Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

ax year beginning JUL 1, 2018 and ending JUN 30.

Open to Public Inspection

	U1 111C	1	enaing D	UN 30, 2019	
B 0	heck if ppiloable	C Name of organization		D Employer identific	cation number
	Addres	FANNIE AND JOHN HERTZ FOUNDATION			
	Name Johange	Doing business as		36-2	411723
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Ë	Final return/	2300 FIRST STREET, SUITE 250	/ tooling duito	(925	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,111,345.
Г	Amend			H(a) Is this a group re	
_	Application				? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
	70V-0V-0	mpt status: X 501(c)(3)	or 527	1 ' '	
		WWW.HERTZFOUNDATION.ORG	UI 321		list. (see instructions)
		organization: X Corporation Trust Association Other	I Vans	H(c) Group exemption	M State of legal domicile: IL
		Summary	IL Year	or formation: 1949 N	N State of legal domiche: TT
		Briefly describe the organization's mission or most significant activities: TO II	DENTIF	Y, SUPPORT	AND MENTOR
Governance		THE TOP US PHD STUDENTS IN SCIENCE, MATH			
Ę.		Check this box 🕨 🔲 if the organization discontinued its operations or dispos			sets.
₹		demands and an allowing and another area of the control of the con		3	18
		Number of independent voting members of the governing body (Part VI, line 1b)			18
∞ ŏ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	***************************************	5	16
ī.		Total number of volunteers (estimate if necessary)			35
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
₹	b l	Net unrelated business taxable income from Form 990-T, line 38	***************************************	7b	0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		4,627,000.	5,269,852.
ng.		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		428,682.	840,686.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	******	5,055,682.	6,110,538.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,625,223.	1,355,394.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,392,222.	1,444,561.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ě		Fotal fundraising expenses (Part IX, column (D), line 25)	08.		
찚		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,346,678.	1,479,571.
		Fotal expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		4,364,123.	
		Revenue less expenses. Subtract line 18 from line 12		691,559.	1,831,012.
= %		10 TOTAL TOT			
Net Assets or	20	Fotal assets (Part X, line 16)		eginning of Current Year 22,694,391.	End of Year 24,466,943.
SSS	21	Total flabilities (Part X, line 26)		2,020,500.	1,737,763.
to e	22	Net assets or fund balances, Subtract line 21 from line 20		20,673,891.	22,729,180.
	irt II	Signature Block		20,013,031.	24,129,100.
_		tles of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ante and to the heet of my	knowledge and helief it is
		, and complete Declaration of preparer (other than officer) is based on all information of wi			A WILLMIRANGE WITH DESIGN IT IS
<u>uuo</u>	001100	NAME CALL TO PROJECT OF THE PROPERTY OF THE PR	non proparei	ilas any knowledge.	1/9
Sign	,	Signature of officer		Date	<u> </u>
Her		NOBBEE BAKER KOSAK, PRESIDENT			
пе	•	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	1	SCOTT R. SMEAD		l f	
	arer	Firm's name ROBERT LEE AND ASSOCIATES, LLP		self-emplo	27-1155496
-	Only	Firm's address > 999 W TAYLOR STREET, SUITE A		Firm's EIN ▶	21" IIJJ430
-40	J.11.5	SAN JOSE, CA 95126		Dhana na A O	8-855-6770
Mas	the IF			I Phone no. 4 U	
<u>(via)</u>	r ute th	S discuss this return with the preparer shown above? (see instructions)			X Yes No

FANNIE AND JOHN HERTZ FOUNDATION 36-2411723 Page 3 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 Х Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 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 X 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 Х 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 X 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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 X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a 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 X 11b c 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 X 11c 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 X X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 foreign organization? If *Yes,* complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes." complete Schedule G, Part III X 19

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 17 if "Yes." complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form	1 990 (2018) FANNIE AND JOHN HERTZ FOUNDATION 36-2411 IV Checklist of Required Schedules (continued)	123	Pa	age 4
_ a	continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	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	ĺ		
	Schedule J	23	х	
24 a	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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	25a		X
Ь	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-EZ? If "Yes," complete			
	Schedule L, Part I	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, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
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	1		
	of any of these persons? If "Yes, * complete Schedule L, Part III	27	19 ₁₂ x 727	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		- W. S. S.	
_	instructions for applicable filing thresholds, conditions, and exceptions):	2225	Last 18	LÆS 10 Rø
a	, and the state of	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
•		20		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٧.	•	94		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u>52</u>		*7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	х
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	37		Х
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	Х	
Pa	rt 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			
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	-	1 144.0	1.77
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b	<u> </u>		100
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

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1c X Form **990** (2018)

