 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 16 A 13% support teet: 2017. 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 did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, or the computation of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, or the computation of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, or the c	Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is 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 lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 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 profit of the force or complete the support. Add lines? Through 10 11 Total support. Add lines? Through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8 Section C. Computation of Public Support Percentage 8 Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 A 33 1/3% support test - 2015. If the organization did not check a 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 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	1 Gifts, grants, contributions, and						
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 lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subrectine 5 tom line 4. 8 Gross income from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, reyalties, 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 VI.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First fley ears. If the Pompoli is Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 16 3 31/3% support test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	membership fees received. (Do not						
ization'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 lines 1 through 3 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support. Subtract line 5 from line 4. Section B. Total Support 7. Amounts from line 4 8. Gross income from innerest, dividends, payments received on securities loans, rents, royalties, and income from smillar sources 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 VI.) 11. Total support. Add lines 7 through 10. 12. Gross receipts from related 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 VI.) 11. Total support. Add lines 7 through 10. 22. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15. By First five years. If the Form 1016 Schedule A, Part II, line 14 16. By 33 1/3% support test - 2017. If the organization did not check a 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 17a. 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	include any "unusual grants.")						
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 lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subteat line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 VI.) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 3 31/3% support test - 2017. 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 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more,	2 Tax revenues levied for the organ-						
The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, coolumn (f) 6 Public support. Submact line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (d) 2016 (e) 2017 (f) Total Support (a) 2015 (e) 2017 (f) Total Support (a) 2015 (e) 2017 (f) 2016 (e) 2017 (f) 2	ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge	or expended on its behalf						
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b 10% -facts-and-circumstances test - 2016. 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 VI how the		-	•			*	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	_						.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							ns
Schedule A (Form 990 or 990-E		dia not oncon a	257 611 1110 10, 10	, 100, 11 4, 01 11			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed beation A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(a) 2015	(d) 2016	(a) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(D) 2014	(c) 2015	(a) 2016	(e) 2017	(I) Iotai
'	membership fees received. (Do not						
	·	12,751.	73,927.	21,519.	37,420.	22,016.	167,633.
_	include any "unusual grants.")	12,751.	13,341.	21,319.	37,420.	22,010.	107,033.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	155,984.	157,892.	183,905.	180,082.	182,864.	860,727.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	168,735.	231,819.	205,424.	217,502.	204,880.	1028360.
	Amounts included on lines 1, 2, and	2007.000	202,023	200,121	227,0020	201,000	
,,	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
							1028360.
	Public support. (Subtract line 7c from line 6.)						1020300.
	ndar year (or fiscal year beginning in)	(2) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
	Amounts from line 6	(a) 2013 168, 735.	(b) 2014 231,819.	(c) 2015 205, 424.	(d) 2016 217,502.	(e) 2017 204,880.	(f) Total 1028360.
	Gross income from interest,	200,7000	202,023	200,1210	227,70021	201,0001	
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,875.	16,996.	18,103.	12,436.	15,123.	74,533.
b	Unrelated business taxable income		,				·
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	11,875.	16,996.	18,103.	12,436.	15,123.	74,533.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11,075.	10,990.	10,103.	12,430.	13,123.	74,555.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	180,610.	248,815.	223,527.	229,938.	220,003.	1102893.
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2017 (I	line 8, column (f) di	vided by line 13, c	column (f))		15	93.24 %
	Public support percentage from 2016					16	93.27 %
Sec	ction D. Computation of Inves	stment Incom				•	
17	Investment income percentage for 20)17 (line 10c, colun	nn (f) divided by lin	ne 13, column (f))		17	6.76 %
18	Investment income percentage from 2					18	6.73 %
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶Ш

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
0.0		
9с		
10a		
40.		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	l1a		
b	A family member of a person described in (a) above?	1b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	l1c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
000	non o. Type ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sact	tion D. All Type III Supporting Organizations	•		
<u> </u>	non B. All Type III Supporting Organizations		Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>C</u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	ctions Î		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	· · · · · · · · · · · · · · · · · · ·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	··· · · · · · · · · · · · · · · · · ·	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ted Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7: Excess from 2013			
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	2.0000 1.0111 2011			

Schedule A (Form 990 or 990-EZ) 2017

Dort VI	the distribution of the contract of the contra
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization 33-0913837 META FOUNDATION

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	, 0	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	~	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

