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Form 990-PF

DLN: 93491311009309

OMB No 1545-0052

2018

Return of Private Foundation

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

26 Total expenses and disbursements. Add lines 24 and 25 10,046,124 462,581 9,583,543 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Department of the Treasury Internal Revenue Service			 Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information. Inspection 							
Surrow and stores (or FC bits a uniform of the control of the co	For	caler	ndar year 201	L8, or tax yea	r beginning 01-01-20)18 , aı	nd en	ding 12-31-	-2018		
Section Sect								A Employer id	entification numbe	r	
Control Cont	KΑ	LMANO	VITZ CHARITABLE	FOUNDATION				94-6760317			
Corporation, data or province, country, and ZPP or francing pastal code City exemption agriculture is parcing, check himself that apply Initial return Amended return					not delivered to street address)	Room/suite		B Telephone nu	ımber (see ınstructio	ns)	
### WILLEY, CA. 94941 G Check all that apply Initial return Amended return Amended return Amended return Amended return	1,	JU 3NO	KELINE HIGHWAT I	VO 393B				(415) 332-0550)		
G Check all that apply Initial return Initial return of a former public chanty Initial return Amended return Amende				, country, and ZIP o	r foreign postal code		-	C If exemption	application is pendin	g, check here	
Final return Amendate return Amendate return Acidness change Marke chan				<u> </u>						▶ ⊔	
Active type of organization Section 501(c(3) exempt private foundation	G Ch	neck al	ll that apply		_	former public charity	'	-	-	▶ ⊔	
				_							
Section 4947(a)(1) nonexemot charitable trust Onthe rispace private foundation	H C	neck tv	ne of organization			foundation					
Fair market value of all assets at end of large transport (Lock) (c), here 16) S 195,270,502 Other (speedy) Other (_							under sectio	on 507(b)(1)(A), cnec	k nere	
Part Analysis of Revenue and Expenses (fix policy Part 1, column (d) number on cash basis) Part 1 Analysis of Revenue and Expenses (fix policy of the part of the	I Fa	r mark	ket value of all as	ssets at end			ıal				
Analysis of Revenue and Expenses (The bots of Expenses of Ex								under sectio	in 507(b)(1)(B), chec	k here	
of amounts in columns (b), (c), and (g) may not necessarily each the amounts in columns (b), (c), and (g) may not necessarily especially demonstrate in columns (b), (c), and (g) may not necessarily especially demonstrate in columns (g) (en instructions) 1		/			(Part I, column (d) must	be on cash basis)					
Page	Pa	rt I	•		•	(a) Revenue and	(b) N	lat invastment	(a) Advisted not		
1 Contributions, gifts, grents, etc., received (attach schedule) 2 Check ▶ 2 If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 5 Gross rents 5 Hot rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 6 Net gain or (loss) from sale of assets not on line 6a 7 Capital gain net income (from Part IV, line 2) 0 8 Net short-term capital gain 0 9 Income modifications 0 100 Gross sales less returns and allowances 100 Less Cost of goods sold 0 100 Gross sales less returns and allowances 100 Less Cost of goods sold 0 100 Gross sales less returns and allowances 100 Less Cost of goods sold 0 11 Other income (lattach schedule) 0 12 Total. Add lines 1 through 11 100,003,123 10,003,123							(6)		1	purposes	
2 Check		1								(Casil basis offiy)	
Sch 8 3 Interest on savings and temporary cash investments 1,000,005,225 1,000,005,2		_	schedule)		•						
1		2		the foundation is	not required to attach						
10 10 10 10 10 10 10 10		3		ings and tempora	ary cash investments						
Description		4		-	•	9,065,225	5	9,065,225			
Net gain or (loss) from sale of assets not on line 10		5a	Gross rents			937,898	3	937,898			
Description		ь	Net rental incor	me or (loss)	540,168						
8 Net short-term capital gain	ne	6a	Net gain or (los	ss) from sale of a	ssets not on line 10						
8 Net short-term capital gain	ven	b	Gross sales pro	ce for all assets o	n line 6a						
10a Gross sales less returns and allowances	Re	7	Capital gain ne	t income (from Pa	art IV, line 2)			0			
10a Gross sales less returns and allowances		8	Net short-term	capital gain .							
Description		9	Income modific	cations							
C Gross profit or (loss) (attach schedule)		10a			wances						
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 10,003,123 10,003			-								
12 Total. Add lines 1 through 11 10,003,123 10,00					ledule)						
13 Compensation of officers, directors, trustees, etc 0 0 0 0			,	,		10 002 123		10 002 122			
14						10,003,123	1	10,003,123		0	
15			'	,	,		1				
23 Other expenses (attach schedule)	Š				_						
23 Other expenses (attach schedule)	ารย	16a	Legal fees (atta	ach schedule) .							
23 Other expenses (attach schedule)	<u>9</u>	ь	Accounting fees	s (attach schedule	e)	76,656	5	69,450		7,206	
23 Other expenses (attach schedule)	e) Ei	c	Other professio	onal fees (attach s	schedule)						
23 Other expenses (attach schedule)	Ĭ	17	Interest								
23 Other expenses (attach schedule)	stra	18	Taxes (attach s	schedule) (see ins	structions)	72,024	1	72,024		0	
23 Other expenses (attach schedule)	Ē	19	Depreciation (a	ittach schedule) a	and depletion	210,123	3	210,123			
23 Other expenses (attach schedule)	Ē	20	Occupancy .								
23 Other expenses (attach schedule)	Į pi				_						
26 Total expenses and disbursements. Add lines 24 and 25						96-1 110.094	1	110.094		0	
26 Total expenses and disbursements. Add lines 24 and 25	ţ					110,984		110,984		0	
26 Total expenses and disbursements. Add lines 24 and 25	era	~ 4		_	<u>-</u>	469.787	7	462.581		7.206	
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	О	25		-			-	. , , , , ,		9,576,337	
25					ments. Add lines 24 and						
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			25			10,046,124	4	462,581		9,583,543	
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)											
c Adjusted net income (if negative, enter -0-)		a			nses and	-43,001	1				
		Ь						9,540,542			
For Paperwork Reduction Act Notice, see instructions. Cat No 11289X Form 990-PF (2018)	_				•					m 990-PF (2018)	