2a Inter the rumber of employees reported on Form W.S. Transmittal of Wage and Tax Statements. 1b If all sest one is reported on line 2a, did the organization file all arequired federal employment tax returns? 1c Interest and the sestion of the						ĺ	Yes	No
b If a least one in reported on line 24, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 26 is greater than 500, you may be regulated to _effe (see Instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, has it filed a Form 980-7 for this year? If Yes 1 to 1 to 3,000 or more during the year? 3c A tax yrith or during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 4c A tax yrith of the name of the foreign country. 5c If Yes 1 to 1 the name of the foreign country. 5c If Yes 1 to 1 the name of the foreign country. 5c Was the organization party to a prohibited tax schelt ransaction at any time during the tax year? 5c If Yes 1 to 1 the 5 are 75b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes 1 to 1 the 5 are 75b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes 2 to 1 the organization in Party to a prohibited tax schelt ransaction? 5c If Yes 2 to 1 the organization and the organization in Series 80-7? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section \$700,000, and did the organization solicit any contributions under section \$700,000, and did the organization solicit any contributions under section \$700,000,000,000,000,000,000,000,000,000	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rise (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a		16			
3a X X 1 1 1 1 1 1 1 1	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		L	2b	Х	
b If "Yes," has it flied a Form 960-T for this year? If "No' to gine 3b, provide an explanation in Schodule O. A All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? B If "Yes," order the name of the foreign country," be- See instructions for filing requirements for FincOEN Form 114, Report of Foreign Bank and Financial Accounts (FBARI), B Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? B Did any taxable party nority the organization file form 888-77 B Dos the organization and organization file form 888-8-77 B Dos the organization result of the acquarization file form 888-8-77 Organizations that were not tax deductible as charitable contributions? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the every solicitation an express statement that such contributions or gifts were not tax deductible on the every solicitation and explanation shall be supported to the payor? Organizations that may receive deductible contributions under section 170(c). B D If "Yes," did the organization notity the donor of the value of the goods or services provided? Organizations that may receive deductible contribution on aparty for goods and services provided to the payor? To Did the organization receive any hands, directly or indirectly, to a pyreniums on a personal benefit contract? To D If "Yes," Indicate the number of Forms 8282 filed during the year Did the organization receive any hands, directly or indirectly, to a personal benefit contract? To D If the organization receive any hands, directly or indirectly, to a personal benefit contract? To D If the organization receive any standistic intellectual property of the fore members or a form 1098-07 To D If the organization receive an		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instruction	ns) ,	***************************************				
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accutine account, or other financial accounts? b if "ves", other the name of the foreign country.						3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yea,* reter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAFI). 5a Was the organization a perty to a prohibited tax shefter transaction at any time during the tax year? 5b Did any scapital party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yea* to line 5a or 5b, did the organization file form 8886-17? 6c Does the organization scale party and prohibited tax shefter transaction? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c If Yea*, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a pyment in excess of 35 made party as a contribution and party for goods and services provided to the payor? 7a Did the organization receive a pyment in excess of 35 made party as a contribution or and party for goods and services provided to the payor? 7b If Yea*, did the organization notify the donor of the value of the goods or services provided? 7b If If Yea*, did the organization with the donor of the value of the goods or services provided? 7c If If Yea*, include the function of care of the value of the goods or services provided? 7c If If Yea*, include an organization with the donor of the value of the goods or services provided? 7c If If Yea*, included an organization with the very any permitting of the propagalization received a contribution of care, boats, alripanes, or other vehicles, did the organization in a Form 1098-07 to 100 the propagalization has a contribution of care, boats, alripanes, or other vehicles, did the organizatio						3b		
b M Yes,* other the name of the foreign country. ▶ Soe Instructions of filling requirements for InfoCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAF), Soe Instructions for filling requirements for InfoCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAF), Soe InfoCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAF), Soe InfoCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAF), Soe InfoCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAF), Soe InfoCRH Foreign	4a							
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFs), 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any travable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I "Yes" to line Sa or Sb, did the organization file form 8888-77 6a Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If "Yes," indicate the number of Forms 8828? filed during the year 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 12 If the organization received a contribution of cars, boats, aripanes, or other vehicles, did the organization file Form 1098-0? 8 Sponsoring organizations make any testable distributions under section 9869? 9 Sponsoring organization make any testable distributions under section 9869? 9 Sponsoring organization make any testable distributions under section 9869? 9 Sponsoring organizations and the section of the section 9860 tax on payments of the organization file and payments of the organization file of the section 9860 tax on payments of the orga			accol	?		4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that these or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select any contributions that were not tax edecuribles as charitable contributions. 6a X Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization neceive a pyrement in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the left of the Form 88827. 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization neceived any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization neceived any funds directly or indirectly, on a personal benefit contract? 7 Did the organization neceived any contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization received any contribution of cares, boats, principles, or the contribution of contribution of contributions in collect, did	b							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 63 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 68 X 50 If Y'es, "did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 8 Ibit the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 70 It Y'es," did the organization notify the donor of the value of the goods or services provided? 71 Did the organization notify the donor of the value of the goods or services provided? 72 If Y'es," indicate the number of Forms 8282 filed during the year 8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 72 X 73 If the organization received any funds, directly or indirectly, on a personal benefit contract? 74 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 75 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 75 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 Sponsoring organization make excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution stude or paid to other sources against amounts due or received from them.) 10 If Yes, it were the amount of tax exempt interest received or account during the year 11			Ассоц	nts (FBAR).	1.			
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eratio	n or				
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.						15		X
If "Yes," complete Form 4720, Schedule O.				_			3.57	
	16	·	nt inc	ome?		16		X
	_	it "Yes," complete Form 4720, Schedule O.				-	000	(00.15)

Form 990 (2018) FANNIE AND JOHN HERTZ FOUNDATION 36-2411723 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 Section A. Governing Body and Management Y<u>es</u> No 1a Enter the number of voting members of the governing body at the end of the tax year 18 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 18 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? Х 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a 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 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? Х 13 14 Did the organization have a written document retention and destruction policy? X 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 taxable entity during the year? <u>16a</u> 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, AZ, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, X Own website X Another's website X Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

CHARLES WINGARD, CFO - (925) 373-1642 2300 FIRST STREET NO 250, LIVERMORE, CA

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	box	not c unie:	(C Posi heck r ss per id a di	ition more son k	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID GALAS	4.00									
CHARIMAN		х		X		╙		0.	0.	0.
(2) M MICHAEL ANSOUR	0.50	1								
VICE PRESIDENT		X		Х	<u> </u>	╙	L	0.	0.	0.
(3) KIMBERLY S BUDIL	0.50	1						_	_	
TREASURER		X	_	Х		┖		0.	0.	0.
(4) STEPHEN FANTONE	0.50	1						_		
SECRETARY		X		Х			_	0.	0.	0.
(5) ROGER FALCONE	0.50	┨					1		_	
DIRECTOR		X		_		╙	<u> </u>	0.	0.	0.
(6) DANIEL GOODMAN	0.50	┨							_	
DIRECTOR		X		<u> </u>		┺	<u> </u>	0.	0.	0.
(7) RICHARD B MILES	0.50	┨		1					_	_
DIRECTOR		X	_	<u> </u>		_	_	0.	0.	0.
(8) HAROLD J NEWMAN	0.50						ļ		_	
DIRECTOR		X	_	<u> </u>		┡	 	0.	0.	0.
(9) PAUL M YOUNG	0.50	<u>ا ـ</u> ــ								
DIRECTOR		X	ļ	 	<u> </u>	_	_	0.	0.	0.
(10) RAY SIDNEY	0.50	↓							_	
DIRECTOR		X	_	<u> </u>	_	╙	▙	0.	0.	0.
(11) ROSEMARIE HAVRANEK	0.50	ا الله								
DIRECTOR	0.50	X				╀	-	0.	0.	0.
(12) CARLA NEWMAN	0.50	۱.,							_	
DIRECTOR	0.50	X	\vdash	<u> </u>	├	⊢	⊢	0.	0.	0.
(13) SCOTT RAKESTRAW DIRECTOR	0.50	┨							_	_
	0.50	X	-	├	_	⊢	-	0.	0.	0.
(14) DAVID THOMPSON DIRECTOR	0.50	x						0.	_	
(15) MONIKA SCHLBIER-SMITH	0.50	╀┷	\vdash	-	-	+	\vdash	1 0.	0.	_0.
DIRECTOR	0.30	x	ŀ		1			0.	0.	
(16) COOPER RINZLER	0.50	╇	\vdash	\vdash	\vdash	\vdash	╀	<u> </u>	· · ·	0.
DIRECTOR	0.50	x						0.	0.	_
(17) ELISE CAWLEY	0.50	╀≏	+	╁	╁	\vdash	╁	1 .	 	0.
DIRECTOR	0.30	x				1	1	0.	0.	0.
		14	<u> </u>	Ц_	Ц	٠	Ц_	<u> </u>	; 0.	