META FOUNDATION 33-0913837

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	lional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARENTS ALLIANCE 3500 MAPLE AVENUE SUITE 480 DALLAS, TX 75219	\$15,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST. #400 LOS ANGELES, CA 90012	\$2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DROGA5, LLC 120 WALL ST, 11TH FLOOR NEW YORK, NY 10005		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SMUGGLER, INC 823 SEWARD ST LOS ANGELES, CA 90038	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AVERY 525 MAPLE AVE TORRANCE, CA 90503	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HON COMPANY 200 OAK ST MUSCATINE TA 52761	\$5,000.	Person X Payroll

Name of organization Employer identification number

META FOUNDATION 33-0913837

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LIBERTY PAPER 5025 HAMPTON ST LOS ANGELES, CA 90058	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ESSENDANT 918 S. STIMSON AVE CITY OF INDUSTRY, CA 91745	\$\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	OFFICE SOLUTIONS 23303 LA PALMA AVENUE YORBA LINDA, CA 92887	\$ 17,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	FREEMARK FINANCIAL, LLP 8383 WILSHIRE BLVD # 1000 BEVERLY HILLS, CA 90211	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	FIDELITY CHARITABLE TRUST FUND P.O. BOX 770001 CINCINNATI, OH 45277	* 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

META FOUNDATION

33-0913837

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	17		 990, 990-EZ, or 990-PF) (

Name of organization Employer identification number 33-0913837 META FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

META FOUNDATION

Employer identification number 33-0913837

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area			
	Protection of natural habitat	Preservation of a certified	historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax			
	year -					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		Yes No			
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,					
6	Starr and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserv	ation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year			
•	S	ding of violations, and emorcing conservation	easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	LV(B)(i)			
Ū	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
_	include, if applicable, the text of the footnote to the organiza	· · · · · · · · · · · · · · · · · · ·				
	conservation easements.		3			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets included in Form 990, Part X		> \$			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017			

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Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, o	r Othe	r Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a si	gnificant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	ı 🗌 L	oan or exc	hange prograi	ms				
b	Scholarly research	е	· 🗌 c	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further t	he organizatio	n's exer	npt purpo	se in Par	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	torical trea	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	ns or other ass	ets not	included			
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or co	ustodial accou	ınt liabili	ty?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	n has been	provided on I	Part XIII				
Par							0.			
		(a) Current year	(b) Pr	ior year	(c) Two years	back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	, ,	. ,	•		Ţ,				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a	ı. column (a	a)) held as:	- I				
а	Board designated or quasi-endowment	,	%	,, (-	-,,,					
b	Permanent endowment	%								
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		ation that	are held a	ınd administer	ed for th	e organiz	zation		
	by:	J					J		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								- ` `	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book v	alue
	,	basis (investr			(other)		reciation		` '	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	10c.)			ightharpoonup		0.

Schedule D (Form 990) 2017 META FOUNDA	TION		33-0913837 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MORGAN STANLEY -			
(B) INVESTMENT	621,848	• END-OF-YEAR MA	RKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	621,848	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11c. See Form 990. Part X. line 1	13.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line	15.
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part >	(, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(7) (8)

Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 4 XIIII Supplemental Information	ne 18.)	5	
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		rt V, line 4; Part X, line 2; Part	XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Name of the organization

META FOUNDATION

META FOUNDATION 33-0913837 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	Chedule G (Form 990 or 990-EZ) 2017 META FOUNDATION 33-0913837 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000							
Ра	ırt I	<u> </u>	_					
		of fundraising event contributions and gro	(a) Event #1 GOLF	(b) Event #2 SCHOLARSHIP	(c) Other events	(d) Total events (add col. (a) through		
ne			TOURNAMENT (event type)	DINNER (event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	96,814.	40,325.	45,724.	182,863.		
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	96,814.	40,325.	45,724.	182,863.		
	4	Cash prizes						
S	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct E	7	Food and beverages						
	8 9	Entertainment Other direct expenses		29,381.	29,170.	113,949.		
	10	, ,			>	113,949.		
Pa		Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990 Part IV line 19 or		68,914.		
		\$15,000 on Form 990-EZ, line 6a.			. opostod more man			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>			
		ter the state(s) in which the organization condu	_					
		the organization licensed to conduct gaming action," explain:		States?		Yes No		
10-	14/-	nuo any of the evapoimetical anamina line	avoltad avor and ad and	orminated during the start	voor?	Yes No		
		ere any of the organization's gaming licenses re Yes," explain:	evokea, suspenaea, or te	eminated during the fax	year?	Yes No		

