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Form **990-T**

EXTENDED TO NOVEMBER 16, 2020  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No 1545-0047

**2019**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 ▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information  
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

**A** ☐ Check box if address changed

**B** Exempt under section  
☒ 501(c)(3) ☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)

**C** Book value of all assets at end of year  
**1,019,755,165.**

**D** Employer identification number (Employees trust see instructions)  
**95-4292101**

**E** Unrelated business activity code (See instructions)  
**900099**

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Enter the number of the organization's unrelated trades or businesses ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 24** If only one complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

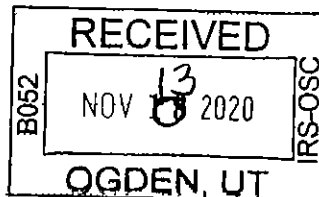
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ **ROCHELLE WITHARANA** Telephone number ▶ **818-702-1900**

| Part I Unrelated Trade or Business Income |   | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|---------|
| 1a  | Gross receipts or sales   |            |              |         |
| b   | Less returns and allowances   |            |              |         |
| c   | Balance   |            |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)   |            |              |         |
| 3   | Gross profit Subtract line 2 from line 1c   |            |              |         |
| 4a  | Capital gain net income (attach Schedule D)   | 24.        |              | 24.     |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |            |              |         |
| c   | Capital loss deduction for trusts   |            |              |         |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               | 6,406.     | STMT 25      | 6,406.  |
| 6   | Rent income (Schedule C)  |            |              |         |
| 7   | Unrelated debt-financed income (Schedule E)   |            |              |         |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |            |              |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |            |              |         |
| 10  | Exploited exempt activity income (Schedule I)   |            |              |         |
| 11  | Advertising income (Schedule J)   |            |              |         |
| 12  | Other income (See instructions, attach schedule)                                      |            |              |         |
| 13  | Total Combine lines 3 through 12  | 6,430.     |              | 6,430.  |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
 (Deductions must be directly connected with the unrelated business income)

|    |  |     |        |
|----|--|-----|--------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)   | 14  |        |
| 15 | Salaries and wages   | 15  |        |
| 16 | Repairs and maintenance  | 16  |        |
| 17 | Bad debts  | 17  |        |
| 18 | Interest (attach schedule) (see instructions)  | 18  |        |
| 19 | Taxes and licenses   | 19  |        |
| 20 | Depreciation (attach Form 4562)  | 20  |        |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return  | 21a |        |
| 22 | Depletion  | 22  |        |
| 23 | Contributions to deferred compensation plans   | 23  |        |
| 24 | Employee benefit programs  | 24  |        |
| 25 | Excess exempt expenses (Schedule I)  | 25  |        |
| 26 | Excess readership costs (Schedule J)   | 26  |        |
| 27 | Other deductions (attach schedule)   | 27  |        |
| 28 | Total deductions Add lines 14 through 27   | 28  | 0.     |
| 29 | Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13            | 29  | 6,430. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 30  | 6,430. |
| 31 | Unrelated business taxable income Subtract line 30 from line 29  | 31  | 0.     |



SEE STATEMENT 26

923701 01 27 20 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2019)

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**Part III Total Unrelated Business Taxable Income**

part I

|    |   |    |        |
|----|---|----|--------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                            | 32 | 0.     |
| 33 | Amounts paid for disallowed fringes   | 33 |        |
| 34 | Charitable contributions (see instructions for limitation rules) <b>STMT 28 STMT 29</b>   | 34 | 0.     |
| 35 | Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33      | 35 |        |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)                                 | 36 |        |
| 37 | Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35  | 37 |        |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   | 38 | 1,000. |
| 39 | Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0.     |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 40 | Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)   | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 |    |
| 42 | Proxy tax See instructions   | 42 |    |
| 43 | Alternative minimum tax (trusts only)  | 43 |    |
| 44 | Tax on Noncompliant Facility Income See instructions   | 44 |    |
| 45 | Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | 45 | 0. |