832007 12-31-18

Form 990 (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A) (B) (C) (D) (E)								(F)			
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimated
	hours per week	box	, unle: cer an	ss per	rson i	s bott	าลก	compensation	compensation	/ I	amount of
	(list any	⊢			10000	174 000		from	from related		other
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS)		compensation from the
	related	20 20	stee			nsate		(W-2/1099-MISC)	(***271000***1100	"	organization
	organizations	trust	institutional trustee		yee	educ		(,			and related
	below	idual	tutior	, S	Jd Ha	est co	듈				organizations
t	line)	횰	finsti	Officer	<u>ě</u>	Highest compensated employee	Former				
(18) SAMUEL FULLER	0.50			•							_
DIRECTOR		X				<u> </u>		0.		0.	0.
(19) ROBBEE BAKER KOSAK	35.00	1								_	
PRESIDENT	45.50	╙		X	<u> </u>	_	<u> </u>	345,647.		0.	<u>47,045.</u>
(20) CHARLES WINGARD	17.50	Į.		l <u></u>				00.006		_	
CFO (OA)	35 00	⊢		X	┡	▙	┝	80,986.		0.	<u>12,148.</u>
(21) KATHERINE YOUNG	35.00	1						140.070		ا ۲	
(30) 737077 737777	35.00	⊢		X		H		140,978.		0.	21,147.
(22) JAYNE LAFRATE	35.00	ł		۱,,				104 605		ا ۱	40 555
SENIOR DEVELOPMENT DIRECTOR, EAST CO	20.00	⊢		X	H	├		131,697.		0.	<u> 19,755.</u>
(23) THOMAS A WEAVER	20.00	ł		۱,,				50 500		ا ؍	E 000
SENIOR FELLOWSHIP INTERVIEWER	20.00			Х	<u> </u>	├	-	60,580.		0.	7,902.
(24) PHILLIP WELKOFF	20.00	┨		Į.,						ا ۲	•
SENIOR FELLOWSHIP INTERVIEWER		├		х		⊢		0.		<u>0 - </u>	0.
		┨			}						
		╂─		-	⊢	┢	⊢				
		┨									
1h Sub-total				<u> </u>			▶	759,888.		0.	107,997.
1b Sub-total c Total from continuation sheets to Part VI	I Soction A			•••••			-	733,000.		0.	0.
d Total (add lines 1b and 1c)								759,888.		0.	107,997.
2 Total number of individuals (including but n							o re			<u>••</u> 1	107,337+
compensation from the organization	or miniou to the	000	,,,,,,	4 4.	,,,,	9 1111	,,,	socied more diam group	doo or reportable		3
								***			Yes No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	v en	olan	vee.	orl	highest compensated er	mplovee on	ſ	
line 1a? If "Yes," complete Schedule J for s				•				•		ı	3 X
4 For any individual listed on line 1a, is the su	ım of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	"	
and related organizations greater than \$150),000? If "Yes.	* co	mple	ete S	Sche	edule	9 <i>J f</i>	for such individual]	4 X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services	····	
rendered to the organization? If "Yes." com											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than	100,000 of comp	ensal	tion from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.		
(A)								(B)			(C)
Name and business	address	N	INC	<u> </u>			_	Description of s	services	c	ompensation
							_				
									1		
							_				
									1		
3-10 1·5.							\dashv			—	
·							\dashv		+	—	-
2 Total number of independent contractors (in	ncludina but n	at lie	niter	d to	thos	se lie	السارة	shove) who received m	ore than		
\$100,000 of compensation from the organiz		J. 111	meet	0)	,,,,,,,,	above, milo received iii	oro triari		
,,					`						

6°		Check if Schedule O conta	ains a response or	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1:	a Federated campaigns	1a					
, Grants mounts		b Membership dues						
0,8		c Fundralsing events						
Contributions, Gifts, and Other Similar A		d Related organizations						
0,ä		e Government grants (contributi						
ξij		f All other contributions, gifts, gran	· —					
돌		similar amounts not included above		5,269,852.				
Ēŏ		g Noncash contributions included in lines						
츳즱		h Total. Add lines 1a-1f			5,269,852.			
				Business Code	A section of the sect	ARTERIOR PRACT		
ا ه	2	a	Г	Jaointoso Ocac	is deep ji saad seesalistise valsi is salit		in e signiteissum Nichtisten (#44F1F2E1.en5.1
Program Service Revenue		ь		···				
ję g		c						
E 9		d						
E a							· -	
ဥ		f All other program service reve			·			••
_		g Total. Add lines 2a-2f			<u> </u>			A Part warper on State of
\rightarrow						recording to the second	ALL PLACE PROPERTY	North autge relemant eil eine in e
1	3	Investment income (including			488,688.			400 600
1		other similar amounts)			400,000.			488,688.
	4	Income from investment of tax						
	5	Royalties			The state of the second section is a second	Section of Park	Two cases of a server content of	Barrier and the second
		_	(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						Mari Bill Marin
		d Net rental income or (loss))				
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	3,352,805.					
		b Less: cost or other basis						
		and sales expenses	3,000,807.			1954 - 1954 - NASARA		
		c Gain or (loss)	351,998.					
ŀ		d Net gain or (loss)	**************************************		351,998.			351,998.
	8	a Gross Income from fundralsing	g events (not					Frankling Color
venue		including \$	of					
9,6		contributions reported on line	1c), See					
Ě		Part IV, line 18	a					
Other		b Less: direct expenses	ь					
ō		c Net income or (loss) from fund			a di Maraja Pala Raja Raji Kibi Mibi I. A		north or observable spiritual of	Variable Fidential Value of the
		a Gross income from gaming ac		,	国籍基本国际	Mark Straight	The second	
	_	Part IV, line 19						
		b Less: direct expenses	в					
		c Net income or (loss) from gam				n in have templor 1988 to NJ	i kudas suurulise Neläh 	
		a Gross sales of inventory, less	· · ·		en en gerigte		natur kasini. S	gs. 6 (1.42 ft)
		and allowances	1			MY SERVERS		
		b Less: cost of goods sold	_			Tu al di Petite Kretiti,		
ŀ		c Net income or (loss) from sale				1 (4 february 1974)		
}	4:	Miscellaneous Revenu	θ .	Business Code		N SEE VALE		esta d'illa e
	11		 		ļ			
		b	 		-			
		c						
		d All other revenue	L					
		e Total. Add lines 11a-11d				HOda uz tva		
\Box	12	Total revenue, See instructions		<u></u>	6,110,538.	0.	0,	840,686.
832009	12-	-31-18						Form 990 (2018)