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 META FOUNDATION 33	-091383	7 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	$\overline{}$
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	•••	
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	II, lines 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) META FOUNDATION	33-0913837 Page 4
Schedule G (Form 990 or 990-EZ) META FOUNDATION Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of	Name of the organization META FOUNDATION							Employer identification	
Part I	General Information on Grants a	nd Assistance							
1 Do	pes the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	ty for the grants or as:	sistance, and the selec		
cr	iteria used to award the grants or assi	stance?						X Yes	No
2 De	escribe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.				
Part II		_				anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any	
	recipient that received more than		<u> </u>	1		(f) Method of	1		
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
	nter total number of section 501(c)(3) a nter total number of other organization							······ > ——	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

(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 noncash assistance
UCATIONAL GRANTS	88	87,500.	0.		
		·			
art IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
ORM 990, SCHEDULE I, PART I					
HE ORGANIZATION MONITORS EACH REC	CIPIENTS	USE OF ITS	GRANT BY		
OMMUNICATING WITH EACH RECIPICIEN	ITS UNIVE	RSITY.			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

META FOUNDATION	33-0913837
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
NONPROFIT ORGANIZATION	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
PERSONS TO OBTAIN POST-SECONDARY EDUCATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
COPIES OF THE FORM 990 AND RELATED SCHEDULES ARE GIVEN TO	O ALL MEMBERS OF
THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS AND QU	ESTIONS. ALL
COMMENTS AND QUESTIONS ARE ADDRESSED FOR FINAL RESOLUTION	N •
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF I	NTEREST POLICY ARE
AVAILABLE UPON REQUEST.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