3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶		'	
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶		'	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶		'	
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments—U S and state government obligations (attach schedule)			
Ь	Investments—corporate stock (attach schedule)	0	•	182,950,254
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ► 12,125,000			
	Less accumulated depreciation (attach schedule) ►	10,645,216	10,435,092	12,125,000
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
1	Loss assumulated depresention (attach schedule)			

10,630,340

10,630,340

10,630,340

10,630,340

1 2

3

4

5

6

10,818,341

10,775,340

10,630,340 Form **990-PF** (2018)

145,000

-43,001

10,818,341

10,818,341

10,818,341

195,270,502

15 Other assets (describe > . 16 Total assets (to be completed by all filers—see the 10,818,341 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . 18 Grants payable 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule). Other liabilities (describe >_ 22

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Total net assets or fund balances (see instructions) .

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds . . .

Liabilities

or Fund Balances

Assets 27

Net 30

2

3

4

5

23

24

25

26

28 29

31 Part III Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

OHIII	990-F1 (2010)									age c
Pai	rt VIII-B Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (cont	inued)				
5a	During the year did the foundation i	pay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?		Yes 🗸	No			
	(2) Influence the outcome of any s	pecific	public election (see sect	cion 4955), or to carry	_					
	on, directly or indirectly, any vo		-		· ·	Yes 🗸	No			
	(3) Provide a grant to an individual	for tr	avel, study, or other sım	ılar purposes?		Yes 🗸	No			
	(4) Provide a grant to an organization			•						
	ın section 4945(d)(4)(A)? See ii					Yes 🗸	No			
	(5) Provide for any purpose other t		•	• • • • • • • • • • • • • • • • • • • •						
	educational purposes, or for the	•	·		• •	Yes 🗸	No			
b	If any answer is "Yes" to 5a(1)-(5),				•	ın				
	Regulations section 53 4945 or in a					· · _		5b		
	Organizations relying on a current r									
С	If the answer is "Yes" to question 5			·	_	_				
	tax because it maintained expenditu		·		· ·	Yes 📙	No			
_	If "Yes," attach the statement requi		=	* *						
6a	Did the foundation, during the year,				ıms on					
	a personal benefit contract?					Yes 🗹	No	c L		NI-
D	Did the foundation, during the year,	, pay	premiums, airectly or ind	iirectiy, on a personal be	nerit contract?	• •		6b		No
7-	If "Yes" to 6b, file Form 8870	a +ha	foundation a partir to a m	wahihitad tay ahaltar tras	nenetien? —					
7a	At any time during the tax year, wa					Yes 🗸	No	7b		
8	If yes, did the foundation receive ar Is the foundation subject to the sec		•					70		
0	excess parachute payment during the					_				
						Yes 🔽				
Pai	Information About (Offic	ers, Directors, Trust	ees, Foundation Ma	inagers, Highly	Paid En	nplo	yees,		
1_	List all officers, directors, truste									
	(a) Name and address	'	b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributi employee benefit				se acc	
	(4,		devoted to position	-0-)	deferred compe		0	ther al	lowand	es
BERN.	ARD ORSI	TRUS 5 00	TEE	0		0				C
	HORELINE HIGHWAY VALLEY, CA 94941	3 00								
	GIRAUDO	TRUS	TEF	0		0				
	HORELINE HIGHWAY	5 00		•		J				,
	VALLEY, CA 94941									
DAN (GIRAUDO	TRUS	TEE	0		0				(
	HORELINE HIGHWAY VALLEY, CA 94941	5 00								
	ORSI	TRUS	TEE	0		0				
	HORELINE HIGHWAY	5 00		0		U				•
MILL '	VALLEY, CA 94941									
2	Compensation of five highest-pa	id en	ployees (other than th	hose included on line 1			ne, ei	nter "	NONE.	"
(م)	Name and address of each employee	naid	(b) Title, and average		(d) Contributi employee be		(0)	Evnand	se acco	unt
(a)	more than \$50,000	paiu	hours per week	(c) Compensation	plans and def				owance	
			devoted to position		compensat	ion				
NON	E									
Tota	I number of other employees paid ov	er \$5	0,000	. 		•				
							For	m 99 0)-PF (2018

