OMB No 1545-0687

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

31

32

enter the smaller of zero or line 32 For Paperwork Reduction Act Notice, see instructions.

7X2740 2 000 44696U 1639

-2,351,028. Form 990-T (2017)

-2,351,028.

1,000.

PAGE 1

V 17-7.10

Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 3

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Pa	rt III	Tax Computation			_
 35	Organ	izations Taxable as Corporations. See instructions for tax computation Controlled group			_
•	membe	rs (sections 1561 and 1563) check here See instructions and			
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	•		
	(1) \$	(2) \$ (3) \$	-		
b	Enter o	rganization's share of (1) Additional 5% tax (not more than \$11,750)\$			
	(2) Add	ıtıonal 3% tax (not more than \$100,000)			
С			5c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the am	ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy t	ax. See instructions	37		
38	Alterna	tive minimum tax	38		
39	Tax on	Non-Compliant Facility Income. See instructions	39		
40	Total. A	odd lines 37, 38 and 39 to line 35c or 36, whichever applies	40		
Pa	rt IV	Tax and Payments /			
41 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a	1		
b	Other o	eredits (see instructions),	}		
С	Genera	I business credit Attach Form 3800 (see instructions)			
d	Credit f	for prior year minimum tax (attach Form 8801 or 8827)			
е	Total c	redits. Add lines 41a through 41d	1e		
42			42		
43	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43		
44			44		0.
45 a	Payme	nts A 2016 overpayment credited to 2017			
b	2017 e	stimated tax payments			
C		posited with Form 8868			
d		organizations Tax paid or withheld at source (see instructions)			
е	Backup	withholding (see instructions)	.		
f	Credit f	for small employer health insurance premiums (Attach Form 8941)			1
g	Other o	redits and payments Form 2439			
		orm 4136 Other Total ▶ 45g			
46	-	-,	46		
47			47		,
48			48		
49		,	49		
50			50		
	rt V	Statements Regarding Certain Activities and Other Information (see instructions)		. 1	. I Nia
51	-	time during the 2017 calendar year, did the organization have an interest in or a signature or o			S No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may			
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fo	reign coun	try	- -
	here >			_	X
52	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?	••	X
		see instructions for other forms the organization may have to file			
<u>53</u>		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$ Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowle	edge and h	oliof it is
C:-	l tr	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	or my known	oge and b	ener, it is
Sig			the IRS dis		
Her	- 1 -	100/21/201	the prepare		
		Print/Type preparer's name Preparer's signature // Date	РТ		No
Paid	1	Check	—'ıf <u>`</u> _,	 012810	67
	oarer	V	N ▶13 - 55		
Use	Only			72-40	
	-	Firm's address ▶ 550 S. HOPE ST., SUITE 1500, LOS ANGELES, CA 90071 Phone no	 	m 990-T	
			FOR	11 330°I	(2017)

CALIFORNIA COMMUNITY FOUNDATION

Form 990-T (2017)									F	Page 3
Schedule A - Cost of Go	ods Sold. En	ter method	d of inventor	y valuation	>					
1 Inventory at beginning of y	ear . 1			6 Inventory	at end of yea	ar	6			
2 Purchases	2		-	7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from I	ine 5 En	ter here and in				
4a Additional section 263A co	sts			Part I, line	2		7			
(attach schedule)	4a					section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu	le) . <mark>4b</mark>					or acquired for				
5 Total Add lines 1 through				to the orga	anization? .	<u> </u>		<u> </u>		X
Schedule C - Rent Income	(From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)						Ī				
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the for personal property is more th more than 50%)		percent	age of rent for	nd personal property (if the for personal property exceeds is based on profit or income) 3(a) Deductions directly connection in columns 2(a) and 2(b) (atti					me	
(1)		-								
(2)										
(3)			-		· · · · · · ·		_			
(4)										
Total		Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6						Part I, line 6, colum				
Schedule E - Unrelated Do	ebt-Financed I	ncome (se	e instructio	ns)						
1 Description of deb	t-financed property		,	come from or debt-financed	3 0	Deductions directly con debt-finance			le to	
7 Description of des	ir-iiiiaiicca property		•	perty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)										
4 Amount of average 5 Average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 d	olumn Ivided Ividen 5		income reportable n 2 x column 6)	-	Allocable ded mn 6 x total of 3(a) and 3(of colum		
(1)				%						
(2)				%						
(3)				%						
(4)				%				<u> </u>		
						e and on page 1, le 7, column (A)		r here and o		
Totals				▶∣						