META FOUNDATION META FOUNDATION META FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 8383 WILSHIRE BLVD, NO. 1000 City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90211 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Reform 990 or Form 990 or Form 990-EZ O1 Form 990 or Form 990-EZ O1 Form 990 or Form 990-BL Form 990-BL Form 990-Form 990-FF O4 Form 990-T (corporation) O5 Form 990-T (corporation) O6 Form 990-T (corporation) O7 Form 990-T (corp	must us	se Form 7004 to request an extension of time to file incom-	e tax retui	ms.	Enter file	er's identifying nu	mber
META FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)		Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN)		ber (EIN) or
Number, street, and room or suite no. if a P.O. box, see instructions. \$38.3 WILSHIRE BLVD, NO. 1000 City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90211 Enter the Return Code for the return that this application is for (file a separate application for each return) [In proceedings of the process of the proceding of the process o	•				33-0913837		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90211 Application Return Code for the return that this application is for (file a separate application for each return) 0	due date f filing your	Number, street, and room or suite no. If a P.O. box, so 8383 WTLSHTRE BLVD NO. 100		tions.	Social se	curity number (SSI	N)
Application Is For Code Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 4720 (individual) Form 4720 (individual) Form 990-PF Form 990-F Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 Form 990-T (trust other than individual) Form 990-T (trust other than i		ns. City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
Serior Code Is For Code Is Forn 990 or Form 990 expense Company of Form 990 expense Company of Form 990 expense Company of Form 990 expense Code Form 1041 expense Code Form 4720 (individual) Code Form 4720 (individual) Code Form 990 expense Code Code Form 990 expense Code Form 990 expense Code Code Form 990 expense Code C	Enter th	ne Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Form 990 or Form 990-EZ O1 Form 990-T (corporation) O7 Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 (other than individual) O9 Form 990-PF O4 Form 6069 O5 O7 O7 O7 O7 O7 O7 O7 O7 O7	Applica	ation	Return	Application			Return
Form 990-BL Form 990-BC Form 990-FC Form	ls For		Code	Is For			Code
Form 4720 (individual) O3 Form 4720 (other than individual) O9 Form 990-PF O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) C/O STEVES RODRIGUEZ The books are in the care of ▶ 8383 WILSHIRE BLVD SUITE 1000 − BEVERLY HILLS, CA 90211 Telephone No. ▶ 323−556−9000 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an automatic 6-month extension of time until NOVEMBER 15, 2018 If the organization named above. The extension is for the organization's return for: NOVEMBER 15, 2018 If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a S	Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 O6 Form 8870 O7 STEVES RODRIGUEZ The books are in the care of ▶ 8383 WILSHIRE BLVD SUITE 1000 − BEVERLY HILLS, CA 90211 Telephone No. ▶ 323−556−9000 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box	Form 99	90-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) The books are in the care of 8383 WILSHIRE BLVD SUITE 1000 - BEVERLY HILLS, CA 90211	Form 4	720 (individual)	03	Form 4720 (other than individual)	09		
Form 990-T (trust other than above) C/O STEVES RODRIGUEZ The books are in the care of ▶ 8383 WILSHIRE BLVD SUITE 1000 - BEVERLY HILLS, CA 90211 Telephone No. ▶ 323-556-9000 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 If the organization named above. The extension of time until NOVEMBER 15, 2018 If the axyear beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period The big haplication is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bif this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 12 CA 90211 Fax No. ▶ Fax No. ▶ If this application does not have an office or place of business in the United States, check this box If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a (See Tax Payment System). See instructions. The provided Tax Payment System and the provided Tax Payment System). See instructions. 3a (See Tax Payment System). See instructions. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	Form 99	90-PF	04	Form 5227	10		
C/O STEVES RODRIGUEZ The books are in the care of ▶ 8383 WILSHIRE BLVD SUITE 1000 - BEVERLY HILLS, CA 90211 Telephone No. ▶ 323-556-9000 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box ▶ □ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2017 or ▶ □ tax year beginning, and ending, and ending If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.5 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.5 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.5 Common of the care of the state of this interest.	Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
The books are in the care of ► 8383 WILSHIRE BLVD SUITE 1000 - BEVERLY HILLS, CA 90211 Telephone No. ► 323-556 - 9000 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check the box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► If request an automatic 6-month extension of time until NOVEMBER 15, 2018 And of the exempt organization return for the organization named above. The extension is for the organization's return for: X	Form 99						12
for the organization named above. The extension is for the organization's return for: X Calendar year 2017 Or Lax year beginning , and ending , and ending .	Tele If the If thi box	phone No. 323-556-9000 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box	s in the Ur Group Exe	Fax No.	f this is fo	r the whole group,	check this s for.
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ C	fo	the tax year entered in line 1 is for less than 12 months, c	organizatio	on's return for:			uiii
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3b \$ C	3a If	<u> </u>	or 6069,	enter the tentative tax, less any			
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3b \$ C	<u>n</u>	onrefundable credits. See instructions.			3a	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	<u>e</u>	stimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
		•	•	, , ,			^
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-FO and Form 8879-FO for payments						T	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Cal	endar Year	2017 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyy	ry)		
		ganization name		Calif	fornia corpo	oration r	number
MI	TA F	OUNDATION			2236	038	
Ad	ditional infor	mation. See instructions.		FE	IN		
					33-0	913	837
Str	eet address	(suite or room)		•	PMB no.		
83	883 W	ILSHIRE BLVD, NO. 1000					
Cit	ty			State	ZIP code		
BI	EVERL	Y HILLS		CA	9021	1	
Fo	reign country	/ name Foreign province/state/co	ounty		Foreign po	ostal co	de
_							
A	First Retu		If exempt under R&TC S			-	
В	Amended	Return Yes X No	engaged in political activ				
C			Is the organization exem				
D		rmation Return?	If "Yes," enter the gross r				
			If organization is exempt				
Ε	Enter date: (mm/dd/yyyyy) E Check accounting method: (1) X Cash (2) Accrual (3) Other and meets the filing fee exception, check box. No fee is required.						_
F		eturn filed? (1) • 990T (2) • 990PF (3) • Sch H (990)	I is the organization a Lim	ited Liahilit	v Compai	าง?	• Yes X No
•		Other 990 series	Did the organization file F	orm 100 o	r Form 10	19 to	100 <u>L==</u> NO
G		proup filing? See instructions • Yes X No	report taxable income?				• Yes X No
Н	Is this or	ganization in a group exemption Yes X No 0	Is the organization under				
		rhat is the parent's name?	IRS audited in a prior yea	ar?			● Yes X No
		P	Is federal Form 1023/102				
I		rganization have any changes to its guidelines	Date filed with IRS				
		ted to the FTB? See instructions ● Yes X No					
<u>P</u>	art I	omplete Part I unless not required to file this form. See General Inforr					
		1 Gross sales or receipts from other sources. From Side 2, Part II, li	ne 8			1	693,265.00
		2 Gross dues and assessments from members and affiliates		C TO L	•	2	00
F	Receipts	 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Inf 		STMT	井. ●	3	22,016.00
	and	This line must be completed. If the result is less than \$50,000, see General Inf	formation B			4	715,281.00
R	evenues	Cost of goods soldCost or other basis, and sales expenses of assets sold	• 6 42	23 10	00		
						7	423,100.00
		 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 				8	292,181.00
_		9 Total expenses and disbursements. From Side 2, Part II, line 18				9	234,541.00
E	xpenses	10 Excess of receipts over expenses and disbursements. Subtract lin				10	57,640.00
_		11 Total payments				11	00
		12 Use tax. See General Information K			•	12	00
		13 Payments balance. If line 11 is more than line 12, subtract line 12	from line 11		•	13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 fro				14	00
		15 Filing fee \$10 or \$25. See General Information F				15	10.00
						16	00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract line Under penalties of perjury, I declare that I have examined this return, including accor it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based.	11 from the result	nents, and to	the best o	17 my kno	10.00 pwledge and belief,
Sig	n				ny knowled	ge.	,
Hei		at :	ritle REASURER	Date			• Telephone 323-556-9000
_		of officer	Date		.,		● PTIN
		Preparer's signature		Check self-em	if nployed ►		P00185433
Pai	d	Firm's name	I	35 511	,		● FEIN
	parer's	(or yours, FREEMARK FINANCIAL LLP					27-3974034
	e Only	employed) 8383 WILSHIRE BLVD STE 100	0				● Telephone
-	,	and address BEVERLY HILLS, CA 90211					(323) 556-9000
		May the FTB discuss this return with the preparer shown above? See in:	structions		• X	Yes	No No

META FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business activities. See instru	ctions		•	1	182,864.00
		2	Interest				•	2	3,807.00
		3	Dividends				•	3	11,316.00
Rece	ipts	4	Gross rents				•	4	00
from		5	Gross royalties				•	5	00
Othe	r	6	Gross amount received from sa	le of assets (See Instructions)		STA	TEMENT 2 •	6	462,869.00
Sour	ces	7	Other income		SEE	STA	TEMENT 3 •	7	32,409.00
		8	Total gross sales or receipts fro					8	693,265. ₀₀ 87,500. ₀₀
		9	Contributions, gifts, grants, and	similar amounts paid		STA	TEMENT 4	9	-
		10	Disbursements to or for member	Irs	CFF	СШУ	 ФЕМЕНФ 5 •	10 11	0.00
		11 12	Compensation of officers, direct	tors, and trustees	255	סיי		12	
Expe	neae		Other salaries and wages					13	00
and	11303		Interest Taxes					14	00
Disbu	ırse-		Rents					15	00
ment		16	Depreciation and depletion (See	instructions)			•	16	00
			Other Expenses and Disbursem	ents	SEE	STA	TEMENT 6 •	17	147,041.00
		18	Total expenses and disburseme	ents. Add line 9 through line 17	7. Enter here and on S	Side 1. P	art I, line 9	18	234,541.00
Sch	edu				taxable year	,			able year
Asse	ts			(a)	(b)		(c)		(d)
1 (Cash				114,	113.			• 114,904.
2 1	let acc	counts	s receivable						•
			ceivable						•
									•
			state government obligations						•
			in other bonds						•
			in stock						•
	Mortga				F.C.A	000			<u> </u>
9 ()ther ir	nvestr	ments STMT 7		564,	999.			• 621,848.
10 8	Loop	eciab	lle assets	1			1	1	
			mulated depreciation)			(•
11 L									•
			3		679,	112.			736,752.
			et worth		0737				73077324
			yable					_	•
			s, gifts, or grants payable						•
			notes payable						•
			payable						•
	Other li								
19 (Capital	stock	c or principal fund		679,	112.			• 736,752.
20 F	aid-in d	or capi	tal surplus. Attach reconciliation						•
21 F	Retaine	ed ear	nings or income fund						•
			ties and net worth		679,	112.			736,752.
Sch	edu	le M		per books with income per re		ممامة (الا	than ΦΓΟ 000		
			<u> </u>	dule if the amount on Schedu			<u> </u>		
			per books				on books this year		_
			me tax				nis return		•
			pital losses over capital gains				s return not charged		•
			recorded on books this year corded on books this year not		9 Total. Ac		ome this year		<u> </u>
	-		Alada waki wa	•	10 Net inco				
			tnis return ne 1 through line 5				om line 6		57,640.
	Juli /	.44 111			J - Cabildol				1 3.70-00

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3		STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
PARENTS ALLIANCE	3500 MAPLE AVENUE SUITE 480 DALLAS, TX 75219	05/16/17	15,500.		
DROGA5, LLC	120 WALL ST, 11TH FLOOR NEW YORK, NY 10005	10/13/17	10,000.		
SMUGGLER, INC	823 SEWARD ST LOS ANGELES, CA 90038	10/01/17	10,000.		
AVERY	525 MAPLE AVE TORRANCE, CA 90503	10/01/17	5,000.		
HON COMPANY	200 OAK ST MUSCATINE, IA 52761	10/01/17	5,000.		
LIBERTY PAPER	5025 HAMPTON ST LOS ANGELES, CA 90058	10/01/17	5,000.		
ESSENDANT	918 S. STIMSON AVE CITY OF INDUSTRY, CA 91745	10/01/17	12,000.		
OFFICE SOLUTIONS	23303 LA PALMA AVENUE YORBA LINDA, CA 92887	10/01/17	17,000.		
FREEMARK FINANCIAL, LLP	8383 WILSHIRE BLVD # 1000 BEVERLY HILLS, CA 90211	10/01/17	5,000.		
FIDELITY CHARITABLE TRUST	P.O. BOX 770001 CINCINNATI, OH 45277	10/01/17	7,500.		
TOTAL INCLUDED ON LINE 3		-	92,000.		