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Tr and Contractors (continued)	ustees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for profession	nal services (see instructions). If none, enter "NC	DNE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DAL POGGETTO & COMPANY LLP	AUDIT AND TAX PREPARATION	76,656
149 STONY CIRCLE FIRST FLOOR SANTA ROSA, CA 95401		
Total number of others receiving over \$50,000 for professional servi	ices	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year organizations and other beneficiaries served, conferences convened, research pa		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investmen	its (see instructions)	
Describe the two largest program-related investments made by the foundation	on during the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total Add lines 1 through 2	1	
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	
		Form 990-PF (2018)

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

3a 3b

4

5

9.583.543

9.488.138

Form 990-PF (2018)

95.405

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

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

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

4

5

8.589.693

934,630

Form **990-PF** (2018)

0

Page 9

rt XIII	

b Total for prior years

a From 2013. **b** From 2014. c From 2015. . . . d From 2016. e From 2017.

3 Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 > \$ 9,583,543 a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . . c Excess from 2016. . . . **d** Excess from 2017. . . . e Excess from 2018. . .

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

Subtract lines 7 and 8 from line 6a

indicated below:

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

same amount must be shown in column (a))

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

		•				,,,,,		
1	Distributab	le amour	nt for 20	18 from	Part X	I, line	· 7	
2	Undistribut	ed incom	e, if any	, as of t	he end	of 20	018	

a Enter amount for 2017 only.

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

993.850

993,850

factors

Enter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	(e) Related or exemp	
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
q Fees	and contracts from government agencies					
_	rship dues and assessments					
Interes investm	t on savings and temporary cash ents					
Divider	ds and interest from securities			14	9,065,225	
Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property			16	540,168	
	tal income or (loss) from personal property					
	nvestment income (loss) from sales of assets other than	+				
invento	• •					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
Other	evenue a					
c						
d						
d e Subtota	al Add columns (b), (d), and (e).		0		9,605,393	
d e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		9,605,393 3	
d e Subtota Total. (See wo	al Add columns (b), (d), and (e).	lations)		13	<u> </u>	
d e Subtota Total. (See wo	Add columns (b), (d), and (e)	lations) le Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	9,605,3
d Subtota Total. (See wo Int XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	
d Subtota Total. (See wo Int XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	
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d e Subtota Total. (See wo Irt XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplishi Income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	
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d e Subtota Total. (See wo Int XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplishi Income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	
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d e Subtota Total. (See wo Irt XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplishi Income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	ted importantly to	