Form **990-T** (2017)

Schedule F - Interest, Annu	uities, Royalties						i ons (see	instruction	ons)-	
, '		Ex	empt Co	ntrolled Org	ganızatı	ons		(-
Name of controlled organization	2 Employer identification number			ated income nstructions)	ſ	of specified ints made	included			6 Deductions directly connected with income in column 5
(1)										
(2)							1			
(3)							1			
(4)										
Nonexempt Controlled Organiz	zations					10.5		0.11	1 4	4.8.4.44
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made	-	includ	rt of column ed in the co zation's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										1
(2)										
(3)										
(4)										
Totals		 tion 50°	 1(c)(7),	 (9), or (17	►) Orga	Enter Part	columns 5 a here and on , line 8, colu	page 1, mn (A)	En ⁻	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly cor (attach sch	tions inected iedule)		4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										·
(3)										
(4)										,
Totals ▶	Enter here and o Part I, line 9, co	olumn (A)								Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exe	empt Activity Inc	come, O	ther Th	an Adverti	sing Ir	come (see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly led with stion of lated	4 Net incon from unrelat or business 2 minus col If a gain, c cols 5 thro	ed tradé (column umn 3) ompute	from ac	ss income stivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	 									1
(3)	 									
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,		٠			Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J - Advertising Ir	ICOME (see instri	ictions)		<u> </u>	<u> </u>					†
Part I Income From Per			Consoli	idated Rac	ie					
income From Fer	louicais Report	eu on a	COHSON	uateu Das	913			Γ		
1 Name of periodical	2 Gross advertising income	3 Di advertisi		4 Adverting gain or (los 2 minus con a gain, con cols 5 three	s) (col ol 3) if mpute	5 Circulation 6 Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	†						-			
(2)	 			1				<u> </u>		7
(3)	1			1						,
(4)				1						-
<u> </u>	1	•								
Totals (carry to Part II, line (5))										Form 990-T (2017

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	_				_	1
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 4		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			543.

Form 990-T (2017)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

AMERIGAS PARTNERS LP EIN: 23-2787918	-2,070.
ANDEAVOR LOGISTICS LP EIN: 27-4151603	-117,639.
ANTERO MIDSTREAM PARTNERS LP EIN: 46-4109058	-18,935.
ARCADIA ENTERPRISES LLC EIN: 95-6142420	15,716.
ARCHROCK PARTNERS LP EIN: 22-3935108	-58,257.
BOARDWALK PIPELINE PARTNERS LP EIN: 20-3265614	-18,785.
BP MIDSTREAM PARTNERS LP EIN: 82-1646447	-1,353.
BUCKEYE PARTNERS LP EIN: 23-2432497	-66,591.
CHENIERE ENERGY PARTNERS LP EIN: 20-5913059	-20,863.
CROSSAMERICA PARTNERS LP EIN: 45-4165414	-14,539.
DCP MIDSTREAM LP EIN: 03-0567133	-51,184.
DOMINION MIDSTREAM PARTNERS LP EIN: 46-5135781	-47.
ENABLE MIDSTREAM PARTNERS LP EIN: 72-1252419	-397.
ENBRIDGE ENERGY PARTNERS LP EIN: 39-1715850	-94,340.
ENERGY TRANSFER EQUITY LP EIN: 30-0108820	-162,785.
ENERGY TRANSFER EQUITE LP EIN: 30-0108820 ENERGY TRANSFER PARTNERS LP EIN: 73-1493906	
	-234,100.
ENLINK MIDSTREAM PARTNERS LP EIN: 16-1616605 ENTERPRISE PRODUCTS PARTNERS LP EIN: 76-0568219	-59,754.
1	-344,152.
EQT MIDSTREAM PARTNERS LP EIN: 37-1661577	-24,493.
GENESIS ENERGY LP EIN: 76-0513049	-20,612.
HCAP PARTNERS III LP EIN: 46-0899521	6,558.
HESS MIDSTREAM PARTNERS LP EIN: 36-4777695	-6,979.
HOLLY ENERGY PARTNERS LP EIN: 20-0833098	-10,545.
LANDMARK INFRASTRUCTURE PARTNERS EIN: 61-1742322	10.
MAGELLAN MIDSTREAM PARTNERS LP EIN: 73-1599053	-27,711.
MPLX LP EIN: 27-0005456	-234,115.
NGL ENERGY PARTNERS LP EIN: 27-3427920	-78,352.
NOBLE MIDSTREAM PARTNERS LP EIN: 47-3011449	4,068.
NUSTAR ENERGY LP EIN: 74-2956831	-79,318.
NUSTAR GP HOLDINGS LLC EIN: 85-0470977	-9,842.
OAKTREE CAPITAL GROUP LLC EIN: 26-0174894	288.
OASIS MIDSTREAM PARTNERS LP EIN: 47-1208855	292.
ONEOK PARTNERS LP EIN: 93-1120873	-24,456.
PBF LOGISTICS LP EIN: 35-2470286	547.
PENNTEX MIDSTREAM PARTNERS LP EIN: 47-1669563	-1,135.
PHILLIPS 66 PARTNERS LP EIN: 38-3899432	-474.
PLAINS ALL AMERICAN PIPELINE LP EIN: 76-0582150	-194,238.
RICE MIDSTREAM PARTNERS LP EIN: 47-1557755	10,067.
SANTA MONICA HOLDINGS LTD EIN: 95-4755711	91,642.
SHELL MIDSTREAM PARTNERS LP EIN: 46-5223743	-16,184.
CHELL MIDCEDEAM DADWNEDG ID EIN. 46 5222742	_0,_0
SPECTRA ENERGY PARTNERS LP EIN: 40-5223743	-32,348.
SPRAGUE RESOURCES LP EIN: 45-2637964	821.
SUMMIT MIDSTREAM PARTNERS LP EIN: 45-5200503	-20,040.
SUNOCO LOGISTICS PARTNERS LP EIN: 43-3200303	-14,912.
SUNOCO LOGISTICS PARTNERS LP EIN: 23-3096639	-5,470.
SONOCO DE EIN: 30-0/40403	-5,470.