CA 199 GROSS	AMOUNT FROM SAL	E OF AS	SETS	S	TATEMENT	2
DESCRIPTION		TE IRED	DATE SOLD		THOD UIRED	
WELLS FARGO - SEE STATEMENT				PUR	CHASED	
	COST OR OTHER BASIS	DEPRE		EXPENSE OF SALE	GROSS SALES PR	ICE
	31,643.		0.	51.	33,76	52.
DESCRIPTION		TE IRED	DATE SOLD		THOD UIRED	
WELLS FARGO - SEE STATEMENT				PUR	CHASED	
	COST OR OTHER BASIS	DEPRE		EXPENSE OF SALE	GROSS SALES PR	ICE
	20,756.		0.	0.	20,27	74.
DESCRIPTION		TE IRED	DATE SOLD		THOD UIRED	
WELLS FARGO - SEE STATEMENT				PUR	CHASED	
	COST OR OTHER BASIS	DEPRE		EXPENSE OF SALE	GROSS SALES PR	ICE
	145,273.		0.	44.	166,51	12.
DESCRIPTION		TE IRED	DATE SOLD		THOD UIRED	
WELLS FARGO - SEE STATEMENT				PUR	CHASED	
	COST OR OTHER BASIS	DEPRE		EXPENSE OF SALE	GROSS SALES PRI	ICE
	44,043.		0.	0.	42,24	47.
DESCRIPTION		TE IRED	DATE SOLD		THOD UIRED	
WELLS FARGO - SEE STATEMENT				PUR	CHASED	
	COST OR OTHER BASIS	DEPRE		EXPENSE OF SALE	GROSS SALES PRI	ICE
	0.		0.	0.	77	70.

DESCRIPTION	DA ACQU		DATE SOLD		THOD UIRED
MORGAN STANLEY - SEE STATEMENT				PUR	CHASED
	COST OR OTHER BASIS	DEPREC		PENSE SALE	GROSS SALES PRICE
	19,020.		0.	0.	19,586.
DESCRIPTION	DA ACQU		DATE SOLD		THOD UIRED
MORGAN STANLEY - SEE STATEMENT				PUR	CHASED
	COST OR OTHER BASIS	DEPREC		PENSE SALE	GROSS SALES PRICE
	2,046.		0.	0.	1,958.
DESCRIPTION	DA ACQU		DATE SOLD		THOD UIRED
MORGAN STANLEY - SEE STATEMENT				PUR	CHASED
	COST OR OTHER BASIS	DEPREC		PENSE SALE	GROSS SALES PRICE
	132,059.		0.	0.	133,783.
DESCRIPTION	DA ACQU		DATE SOLD		THOD UIRED
MORGAN STANLEY - SEE STATEMENT				PUR	CHASED
	COST OR OTHER BASIS	DEPREC		PENSE SALE	GROSS SALES PRICE
				0.	
	28,165.		0.	0.	31,081.
DESCRIPTION	28,165. DA ACQU		DATE SOLD	ME'	THOD UIRED
DESCRIPTION CAPITAL GAIN DISTRIBUTIONS	DA		DATE	ME' ACQ	THOD
	DA		DATE SOLD	ME' ACQ	THOD UIRED

META FOUNDATION	33-0913837
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DESCRIPTION				THOD UIRED
CAPITAL GAIN DISTRIBUTIONS			PUR	CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	10,274.
TOTAL TO FORM 199, PAGE 2, LN 6	423,005.	0.	95.	462,869.
CA 199	OTHER INCOM	E	S	TATEMENT 3
DESCRIPTION				AMOUNT
UNREALIZED GAIN				32,409.
TOTAL TO FORM 199, PART II, LINE	: 7			32,409.