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П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	I L VATT	Exempt Organi	zations							
		ganization directly or in than section 501(c)(3)	directly engage					tion 501	Yes	No
аΤ	ransfers	from the reporting four	idation to a nonc	haritable ex	empt organization	of				
(1) Cash							. 1a(1)		No
(2) Othe	rassets						1a(2)		No
		nsactions								
		s of assets to a nonchar		_				1b(1)	_	No
	-	hases of assets from a r						1b(2)	 	No
-	-	al of facilities, equipmei	•					1b(3)	+	No
		bursement arrangemer						. 1b(4)		No
•	•	s or loan guarantees.						1b(5)	_	No
•	•	rmance of services or m		_				. 1b(6)		No
	_	f facılıtıes, equıpment, r wer to any of the above		· •				market value		No
ır	f the goo	ds, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given by thingement, show	ne reporting in column (d	foundation If the	foundation rece goods, other a	ived less than fair ma	arket value eived	ingemen	nts
2a Is	the fou	ndation directly or indire	ectly affiliated w	ıth. or relate	ed to, one or more	tax-exempt org	anızatıons			
		in section 501(c) (othe	•	•	•		_	Yes 🗹 No		
		complete the following s		-(-)(-)/			–			
		(a) Name of organization			b) Type of organization	n	(c) Description	on of relationship		
	of m	er penalties of perjury, ny knowledge and belief	, it is true, corre							
Sig	n	ch preparer has any kno *****	owledge		2019-11-06	_ ****	k	May the IRS o	ıscuss th	าเร
lei	·e					\		with the prepa	rer show	wn
		Signature of officer or t	rustee		Date	Title		below		п
		-						(see instr)?	Y Yes	⊔ No
		Print/Type preparer's	name Pr	eparer's Sigi	nature	Date		PTIN		
							Check if self-	P0147	7869	
		JON DAL POGGETT	го				employed ▶ Ш			
Pai										
	parer		POGGETTO & CO	O LLP				Fırm's EIN ▶68	 3-02897	709
JSE	Only		19 STONY CIRCL	F FIRST FI A	OR					
		Timina address F 1	15 STORT CINCL	_ 11031110	. J.			Phone no (707	7) 545-	2211
		SA	ANTA ROSA, CA	95401				THORE IN (70)	, ,,,,,,,	JJ11
		1						1		

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

a Paid during the year			
CALIFORNIA COLLEGE OF THE ARTS 1111 EIGHTH ST SAN ERANGISCO CA 94107		TO SUPPORT THE OPERATIONS ON A NEW CAMPUS IN SAN	1,000,000

SAIN FRANCISCO, CA 94107		FRANCISCO	
FORDHAM UNIVERSITY CENTER FOR GLOBAL JESUIT EDUCATION 441 E FORDHAM ROAD BRONX, NY 10458		TO PROVIDE FUNDING FOR UNIVERSITY OPERATIONS	25,000

GLOBAL JESUIT EDUCATION 441 E FORDHAM ROAD BRONX, NY 10458		UNIVERSITY OPERATIONS	
FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024		TO PROVIDE FUNDING FOR MEDICAL RESEARCH	15,000

441 E FORDHAM ROAD BRONX, NY 10458			
FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024 SEATTLE, WA 981091024		TO PROVIDE FUNDING FOR MEDICAL RESEARCH	15,000

Total .

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

a Paid during the year			
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW		PRIMARILY TO ESTABLISH THE KALMANOVITZ INITIATIVE FOR	880,000
WASHINGTON, DC 20057		LABOR & THE WORKING POOR	

WASHINGTON, DC 20037	AT GEORGETOWN UNIVERSITY	
HANDMAKER ASSISTED LIVING 2221 N ROSEMONT BLVD	TO PROVIDE FUNDING FOR SENIOR CARE	
TUCCON AZ 95712		

HANDMAKER ASSISTED LIVING 2221 N ROSEMONT BLVD TUCSON, AZ 85712		TO PROVIDE FUNDING FOR SENIOR CARE	
HEALTHCARE FOUNDATION NORTHERN		TO PROVIDE FUNDING FOR	

Total .

HANDMAKER ASSISTED LIVING 2221 N ROSEMONT BLVD TUCSON, AZ 85712	TO PROVIDE FUNDING FOR SENIOR CARE	1,0
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY	TO PROVIDE FUNDING FOR	5,0

HANDMAKER ASSISTED LIVING 2221 N ROSEMONT BLVD TUCSON, AZ 85712	TO PROVIDE FUNDING FOR SENIOR CARE	1,000
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY	TO PROVIDE FUNDING FOR HEALTH CARE SERVICES	5,000

2221 N ROSEMONT BLVD TUCSON, AZ 85712		SENIOR CARE	
HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY		TO PROVIDE FUNDING FOR HEALTH CARE SERVICES	5,00

UCSON, AZ 85712			
IEALTHCARE FOUNDATION NORTHERN		TO PROVIDE FUNDING FOR	5,00

HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY		TO PROVIDE FUNDING FOR HEALTH CARE SERVICES	5,000
111 MONTE VISTA AVENUE SUITE A HEALDSBURG, CA 95448			

EALDSBURG, CA 95448		
II MONTE VISTA AVENUE SUITE A		i

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

a Paid during the year

Total .