	ATTACHMENT :	1 (CONT'D)
	<u> </u>	
TALLGRASS ENERGY PARTNERS LP EIN: 46-1972941		-16,839.
TC PIPELINES LP EIN: 52-2135448	J	-153.
USA COMPRESSION PARTNERS LP EIN: 75-2771546		-10,507.
VALERO ENERGY PARTNERS LP EIN: 90-1006559		-3,456.
WESTERN GAS EQUITY PARTNERS LP EIN: 46-0967367	\	
WESTERN GAS PARTNERS LP EIN: 26-1075808		-10,528.
WESTERN REFINING LOGISTICS LP EIN: 46-3205923		-11,014.
WESTLAKE CHEMICAL PARTNERS LP EIN: 32-0436529		-9,890.
WILLIAMS PARTNERS LP EIN: 20-2485124		-146,078.
INCOME (LOSS) FROM PARTNERSHIPS		-2,145,471.

ATT	MH	ENT.	2	

PART I - LINE 12 - OTHER INCOME

§512(A)(7) QUAL TRANS FRINGE BENEF 1/1/18-6/30/18

PART I - LINE 12 - OTHER INCOME

91,036.

91,036.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

INVESTMENT MANAGEMENT FEES OVERHEAD TAX PREP FEES 217,789. 8,688.

53,343.

PART II - LINE 28 - OTHER DEDUCTIONS

279,820.

PAGE 9

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

BUSINESS

PERCENT NAME AND ADDRESS TITLE

COMPENSATION

STEVEN J. COBB CFO .188481

221 S. FIGUEROA ST, STE 400

LOS ANGELES; CA 90012

TOTAL COMPENSATION

543.

543.