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PAI		STATEMENT 4
ACTIVITY CLASSIFICATI	ON: EDUCATION GRANTS		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEJANDRO CERDA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JENNIFER RIVERA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ZEUZ ISLAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOSE ACEVES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SANDY FLORES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KELLY HERRERA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FRANCISCO VILLALOBOS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IRENE MORALES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARISOL SILVA RODRIGUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LINNETTE CHAVEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VALERIE SALGADO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARLYN SANCHEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CYNTHIA ARAGON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ANDREW BRICENO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAREN FRANCO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GABRIELA VILLANEDA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEX GARZA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRYYAN RUIZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAREN AVILA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NICHOLAS JARA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KENDALL HAUN	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CELESTE GONZALEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALONDRA SIERRA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
YAMILETH RENTERIA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MIRIAM PASTRANA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JUAN MORALES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DALIA HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IVETTE PEREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

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DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LUIS CORONA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VICTORIA ALTAMIRANO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SAMANTHA PACHECO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RAFAEL NIEVES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LAURA LEON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEJANDRA LEON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GINA CASTELO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CINDY VIDES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEBASTIAN VELAZQUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STEPHANIE SIERRA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ELIJAH MAGALLANES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ROSALBA GARCIA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KIMBERLY FUENTES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDUARDO BARESI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEBASTIAN ATASHI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ASHLEY DOMINGUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LESLIE DIAZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EMILY CEDILLO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GUADALUPE MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HEIDI JAUREGUI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MILLA ANDERSON	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MARIA MANJARREZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DANIEL VAZQUEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IRAZU HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TIMOTHY EMMANUEL VALDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DAHLIA HERNANDEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRIANNA DELGADO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SARA CHAVEZ-LAUER	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FABIAN CASILLAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FLOR QUINONES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JENNE MENESES MONTIEL	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ESTER IMELDA RUIZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MELISSA PINEDA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KIMBERLY TORRES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NATHALIE TORRES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DAVID MORALES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SUSAN APARICIO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STEPHANIE CASTENEDA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOHANNA CERVANTES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEXANDER BOLOGNA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LAURA LOPEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MAURO RENTERIA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JUAN TORRES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ASHLEY SANTILLANES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ERIC ESTRADA OAJACA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DESTINY SAUCEDO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ROSELYNN VARGAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GUADALUPE PORTILLO DERAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ADELA ARRIOLA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.

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DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KAYLEE MARTINEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VALERIE ESPINOZA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MONIQUE RAMOS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IVAN JIMENEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VERONICA VARGAS	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JENNYFER GALVEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	3,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ALEXIS ACEVES	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GILBERTO SANCHEZ LOMELI	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DAISY AMAYA	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	1,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MIRIAM VELEZ	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	2,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JULISSA ROMERO	C/O 8383 WILSHIRE BLVD #1000 - BEVERLY HILLS, CA 90211	NONE	500.
	TOTAL FOR THIS ACTIVITY		87,500.
TOTAL INCLUDED ON FO	RM 199, PART II, LINE 9		87,500.

META FOUNDATION 33-0913837

CA 199	COMPENSATION OF OFF	FICERS,	DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND A	DDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	'ION
	RIGUEZ IRE BLVD, NO. 1000 LLS, CA 90211		TREASURER 5.00		0.
	ANES IRE BLVD, NO. 1000 LLS, CA 90211		SECRETARY 5.00		0.
	PINEDO IRE BLVD, NO. 1000 LLS, CA 90211		CHAIR 5.00		0.
TOTAL TO F	ORM 199, PART II, LINI	3 11			0.
CA 199		OTHER	EXPENSES	STATEMENT	6
DESCRIPTIO	N			AMOUNT	
TAXES & LI DIRECT EXP LEGAL FEES INVESTMENT OFFICE EXP	SIGN AND MAIN CENSES ENSES OF FUNDRAISING I MANAGEMENT FEES ENSES N TECHNOLOGY	EVENTS		113,9 3 6,6 4,9 2,6 1,8	91. 47. 48. 49. 10. 26. 46.
	ORM 199, PART II, LINI	. 17		147,0	

META FOUNDATION 33-0913837

CA 199 OTHER	INVESTMENTS STATE	EMENT 7
DESCRIPTION	BEG. OF YEAR END	OF YEAR
MORGAN STANLEY - INVESTMENT	564,999.	621,848.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	564,999.	621,848.
		
CA 199 FUN	D BALANCES STATE	EMENT 8
DESCRIPTION	BEG. OF YEAR END	OF YEAR
CURRENT FUNDS	679,112.	736,752.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month following

the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following

the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month

following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

739035 11-29-17

_ DETACH HERE _ _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt **Organizations e-filed Returns** 2017

CALIFORNIA FORM

3586 (e-file)

000000 33-0913837 2236038 17 FORM 3 META

01-01-2017 TYB TYE 12-31-2017

META FOUNDATION

8383 WILSHIRE BLVD NO 1000 90211 BEVERLY HILLS CA

(323) 556-9000

Amount of Payment

10.