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153		TO SUPPORT RESEARCH AND BUILD ENDOWMENT FOR THE CENTRAL NERVOUS SYSTEM REPAIR RESEARCH PROGRAM	500,000
ROBERT PACKARD CENTER FOR ALS		TO PROVIDE FUNDING FOR ALS	15,000

RESEARCH RESEARCH 855 N WOLFE STREET 2ND FLOOR SUITE

270 ROOM 232 BALTIMORE, MD 21205			
SAINT MARY'S COLLEGE 1928 SAINT MARYS ROAD MORAGA, CA 94556		PRIMARILY TO PROVIDE FUNDING FOR THE BUILDING OF A RECREATION AND AQUATICS CENTER	1,668,000

BALTIMORE, MD 21205			I
SAINT MARY'S COLLEGE 1928 SAINT MARYS ROAD MORAGA, CA 94556		PRIMARILY TO PROVIDE FUNDING FOR THE BUILDING OF A RECREATION AND AQUATICS CENTER	1,668,

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAN FRANCISCO GENERAL HOSPITAL TO PROVIDE FUNDING FOR 700,000

ENHANCEMENTS AND

▶ 3a

9,576,337

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

FOUNDATION

Total .

P O BOX 410836 SAN FRANCISCO, CA 941410836		IMPROVEMENTS TO THE ACUTE CARE AND TRAUMA BUILDING	
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053		TO PROVIDE FUNDING FOR ACADEMICS	285,0

SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053		TO PROVIDE FUNDING FOR ACADEMICS	285,000
SANTA ROSA MEMORIAL HOSPITAL FOUNDATION 1165 MONTGOMERY DRIVE		TO PROVIDE FUNDING FOR HEALTH CARE SERVICES	500,000

SANTA ROSA MEMORIAL HOSPITAL FOUNDATION 1165 MONTGOMERY DRIVE TO PROVIDE FUNDING FOR HEALTH CARE SERVICES	500,0

	27 W 17 7 GE 11 W 17 GF 1 3 G G G G			1
1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405	FOUNDATION 1165 MONTGOMERY DRIVE		TO PROVIDE FUNDING FOR HEALTH CARE SERVICES	500,000

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

a Paid during the year

Total .

SONOMA STATE UNIVERSITY 1801 E COTATI AVENUE ROHNERT PARK, CA 94928		TO PROVIDE RESOURCES FOR THE ADVANCEMENT OF THE EDUCATIONAL MISSION OF THE UNIVERSITY	179,200
ST JOHN'S WELL CHILD & FAMILY		TO PROVIDE FUNDING FOR LOW	550,000

ST JOHN'S WELL CHILD & FAMILY CENTER 308 WEST 58TH STREET LOS ANGELES, CA 90037	TO PROVIDE FUNDING FOR LOW COST COMMUNITY HEALTH CARE CLINICS	
THE CATHOLIC UNIVERSITY OF	TO PROVIDE FUNDING FOR THE	

LOS ANGELES, CA 90037			
THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064		TO PROVIDE FUNDING FOR THE ENTERPRISE SOLUTIONS TO URBAN POVERTY PROJECT	200,000

THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064 TO PROVIDE FUNDING FOR THE ENTERPRISE SOLUTIONS TO URBAN POVERTY PROJECT	200,0

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

a Paid during the year		
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVE SUITE 401 BERKELEY, CA 94704	TO SUPPORT AND ADVANCE THE UNIVERSITY OF CALIFORNIA AT BERKELEY	5,000
UNIVERSITY OF CALIFORNIA - FAMILY HOUSE 540 MISSION BAY BLVD NORTH SAN EPANCISCO, CA. 94158	TO HELP RELIEVE THE BURDEN FOR FAMILIES IN A TIME OF CRISIS	25,000

HOUSE 540 MISSION BAY BLVD NORTH SAN FRANCISCO, CA 94158	FOR FAMILIES IN A TIME OF CRISIS	25,000
UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVENUE DAVIS, CA 95616	TO PROVIDE FUNDING FOR SCHOLARSHIP SUPPORT FOR THE TEACHING AND TRAINING OF STUDENTS IN THE SCHOOL OF LAW	100,000