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	4 055 004	4 0== 004		
	individuals. See Part IV, line 22	1,355,394.	1,355,394.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members	-			
	trustees, and key employees	759,797.	225,209.	188,454.	346,134.
	Compensation not included above, to disqualified	133,1316	223,203.	100,434.	340,134.
	persons (as defined under section 4958(f)(1)) and				
	Other salaries and wages	328,868.	120,434.	26,102.	182,332.
	Pension plan accruals and contributions (include	520,0001		20,1021	102,332.
	section 401(k) and 403(b) employer contributions)	163,175.	53,993.	32,100.	77,082.
	Other employee benefits	117,745.	33,446.	29,464.	54,835.
	Payroll taxes	74,976.	23,439.	14,463.	37,074.
	Fees for services (non-employees):	. = / - / + /		11,100	07,0720
	Management				
	Legal	51,573.		38,586.	12,987.
	Accounting	65,722.		65,722.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17		or play are to the law.	建建筑大学的主流 适合物品	
f	Investment management fees	60,968.		60,968.	-
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	429,499.	237,115.	28,944.	163,440.
12	Advertising and promotion	111,631.	12,211.	80,163.	163,440. 19,257.
	Office expenses	82,917.	29,255.	24,153.	29,509.
	Information technology	5,807.	3,136.	1,798.	873.
	Royalties	4.5.			
16	Occupancy	120,059.	58,371.	30,783.	30,905.
17	Travel	256,784.	156,223.	61,947.	38,614.
18	Payments of travel or entertainment expenses	Ì			
	for any federal, state, or local public officials	0.45 0.10	000 400		40.54
	Conferences, conventions, and meetings	247,018.	232,409.	2,295.	12,314.
20	Interest				<u> </u>
	Payments to affiliates	1 000	004	453	450
22	Depreciation, depletion, and amortization	1,809. 9,950.	904.	453. 9,950.	452.
23	Insurance Other expenses Itemize expenses not equipted	<u> </u>		5,330.	HASTER II. III. II. II. II.
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)				
а	amount, list line 24e expenses on Schedule 0.) AWARDS AND CONTRIBUTION	29,706.	28,706.	1,000.	0.
	BANK FEES	6,128.	566.	5,562.	0.
C		V,AAV		5,502.	† · · · · · · · · · · · · · · · · · · ·
d					
	All other expenses	·· 			
	Total functional expenses. Add lines 1 through 24e	4,279,526.	2,570,811.	702,907.	1,005,808
<u></u>	Joint costs. Complete this line only if the organization		_, - , - , - <u>- , </u>		1
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	,	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	1,361,418.	1	2,317,973.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,566,366.	3	5,096,492.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		300	
		trustees, key employees, and highest compensated employees. Complete		1.435	
		Part II of Schedule L	40,000.	5	21,643.
	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		13. s	
		employers and sponsoring organizations of section 501(c)(9) voluntary		1.00	
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L	VALUE OF THE SECOND SEC	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	158,600.	9	213,176.
	10a	Land, buildings, and equipment: cost or other		A\$77	
		basis. Complete Part VI of Schedule D 10a 28,355.			
	b	Less: accumulated depreciation	0.	10c	26,546.
	11	Investments · publicly traded securities	15,565,069.	11	16,788,175.
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,938.	15	2,938.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,694,391.	16	24,466,943.
	17	Accounts payable and accrued expenses	107,501.	17	96,674.
	18	Grants payable	1,885,603.	18	1,604,332.
	19	Deferred revenue	21,730.	19	30,216.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors, trustees,		4.5	
iţie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	to anticommence of the Control of the State	22	a mark address and the first of
Ë	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	5,666.	25	6,541.
	26	Total liabilities. Add lines 17 through 25	2,020,500.	26	1,737,763.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	对于我国际区的发展	180	
s		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	8,619,834.	27	10,284,647.
agai	28	Temporarily restricted net assets	12,054,057.	28	12,444,533.
Ö.	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here		3.3.1	
두		and complete lines 30 through 34.			
ă	30	Capital stock or trust principal, or current funds	L.	30	The State of the S
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	·
ž	33	Total net assets or fund balances	20,673,891.	_	22,729,180.
	34	Total llabilities and net assets/fund balances	22,694,391.		24,466,943.

Form 990 (2018)

	990 (2018) FANNIE AND JOHN HERTZ FOUNDATION	36-24	411723	Pag	_{je} 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		*********		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,110		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,279	5:	26.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,831	.,0	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,673	8,89	91.
5	Net unrealized gains (iosses) on investments	5	223	7.	77.
6	Donated services and use of facilities	6		5	00.
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	22,729	,1	80.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1,013
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 Э.		5.5	2.4
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	on a	145E	1	20
	separate basis, consolidated basis, or both:				3 m }
	Separate basis Consolidated basis Both consolidated and separate basis		12.12		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	A
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		. N. (25.1.) (25.1.)	3,48	
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			\$40.5 f	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	i	we discuss	LA Ball was in. "
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			in ny	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin			er in a crisi.	الساميسيدا
	Act and OMB Circular A-133?	J	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	···· 		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection

Employer identification number

	FANN	IE AND JOHN	N HERTZ FOUNI	NOITAC	· 		3	<u>6-2411723</u>				
Part I	Reason for Public (Charity Status 🥢	All organizations must co	mplete this	s part.) Se	e instructions						
The organ	ization is not a private found											
1 🗀	A church, convention of ch	•	•	•	,	VAVI).						
2 🔲	A school described in secti					N MI						
3 🗔	A hospital or a cooperative		•			.						
4	A medical research organiz					-	VIII) Enter	the beenital's name				
* L	city, and state:	ation operated in cor	ijunotion with a nospital	described	III SECUOI	п тиоцыд тда,	(III). ⊏III.	the hospital's hame,				
- C	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5			lege of university owned	or operate	ed by a go	vemmentaj ui	nit describe	in in				
. —	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🖳	A federal, state, or local government											
7 X	An organization that norma	Ily receives a substar	ntial part of its support fr	om a gove	rnmental ι	init or from th	e general p	oublic described in				
<u></u>	section 170(b)(1)(A)(vi). (C											
8 🖳	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research org	janization described	in section 170(b)(1)(A)(ix) operate	d in conju	nction with a	land-grant	college				
	or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the n	ame, city,	and state of	the college	or				
	university:						-					
10	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from co	ontributio	ns. membersh	nip fees, an	d gross receipts from				
	activities related to its exen											
	income and unrelated busin											
	See section 509(a)(2). (Co		(1000 000 11011 011 100) 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ooo aoquii	00 0) 110 0.9	a nzator, a	1101 Odrio 00, 1070.				
11 🔲	An organization organized		vely to test for public sa	fatir Saa e	ection 50	10/aV/I						
12	An organization organized a		- '	•			mu out the	numaras of one or				
•-		·		·-			•	• •				
	more publicly supported or							Sheck the box in				
	lines 12a through 12d that						-	1.4				
a L_	☐ Type I. A supporting orga											
	the supported organization			majority of	the direc	tors or truste	es of the su	upporting				
	organization. You must o											
b 🗀						-		•				
	control or management o	of the supporting orga	anization vested in the s	ame persor	ns that cor	ntrol or manag	ge the supp	oorted				
_	organization(s). You mus											
¢ L	Type III functionally inte	grated. A supporting	g organization operated	in connecti	ion with, a	ınd functional	ly integrate	ed with,				
	its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.						
d	☐ Type III non-functionally	integrated. A supp	orting organization oper	ated In cor	nection w	ith its suppoi	ted organiz	zation(s)				
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution red	uirement and	an attentiv	veness				
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.						
e	Check this box if the orga						II. Type III					
	functionally integrated, or						,					
f Ente	er the number of supported o	organizations	, , , , , ,									
	vide the following information	•	d organization(s).									
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iV) Is the orga In your governin	nization listed	(v) Amount o	f monetary	(vi) Amount of other				
	organization		(described on lines 1-10	Yes	No	support (see in	nstructions)	support (see instructions)				
	; -		above (see instructions))	100	110			-				
				li								
								 -				
								_				
				 								