CALIFORNIA COMMUNITY FOUNDATION ATTACHMENT TO FORM 990-T FISCAL YEAR-END 6/30/2018 95-3510055

ATTACHMENT 5

FORM 990T - LINE 19 TAXES AND LICENSES (STATE TAXES PAID)

NAME	AMOUNT
CALIFORNIA	5,602 250
NEW YORK	. 250
TOTAL	5,852

PAGE 11

95-3510055

ATTACHMENT 6

FORM 990-T, PART II, LINE 31 NET OPERATING LOSS CARRYFORWARD

YEAR	NET UBTI	TOTAL	PREVIOUSLY	UTILIZED IN	NOL	NOL
ENDING	INCOME	NOL GENERATED		CURRENT YEAR	CARRIED BACK	CARRYOVER
6/30/2015		1,012,850				1,012,850
6/30/2016		1,639,078				2,651,928
6/30/2017		2,298,618				4,950,546
6/30/2018	1	2,351,028				7,301,574
		,				

FORM 990-T, PART II, LINE 20 CHARITABLE CONTRIBUTIONS

YEAR ENDING	TOTAL CONTRIBUTIONS	CONTRIBUTIONS PREVIOUSLY UTILIZED	CONTRIBUTIONS UTILIZED IN CURRENT YEAR	CONTRIBUTIONS CARRYOVER
6/30/2014	153,909,007	-	-	153,909,007
6/30/2015	144,016,656	-	-	144,016,656
6/30/2016	160,659,832	-	-	160,659,832
6/30/2017	168,592,085	-	-	168,592,085
6/30/2018	222,575,849	-	-	222,575,849
TOTAL CONTRIBUTION CA	ARRYOVER TO 6/30/2019		,	849,753,429

SCHEDULE D (Form 1120)

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-HC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information

2017

OMB No 1545-0123

Name	•				Employ	er identification number
CAL	IFORNIA COMMUNITY FOUNDATION				9	95-3510055
Part	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fon 8949, Part I, line column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			Column (g)		the result with country (g)
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked				·	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824	<u> </u>	<u> </u>	5	
6	Unused capital loss carryover (attach computation)				6	('
7	Net short-term capital gain or (loss) Combine lines 1				7	
Part	Long-Term Capital Gains and Losses	s - Assets Held Mo	ore Than One Yea	ır		
	See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lin column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				i i	^
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	100.				100.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	'		12	
13	Long-term capital gain or (loss) from like-kind exchan	13				
14	Capital gain distributions (see instructions)				14	
15 Part		a through 14 in column	h		15	100.
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	I loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capit				17	100.
18	Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also complete.	ete Part IV	oroper line on other ret		18	100.
	Note: If losses exceed gains, see Capital losses in the	e instructions				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2017

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpaver identification number

Attachment

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b. 2. 3. 8b. 9. and 10 of Schedule D.

Sequence No 12A

CALIFORNIA COMMUNITY FOUNDATION 95-3510055 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount in column (q) (e) Cost or other basis ſħ١ enter a code in column (f). Gain or (loss). (d) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the Note below Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e) rom column (d) and (Example 100 sh XYZ Co) (Mo., day, yr) (Mo., day, yr.) (see instructions) in the separate (a) combine the result Code(s) from instructions Amount of with column (g) instructions adjustment 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (a) to correct the basis. See Column (a) in the separate instructions for how to figure the amount of the adjustment.

PAGE 17

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

CALIFORNIA COMMUNITY FOUNDATION

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired (Mo , day, ут)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AVAILABLE UPON REQUEST	VAR	VAR	100		м		100
,							
				1			
		•					
				_	-		
						•	
2 Totals Add the amounts in columns	(d), (e), (g), and	(h) (subtract					
negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and includ is checked), line	le on your 9 (if Box E	100	_			100

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

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Form 4626

Alternative Minimum Tax - Corporations

OMB No 1545-0123

2017

Department of the Treasury Internal Revenue Service ► Attach to the corporation's tax return.

► Go to www irs.gov/Form4626 for instructions and the latest information.

Employer identification number CALIFORNIA COMMUNITY FOUNDATION 95-3510055 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) -2,3<u>51,</u>028. Adjustments and preferences: 2a 92,983. 2b 2c 2d -7,5012e 2f 2h h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) Tax shelter farm activities (personal service corporations only)................ Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations 21 2m Tax-exempt interest income from specified private activity bonds 13. 2n 0. 20 -2,265,533. Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 3 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions..... Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 2,265,533. 1,699,150. c Multiply line 4b by 75% (0.75) Enter the result as a positive amount . . . d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an ACE adjustment . If line 4b is zero or more, enter the amount from line 4c 4e 1,699,150. • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 5 Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT..... 5 -566,383. 6 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 7 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0- Exemption Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, 40,000. 8с 9 10 10 11 11 12 12 13 Alternative minimum tax, Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)