SAN FRANCISCO, CA 94158		
UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVENUE DAVIS, CA 95616	TO PROVIDE FUNDING FOR SCHOLARSHIP SUPPORT FOR THE TEACHING AND TRAINING OF STUDENTS IN THE SCHOOL OF LAW	100,0
Total	 ▶ 3a	9,576,337

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF CALIFORNIA SAN TO PROVIDE FUNDING FOR 28,000 FRANCISCO BENIOFF CHILDREN'S **HEALTHCARE** HOSPITAL **505 PARNASSUS AVENUE** SAN FRANCISCO, CA 94143

*		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF BOX 0248 SAN FRANCISCO, CA 94143	PRIMARILY TO PROVIDE FUNDING FOR THE PANCREAS CANCER PROGRAM OF THE UCSF HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER AND TO PROVIDE FUNDING FOR CARDIOLOGY MEDICAL RESEARCH	1,400,000
UNITY/EDGITTY OF CAN DIEGO	TO DECLARE FUNDING FOR THE	363.000

		COMPREHENSIVE CANCER CENTER AND TO PROVIDE FUNDING FOR CARDIOLOGY MEDICAL RESEARCH	
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK		TO PROVIDE FUNDING FOR THE LEADING CHANGE PROGRAM	362,00

5998 ALCALA PARK SAN DIEGO, CA 92110		LEADING CHANGE PROGRAM	
Total	 	▶ 3a	9,576,337

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

recipient

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

a Paid during the year			
UNIVERSITY OF SAN FRANCISCO		PRIMARILY TO PROVIDE	1,133,137

SAN FRANCISCO, CA 94117

or substantial contributor

Name and address (home or business)

Total .

FUNDING FOR THE
CONSTRUCTION OF THE JOHN
LO SCHIAVO, S J , CENTER FOR
SCIENCE AND INNOVATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491311009309								
TY 2018 Accounting Fees Schedule								
	Name: KALMAN	OVITZ CHARITABLE	FOUNDATION					
			TOUNDATION					
	EIN: 94-6760	31/						
Category	Amount	Net Investment	Adjusted Net	Disbursements				
		Income	Income	for Charitable				
	Purposes							
ACCOUNTING FEES	72,057	64,851		7,206				
ACCOUNTING FEES	1,924	1,924		0				

2,675

ACCOUNTING FEES

Name: KALMANOVITZ CHARITABLE FOUNDATION

CA 94941FEIN 95-0965450

DLN: 93491311009309

EIN: 94-6760317

ENTITY

General Explanation Attachment					
Identifier	Return Reference	Explanation			
1	CONTROLLED	990-PF, PART VII-A.	S & P COMPANY, INC 100 SHORELINE HWY, BUILDING B, SUITE 395MILL VALLEY,		

LINE 11

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491311009309
TY 2018 Investments Corpora	te Stock Sche	dule	
11 2010 investments corpora	te stock serie		
Name:	KALMANOVITZ CH	HARITABLE FOUNDATION	
EIN:	94-6760317		

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
S&P COMPANY, INC.		0	182,950,254		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491311009309			
TY 2018 Other Decreases Schedule						
Name:	KALMANOVITZ	CHARITABLE FOUNDATION				
EIN:	94-6760317					
De	escription		Amount			
FEDERAL TAX PROVISION			145,000			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491311009309			
TY 2018 Other Expenses Schedule							
Name:	KAI MANOVITZ	CHARITABLE FOL	INDATION				
	94-6760317	CHANTABLETOC	MDATION				
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

5,447

196

208

15,943

15,635

3,902

7,574

14,801

272

2,806

5,447

196

208

15,943

15,635

3,902

7,574

14,801

272

0

0

0

0

0

0

0

0

0

INSURANCE

UTILITIES

INSURANCE

MISCELLANEOUS

OFFICE EXPENSE

COMMISSIONS

MISCELLANEOUS

OFFICE EXPENSE

OTHER TAXES AND LICENSES

REPAIRS & MAINTENANCE

Description
Revenue and Expenses per Books

Net Investment Income
Income
Disbursements for Charitable Purposes

OTHER TAXES AND LICENSES

Revenue and Expenses per Books

Net Investment Income
1 289
289
289

21.742

22,169

21,742

Other Expenses Schedule

REPAIRS & MAINTENANCE

UTILITIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491311009309
TY 2018 Taxes Schedule				
Name: KALMANOVITZ CHARITABLE FOUNDATION EIN: 94-6760317				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	32,363	32,363		0

39,661

PROPERTY TAXES