]		1				· ·· -				
								<u></u>				
		4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The State of the S	10.77.77.7	5 4 4 5 6			1 "				

Schedule A (Form 990 or 990-EZ) 2018 FANNIE AND JOHN HERTZ FOUNDATION 36-2411 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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received, (Do not									
	Include any "unusual grants.")	1341428.	5737691.	3211162.	4627000.	5269852.	20187133.			
2	Tax revenues levied for the organ-						-			
	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		- · · <u>- · · · · · · · · · · · · · · · ·</u>							
	Total. Add lines 1 through 3	1341428.	5737691.	3211162.	4627000.	5269852.	20187133.			
5	The portion of total contributions									
	by each person (other than a					Fry John St.				
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,				化学系统统统					
	column (f)		Mark Salar Andrew				10500190.			
_6	Public support. Subtract line 5 from line 4.			有着天江北京	经验书的证据	美国市场中央	9686943.			
$\overline{}$	ction B. Total Support	r		1			,			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	1341428.	5737691.	3211162.	4627000.	5269852.	20187133.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	F 4 5 0 4 5	F45 460	252 252	456 450					
	and income from similar sources	547,247.	545,160.	368,968.	456,159.	488,688.	2406222.			
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.)		normatika dan menantan merapakan	TYPeserte No. 1 News.	e en propiet de la companie de la compa	The Room Not the Control	00500055			
							22593355.			
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12				
13	First five years. If the Form 990 is for	r the organization's	i iirst, second, thir	a, τourtn, or τιπτη τε	x year as a section	1 501(c)(3)	. —			
Se	organization, check this box and storetion C. Computation of Publication	c Support Per	centage	***************************************	·					
14	Public support percentage for 2018 (I	ing 6, galump #1 di	vided by line 11 o	clump (fl)		14	42.88 %			
	Public support percentage from 2017					15	44 64			
	33 1/3% support test - 2018. If the									
	stop here. The organization qualifies									
ŀ	33 1/3% support test - 2017. If the		~							
•	and stop here. The organization qual									
17:	10% -facts-and-circumstances test	- 2018 If the ord	anization did not a	check a box on line	a 13 16a or 16b s	and line 14 is 10%	or more			
	and if the organization meets the "fac									
H	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. 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									
	organization meets the "facts-and-circ						. .			
18	Private foundation. If the organization						s F			
				,			0 or 990-EZ) 2018			
							,			

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	"			1		
	membership fees received. (Do not						
	include any "unusual grants.")	ſ.,					!
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					ļ	
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513		ł				
4	Tax revenues levied for the organ-					 -	
7	ization's benefit and either paid to						
	or expended on its behalf						
-	· · · · · · · · · · · · · · · · · · ·				 		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5				1		,
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u></u>				·
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		of the Organization			PARTY SWEET	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6					1	
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties.						
	and income from similar sources		-				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b		,				
11	Net income from unrelated business		* *		-	†	
	activitles not included in line 10b,					j	
	whether or not the business is regularly carried on						
12	Other Income. Do not include gain						
	or loss from the sale of capital					1	ł
40	assets (Explain in Part VI.)				 		
	Total support. (Add lines 9, 10c, 11, and 12.)			1.6 11 1101.6			<u></u>
14	First five years. If the Form 990 is for	the organization's	s IIrst, second, thir	a, tourth, or titth t	ax year as a section	n 501(c)(3) organiz	ation,
Sar	check this box and stop here ction C. Computation of Publi						.
	· · · · · · · · · · · · · · · · · · ·					14-1	
	Public support percentage for 2018 (li		•			15	. %
	Public support percentage from 2017				·	16	%
	ction D. Computation of Inves					 	
	Investment Income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the	_					7 is not
	more than 33 1/3%, check this box an	id stop here. The	organization qual	fies as a publicly :	supported organiz	ation	
t	33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, ched			•		•	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>
2220							0

Yes No

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 filling 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 (as 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_
	2		0
	3a	7 3	5.5
	3b		
ļ	3.7.2 3.4.	Color Wiles	
	4a		
•	4b		
i	4c		
	<u>5a</u> 5b		rita.
Ī	- Fc		
	6 		
	8 8	(an si)	
	9a		
	9b	in the second	
	9c	100	
	10a		
	10b	N. 1	

Pa	idule A (Form 990 or 990-EZ) 2018 FANNIE AND JOHN HERTZ F TV Type III Non-Functionally Integrated 509(a)(3) Supportin		NULTER Prizatione	6-2411723 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co			,
Sect	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	TO WEN		BATTA MENSITE A
	instructions for short tax year or assets held for part of year):	45.45		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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):	14.64		
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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	CONTRACTOR STOR	

3

4

5

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 1	HOU DUA ELINAS	N HERTZ FOUNDA	ATION	36-2411723 Page 8
Part VI	Supplemental Informa Part IV, Section A, Ilnes 1, 2, Ilne 1; Part IV, Section D, Ilne Section D, Ilnes 5, 6, and 8;	, 35, 3c, 4b, 4c, 5a, 6, 9a, 9 es 2 and 3: Part IV. Section	b, 9c, 11a, 11b, and 11c; F E. lines 1c. 2a. 2b. 3a. and	'art IV, Section B, lines 1 a 3b: Part V. line 1: Part V.	and 2; Part IV, Section C, Section B. line 1e: Part V.
	(See instructions.)	and Part V, Section E, lines	z, o, and o. Also complete	this part for any addition	al Information,
					