6181176

2017

Date Accepted

TAXABLE YEAR California A-

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

	Exempt Organization	tions				0.00 = 0		
Exempt Orga	name				Identifying r	number		
META	FOUNDATION				33-0	913837		
Part I	Electronic Return Information (whole dollars	only)						
1 Tota	l gross receipts (Form 199, line 4)				1	715,281.00		
						292,181.00		
3 Tota	l expenses and disbursements (Form 199, line	9)			3	234,541.00		
Part II	Settle Your Account Electronically for Taxa	ble Year 2017						
4 📖	Electronic funds withdrawal 4a Amount		4b Withdrawal date (mm/dd/yyyy)					
Part III	Banking Information (Have you verified the e	xempt organization's	s banking information?)					
5 Routi	ng number							
6 Acco	unt number		7 Type of account:	Checking		Savings		
Part IV	Declaration of Officer							
I authorize on line 4a.	the exempt organization's account to be settled as d	esignated in Part II. If I	check Part II, Box 4, I authoriz	e an electronic fui	nds withdr	awal for the amount listed		
transmitter California e a balance e organizatio statements	alties of perjury, I declare that I am an officer of the a r, or intermediate service provider and the amounts in electronic return. To the best of my knowledge and be due return, I understand that if the Franchise Tax Boa on will remain liable for the fee liability and all applicat be transmitted to the FTB by the ERO, transmitter, o authorize the FTB to disclose to the ERO or interme	n Part I above agree witl elief, the exempt organia rd (FTB) does not recei ble interest and penaltie r intermediate service p	n the amounts on the correspo zation's return is true, correct, ve full and timely payment of tl s. I authorize the exempt orgar rovider. If the processing of tl	onding lines of the and complete. If the ne exempt organise nization return and	e exempt of the exempt zation's fee d accompa	rganization's 2017 torganization is filing e liability, the exempt nying schedules and		
Sign Here	Signature of officer	Date	TREASURER					
Part V	Declaration of Electronic Return Originator	(ERO) and Paid Pre	eparer.					

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the date of the return of **four** years from the date of the return of **four** years from the date of the return of **four** years from the date of the return of **four** years from the date of the return of **four** years from the date of the return of **four** years from the date of the return of **four** years from the date of the return of the provider in the provider in

I Date

I Check if

I Check

I FRO's PTIN

ERO	EHO'S- signature			also paid preparer	X	if self- employe		P00185433	
Must	Firm's name (or yours if self-employed)	FREEMARK FINANCIAL LLP FEIN 27-3974034							
Sign	and address	8383 WILSHIRE BLVD STE BEVERLY HILLS, CA	1000				ZIP code	90211	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.									
Paid Prepa	Paid preparer's signature		Date		Check if self- employe	d	Paid	d preparer's PTIN	
Must	Firm's name (or yours if self-employed)	Firm's name (or yours if self-employed)					FEIN		
Sign	and address								
						ZIP code			

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 122119			Check if:							
			Change of address							
META FOUNDATION Name of Organization	Amended report									
8383 WILSHIRE BLVD, NO. 1000			Corporate or Organization No. 2236038							
Address (Number and Street) BEVERLY HILLS, CA 90211 City or Town, State and ZIP Code			Federal Employer I.D. No. 33-0913837							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts										
				oss Annual Revenue Fee						
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 \$50 Between \$250,001 and \$1 million \$75		Between \$1,000 Between \$10,00 Greater than \$8	\$150 \$225 \$300						
PART A - ACTIVITIES										
For your most recent full accounting period (beginning $01/01/2017$ ending $12/31/2017$) list: Gross annual revenue \$ 178, 232. Total assets \$ 736, 752.										
PART B - STATEMENTS REGARDING ORGA	ANIZATION DURING THE PERIOD	OF THIS RE	PORT							
Note: If you answer "yes" to any of the qu "yes" response. Please review RRF-			ge providing an ex	xplanation and details	for ea	ch				
						No				
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?						х				
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						х				
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?										
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.										
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.										
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.										
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						Х				
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.										
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?										
Organization's area code and telephone number 323-556-9000										
Organization's e-mail address										
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.										
STE	VES RODRIGUEZ	Т	REASURER							
Signature of authorized officer Print	ed Name	Tit	tle	Date						

729291 12-27-17 RRF-1 (08/2017)