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					<u>-</u>

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number

36-2411723

Organiza	ation type (check or	e);
Filers of	:	Section:
Form 990	0 or 990-EZ	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
		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	
	=	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	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 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 contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the close of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter he purpose. Don't com	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., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \(\bigsice \)\$
	=	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 filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

FANNIE AND JOHN HERTZ FOUNDATION

36-2411723

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$125,000	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
2		\$150,000	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$150,000	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
<u> </u>		\$150,000	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
		\$ <u></u> \$	Person X Payroll Noncash (Complete Part II for

FANNIE AND JOHN HERTZ FOUNDATION

36-2411723

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>850,000.</u>	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
10		\$150,000.	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 .		\$243,000.	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
12		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FANNIE AND JOHN HERTZ FOUNDATION

36-2411723

(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
		\$	

Name of organization **Employer identification number** FANNIE AND JOHN HERTZ FOUNDATION 36-2411723 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III 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 (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 (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

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number 36-2411723

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Acco	ounts. Complete if the	
	organization answered Tes on Form 556, Farthy, Inc	(a) Donor advised funds	(b)	Funds and other accounts	s
1	Total number at end of year			<u> </u>	
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 w	vriting that the assets held In donor advise	ed funds	-	
	are the organization's property, subject to the organization's ϵ	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be u	used only	•	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose o	onferring)	
	impermissible private benefit?			Yes	No
Pai	til Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, lin	ne 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically in	nportant land area	
	Protection of natural habitat	Preservation of a cert	ified histo	oric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conse	ervation easement on the l	last
	day of the tax year.			Held at the End of the 1	ax Year
а	Total number of conservation easements	***************************************	🍱	2a	
b				2b	
¢	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a		4		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizat	tion during the tax	
	year -				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the peri				
	violations, and enforcement of the conservation easements it	***************************************			No
6	Staff and volunteer hours devoted to monitoring, inspecting, i	handling of violations, and enforcing cons	ervation e	easements during the year	r
_					
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservat	ion easer	ments during the year	
_			\		
8	Does each conservation easement reported on line 2(d) above	• •	** ** ***		
_	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation	•			
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes t	ne organ	ization's accounting for	
Par	conservation easements. III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Sin	nilar Accote	<u>-</u>
	Complete if the organization answered "Yes" on Form	•	nei om	illiai Assets.	
	If the organization elected, as permitted under SFAS 116 (AS				
Ia					
	historical treasures, or other similar assets held for public exh the text of the footnote to its financial statements that describ		ice oi pu	olic service, provide, in Pa	ırı Allı,
h	If the organization elected, as permitted under SFAS 116 (AS		and halo	non about wayles of ask bis	
D	treasures, or other similar assets held for public exhibition, ed				
	relating to these items:	nucation, or research in furtherance of put	olic servic	e, provide the following ar	mounts
	•			. 6	
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
		tellen og other similer seeste for finanska		\$	
2	If the organization received or held works of art, historical treat		gain, pro	ovidė	
_	the following amounts required to be reported under SFAS 11			•	
a	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X			<u>▶ \$</u>	201 00 12
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor rorm 990,		Schedule D (Form 9:	90) 2018

	dule D (Form 990) 2018 FANNIE	AND JOHN HE	RTZ FOUND	ATION		36-24	<u> 11723</u>	Page 2
Pai	rt III Organizations Maintaining C	ollections of Art	<u>, Historical Tre</u>	asures, or Othe	er Simila	ır Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	following that are a s	significant	use of its o	ollection It	ems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e	Other	•				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or other simila	ır assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?		Γ	Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 99	0 Part IV	line 9 or	
	reported an amount on Form 990, Pa	rt X, line 21.	ar a are triganization		01111 00	0,1 4,11,	iii 10 0, 0 ₁	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets not	Included			
	on Form 990, Part X?						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table	***************************************	*************	,	_ 1es	L NO
		and complete the following	oving table.			$\overline{}$	Amazink	
С	Beginning balance				1	 	Amount	
d	Additions during the year		***************************************		<u>1c</u>	 		
e	Distributions during the year	***************************************		1011/22	1d	1		
•	Distributions during the year	**************************			<u>1e</u>	<u> </u>		
22	Ending balance Did the organization include an amount on Fe	orm 000 Dart V. line (04		<u>1f</u>	L	٦.,	
						L_	_ Yes	∐ No
Pai	If "Yes," explain the arrangement in Part XIII. T.V Endowment Funds. Complete	f the examination and	planation has been	provided on Part XII	40	<u></u>		
	Complete	(a) Current year					T .	
1a	Beginning of year balance	6,487,691.	(b) Prior year 4,372,374.	(c) Two years back 4,043,782.		years back		
b		649,400.	1,914,326,		*,	099,170.	4,1	06,217.
	Contributions	424,904.	<u> </u>	10,000,	 	10,500.		
c	Net investment earnings, gains, and losses		398,659.	435,450.	 	47,973.		99,073.
d	Grants or scholarships	213,954.	197,668.	116,858.	├	113,861.	1	06,120.
e	Other expenditures for facilities						·	
_	and programs	·			<u> </u>			
1	Administrative expenses				ļ			
g	End of year balance	7,348,041.	6,487,691.	4,372,374.	4,	043,782.	4,0	99,170.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
þ	Permanent endowment	%						
¢	Temporarily restricted endowment ▶ 10	<u>0.00</u> %						
	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for t	he organiz	ation	_	
	by:						_ \	es No
	(i) unrelated organizations	***************************************		=======================================		************	3a(i)	$\overline{\mathbf{x}}$
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endow	vment funds.					
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot		1	Accumulat	ted	(d) Book	value
		basis (investm	ent) basis	(other) d	epreciation	<u> </u>		
1a	Land			\$1.77		11/2		
b	Buildings							
C	Leasehold improvements							
d	Equipment						-	
e	Other		2	8,355.	1,8	09.	26	,546.
	. Add lines 1a through 1e. (Column (d) must e					<u> </u>		,546.
	• • •			· · · · · · · · · · · · · · · · · · ·				

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FANNIE AND J	OHN HERTZ E	FOUNDATION	36-2411723 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			Similar paragraph and Medica are
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ine 11c, See Form 990, F	art X, line 13.
(a) Description of investment	(b) Book value		aluation: Cost 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.)		Call Charles	
Part IX Other Assets.		The same of the sa	in and the first of the first o
Complete if the organization answered "Yes" o	n Form 990. Part IV. I	ine 11d. See Form 990. I	Part X, line 15.
	escription		(b) Book value
(1)	,		14, ====================================
(2)		···	**
(3)		· -	
(4)			·
(5)			
(6)	· · ·		
(7)			
		····	
(8)		***	·
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.		······································	
Complete if the organization answered "Yes" o	n Form 990, Part IV, I		990, Part X, line 25.
1. (a) Description of liability		(b) Book value	[파마하 원호 설계들은 1982년 중요]
(1) Federal income taxes			
(2) DEFERRED RENT		6,541.	
(3)			
(4)			[Hander Hand Charles Hands Hands [Hands H
(5)			
(6)			[발표] 맞면하고 마루이라는 화면화하다
(7)			

Schedule D (Form 990) 2018

(8) (9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

6,541.

^{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

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND WILL RECOGNIZE A
LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS
OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE
REASONABLE ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND
MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN
TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL
UNCERTAIN TAX POSITION FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE
COULD DIFFER FROM THE AMOUNT RECOGNIZED. AS OF JUNE 30, 2019 MANAGEMENT
DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2018	FANNIE AND	JOHN HERTZ	FOUNDATION	36-2411723	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Info	rmation (continued)				
	(CONTINUEQ)		-	· · · · · · · · · · · · · · · · · · ·	
					
					
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

ž [Employer identification number Schedule I (Form 990) (2018) 36-2411723 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ■ Go to www.irs.gov/Form990 for the latest information. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FANNIE AND JOHN HERTZ FOUNDATION (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part 1 Part II

36-2411723

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

					,
(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
Saihsmotta	64	1,355,394.	•0	EMV	
Part IV Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
AFTER FUNDING, THE SENIOR INTERVIEWER OR A	WER OR A]	MEMBER OF	THE SELECTION	ION	
COMMITTEE LIAISE WITH THE FELLOWS I	TO PROVID	E ADVICE A	PROVIDE ADVICE AND OVERSIGHT AS	IT AS	
NECESSARY. THE STAFF REQUEST PROGRESS REPORT FROM FACULTY ADVISORS TWICE	RESS REPO	RT FROM FA	CULTY ADVI	SORS TWICE	
ANNUALLY AND FORWARDS THE REPORTS T	TO THE SE	NIOR INTER	SENIOR INTERVIEWER FOR REVIEW.	REVIEW.	
			: 1		
				i	

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Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

FANNIE AND JOHN HERTZ FOUNDATION Part I Questions Regarding Compensation

Employer identification number 36-2411723

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	No. of	× Sec	7 () 7 () 1 ()
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		5.5	
	First-class or charter travel X Housing allowance or residence for personal use		Sec.	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		1 4 A A	
		100	- 37	**************************************
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	245	J. 19	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	x	- district
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	Waltin	2000	3 131
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	x	40 1.5
	g and the state of	- 	. et 6.000	1.000
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		70 (X	
	establish compensation of the CEO/Executive Director, but explain in Part III.	1.73		4.8
			. 3 M30	
		보존		
	Form 990 of other organizations X Approval by the board or compensation committee		ě.	
4	During the year did any namen listed on Farm 000 Data VIII 6 U.S. and J.	1.07		
*	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	The property of the property o	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		1		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			3. A
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	4		
а	The organization?	5a		X
b	Any related organization?	5b		_X
	if "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		10 69% 14 354	
а	The organization?	6a		X
b	Any related organization?	6b		<u>_x</u>
	If "Yes" on line 6a or 6b, describe in Part III.		340	7,74
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	17 Aug.		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	1181.82	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	40.0	- 17	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	21.2° 14.	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5.3 558		<u> </u>
	Regulations section 53,4958-6(c)?	9	- 1	193 9103

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benetits	(a)-(i)(s)	in column (b) reported as deferred on prior Form 990
(1) ROBBEE BAKER KOSAK	€	310,985.	0	34,662.	47,045.	0	392,692.	0.
PRESIDENT	: €			0	0	0	0	0
(2) KATHERINE YOUNG	€	140,97	0.	0.	21,147.	0.	162,125.	.0
000	∷⊜		.0	0.	0.		0 •	0
(3) JAYNE IAFRATE	€	131,697.	0.	0.	19,755.	0.	151,452.	0.
SENIOR DEVELOPMENT DIRECTOR, EAST CO	_		.0	0.	0.	0	0.	0.
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	(iii)							
	(1)							
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							Schedu	Schedule J (Form 990) 2018

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service	► Go t	o www.irs.gov/Fo	orm99	0 for in	istructions and the	latest information.			Ins	spect	on	
Name of the organization					·		Emp	oloyer	identi	fication	on nu	nber
	FANNIE A	ND JOHN H	ERT	Z FC	OUNDATION		36	-24	1172	23		
Part Excess Ben	efit Transac	tions (section 5	01(0)(3	3), secti	on 501(c)(4), and 501	l(c)(29) organizations	s only)					
Complete if the	organization an	swered "Yes" on I	Form 9	990, Pa	rt IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, li	ne 40	b,			
(a) Name of disqualified	nerson (b) Relationship bet			ified) Description of tran	eactic	n		(q)	Corre	cted?
(a) Harrie of disqualmed	person	person and o	rganiza	ation) Description of train	Sacro			<u> Y</u>	es	No
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2 Enter the amount of tay	Industract by the	organization man		معاأمه						—		
2 Enter the amount of tax section 4958		-	_		•							
3 Enter the amount of tax	if any on line	2 ahove reimbure	ad by	the ord	apization	·····		▶ \$ ▶ \$				
• Enter the amount of tax	, ii airy, oir iirio i	z, above, reimbure	ocu by	ale oié	Janization		•••••	φ				
Part II Loans to an	d/or From li	nterested Per	sons									
Complete if the	organization ar	swered "Yes" on	Form 9	990-EZ.	, Part V, line 38a or F	orm 990. Part IV. lin	e 26: d	or if th	e orga	nizatio	n	
		90, Part X, line 5, (, ,		,	, .		1124112		
(a) Name of	(b) Relationsh	ip (c) Purpose	(d) L	oan to or	(e) Original	(f) Balance due	(g)	ln .	(h) App	proved	1 147 **	/ritten
Interested person	with organizati	on of loan		m the Ization?	principal amount		defa		by boo	aru or iittee?	agree	ment?
	1		To	From			Yes	No	Yes	No	Yes	No
ROBBEE BAKER KO	PRESIDE	NHOUSING		X	100,000.	21,643.		X	Х		Х	
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Part III Grants or A	ssistance B	enefiting Inter	este	d Per	sons.	21,045.	n nysky	A sak del	Section 1	uttivi e m	18.5	4.34.75%
1909 100 100		iswered "Yes" on										
(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	of	Τ	le) Purp	nse n	
		interested per	son an		assistance	assistan				assist		•
		the organiz	ation									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Types of Property

Scientific specimens

Archeological artifacts

Internal Revenue Service

Part I

22

23

25

26 27 Other > Other >

Other >

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

FANNIE AND JOHN HERTZ FOUNDATION

OMB No. 1545-0047

Inspection **Employer identification number**

36-2411723

(a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property Securities - Publicly traded 25,013.FMV X 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies _____ 20 Taxidermy 21 Historical artifacts

28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

			163	140
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		West.	
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.		200	110
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
þ	If "Yes," describe in Part II.	10 mg 1	A	
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			4.14
	describe in Part II.			4.7

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018 Supplementa	FANNIE	AND	JOHN	HERTZ	FOUNDATI	ON	36-	-2 411 723	Page 2
Part II	Supplementa	I Informatio	n. Pro	vide the ir	nformation re	equired by Part I,	lines 30b, 32b, and 33, a ms received, or a combin	nd wh	ether the organiza	tion
	is reporting in Par	t I, column (b), dditional inform	the nur	nber of co	ntributions,	the number of ite	ms received, or a combin	ation	of both. Also comp	olete
	uns part for any a	dditional (110)	Hallon.							
										
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Schedule M (Form 990) 2018

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization FANNIE AND JOHN HERTZ FOUNDATION Employer identification number 36-2411723

OMB No. 1545-0047

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LAUREATES, 8 BREAKTHROUGH PRIZE AWARDS, A TURING AWARD WINNER, A FIELDS
MEDALIST, 2 MACARTHUR "GENIUS" AWARDS AND HOLDERS OF MORE THAN 3,000
PATENTS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORT BUILDING FUNDRAISING SUCCESS. TANGIBLE RESULTS HAVE COME
QUICKLY, WITH 2016-19 YIELDING RECORD FUNDRAISING CASH RESULTSFROM
\$2.3M IN FY '16 TO \$5.7M IN FY '19. MOREOVER, 28% OF FELLOWS NOW MAKE
A GIFT ANNUALLY TO THE FOUNDATION, A LEVEL OF GRADUATE ALUMNI SUPPORT
THAT FAR EXCEEDS THAT OF MOST TOP UNIVERSITIES. IN FY '17 THE
FOUNDATION RECEIVED ITS FIRST BEQUEST SINCE THE HERTZ FAMILY'S FOUNDING
GIFT AND LAUNCHED A PLANNED GIVING PROGRAM. IN 2016, THE BOARD
ESTABLISHED A GOAL OF WITHDRAWING 5% OF THE FOUNDATION'S CORPUS
(INCLUDING INVESTMENT INCOME AND GAINS IN VALUE) BY FISCAL 2020; THIS
GOAL WAS ACHIEVED TWO YEARS EARLY IN FISCAL 2018.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AWARD. THE LATTER TWO ARE FUNDED BY A DONOR. TOTAL COSTS FOR THE
HERTZ COMMUNITY WERE \$738K OR 17% OF TOTAL EXPENSE.

FORM 990, PART VI, SECTION A, LINE 2:
ONE DIRECTOR IS THE DAUGHTER OF ANOTHER DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) (2018)

FANNIE AND JOHN HERTZ FOUNDATION

Employer identification number 36-2411723

THE DRAFT OF THE FORM 990 WAS E-MAILED TO EACH DIRECTOR FOR COMMENTS THIS

YEAR AS WAS THE CASE LAST YEAR. EACH DIRECTOR RECEIVED A FINAL COPY OF THE

FORM 990 BY E-MAIL. THE FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE,

WWW.HERTZFOUNDATION.ORG.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, OFFICER, AND EMPLOYEE OF THE FOUNDATION SHALL SIGN AN ANNUAL DISCLOSURE STATEMENT AFFIRMING THAT THE PERSON HAS RECIEVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTOOD THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND DISCLOSES ANY DIRECT OR INDIRECT

AFFILIATIONS. ALL ANNUAL DISCLOSURE STATEMENTS ARE SUBMITTED TO THE PRESIDENT OF THE FOUNDATION PRIOR TO THE FIRST MEETING OF THE BOARD OF DIRECTORS IN THE FOLLOWING YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENTS, THE CEO'S, THE CFO'S AND THE STAFF'S COMPENSATION IS

DETERMINED BY COMPARISION TO EQUIVALENT POSITIONS IN EQUIVALENT NON-PROFIT

ORGANIZATIONS IN NORTHERN CALIFORNIA USING A SALARY SURVEY OF SEVERAL

HUNDRED CHARITIES. THE CFO PREPARES A SALARY ADJUSTMENT PACKAGE BASED ON

COMPARISION OF BOTH JOB CONTENT AND PRESENT COMPENSATION WHICH IS SUBMITTED

TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR MODIFICATION.

THE PRESIDENTS, THE CEO'S, THE CFO'S AND THE STAFF'S COMPENSATION IS

DETERMINED BY COMPARISION TO EQUIVALENT POSITIONS IN EQUIVALENT NON-PROFIT

ORGANIZATIONS IN NORTHERN CALIFORNIA USING A SALARY SURVEY OF SEVERAL

HUNDRED CHARITIES. THE PRESIDNET PREPARES A SALARY ADJUSTMENT PACKAGE BASED

ON COMPARISION OF BOTH JOB CONTENT AND PRESENT COMPENSATION WHICH IS

SUBMITTED TO THE EXECUTIVE COMMITTEE FOR MODIFICATION.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization FANNIE AND JOHN HERTZ FOUNDATION	Employer identification number 36-2411723
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, AL, AK, AR, AZ, CO, CT, FL, GA, HI, IL, KS, KY, MA, ME, MD, MI, MN, MS, N	IC, ND, NH, NJ, NM, NY
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION IRS FORM 990 AND THE INDEPENDENT AUDIT REPO	ORT AND FINANCIAL
STATEMENTS ARE PUBLISHED ON ITS WEBSITE AT WWW.HERTZFOUNDA	ATION.ORG. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE DI	STRIBUTED TO THE
BOARD MEMBERS AND EMPLYEES. THEY ARE NOT ORDINARILY MADE A	VAILABLE TO THE
PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'	S DISCRETION.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES FOR SERVICE:	
PROGRAM SERVICE EXPENSES	237,115.
MANAGEMENT AND GENERAL EXPENSES	28,944.
FUNDRAISING EXPENSES	163,440.
TOTAL EXPENSES	429,499.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	429,499.
FORM 990, PAGE 8, PART VII, LINE 2	
THE FOUNDATION MAINTAINS AN AUDIT COMMITTEE THAT ASSUMES T	PHE_
RESPONSIBILITY OVER THE OVERSIGHT OF THE AUDIT. THE PROCES	SS DID NOT
CHANGE DURING THE FISCAL YEAR.	
	·