**Part V Tax and Payments**

part III

|     |  |     |         |
|-----|--|-----|---------|
| 46a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  | 46a |         |
| b   | Other credits (see instructions)   | 46b |         |
| c   | General business credit Attach Form 3800   | 46c |         |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 46d |         |
| e   | Total credits Add lines 46a through 46d  | 46e |         |
| 47  | Subtract line 46e from line 45   | 47  | 0.      |
| 48  | Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48  |         |
| 49  | Total tax Add lines 47 and 48 (see instructions)   | 49  | 0.      |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3  | 50  | 0.      |
| 51a | Payments A 2018 overpayment credited to 2019   | 51a | 2,765.  |
| b   | 2019 estimated tax payments  | 51b | 12,200. |
| c   | Tax deposited with Form 8868   | 51c |         |
| d   | Foreign organizations Tax paid or withheld at source (see instructions)  | 51d |         |
| e   | Backup withholding (see instructions)  | 51e |         |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 51f |         |
| g   | Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other  | 51g |         |
| 52  | Total payments Add lines 51a through 51g   | 52  | 14,965. |
| 53  | Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>   | 53  |         |
| 54  | Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | 54  |         |
| 55  | Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55  | 14,965. |
| 56  | Enter the amount of line 55 you want Credited to 2020 estimated tax <b>14,965.</b> Refunded  | 56  | 0.      |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |  |     |    |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>SEE STATEMENT 27</b> | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file   |     | X  |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>  |     |    |

Sign Here

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

Signature of officer *Lizbeth G. Nevarez*Date **11/5/20**

PRESIDENT &amp; CEO

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature *Lizbeth G. Nevarez*

Date

Check ☐ if self-employed PTIN

P01399868

Firm's name **GREEN HASSON & JANKS LLP**Firm's EIN **95-1777440**Firm's address **10990 WILSHIRE BLVD., 16TH FLOOR  
LOS ANGELES, CA 90024-3929**Phone no **(310) 873-1600**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7   |    |
| 3  | Cost of labor                                   | 3  |  |   |  |     |    |
| 4a | Additional section 263A costs (attach schedule) | 4a |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

| 2 Rent received or accrued  |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

0.

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|---|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |   |   |
| (2)   |   |   |   |   |
| (3)   |   |   |   |   |
| (4)   |   |   |   |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                            | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |   |   |
| (2)   |   | %   |   |   |
| (3)   |   | %   |   |   |
| (4)   |   | %   |   |   |
| Totals  |   |   | Enter here and on page 1, Part I, line 7, column (A)                        | Enter here and on page 1, Part I, line 7, column (B)                |
|   |   |   | 0.  | 0.  |
| Total dividends-received deductions included in column 8  |   |   |   | 0.  |

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                               |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

**Nonexempt Controlled Organizations**

| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10                    |
|------------------|--|------------------------------------|---|--|
| (1)              |  |                                    |   |  |
| (2)              |  |                                    |   |  |
| (3)              |  |                                    |   |  |
| (4)              |  |                                    |   |  |
|                  |  |                                    | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A)        | Add columns 6 and 11<br>Enter here and on page 1, Part I, line 8, column (B) |
| <b>Totals</b>    |  |                                    | 0.  | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule)    | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|-------------------------|--------------------|--|--------------------------------|--|
| (1)                     |                    |  |                                |  |
| (2)                     |                    |  |                                |  |
| (3)                     |                    |  |                                |  |
| (4)                     |                    |  |                                |  |
|                         |                    | Enter here and on page 1, Part I, line 9, column (A) |                                | Enter here and on page 1, Part I, line 9, column (B) |
| <b>Totals</b>           |                    | 0.   |                                | 0.   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|--|--|--|--|-------------------------------------|--|
| (1)                                 |  |  |  |  |                                     |  |
| (2)                                 |  |  |  |  |                                     |  |
| (3)                                 |  |  |  |  |                                     |  |
| (4)                                 |  |  |  |  |                                     |  |
|                                     |  | Enter here and on page 1, Part I, line 10, col (A)                         | Enter here and on page 1, Part I, line 10, col (B)   |  |                                     | Enter here and on page 1, Part II, line 25                                     |
| <b>Totals</b>                       |  | 0.   | 0.   |  |                                     | 0.   |

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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)  |                            |                            |  |                      |                    |   |
| (2)  |                            |                            |  |                      |                    |   |
| (3)  |                            |                            |  |                      |                    |   |
| (4)  |                            |                            |  |                      |                    |   |
| <b>Totals (carry to Part II, line (5))</b> |                            | 0.                         | 0.   |                      |                    | 0.  |

**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)                                |  |   |   |                      |                    |   |
| (2)                                |  |   |   |                      |                    |   |
| (3)                                |  |   |   |                      |                    |   |
| (4)                                |  |   |   |                      |                    |   |
| <b>Totals from Part I</b>          | 0.   | 0.  |   |                      |                    | 0.  |
| <b>Totals, Part II (lines 1-5)</b> | Enter here and on page 1, Part I, line 11, col (A)<br>0. | Enter here and on page 1, Part I, line 11 col (B)<br>0. |   |                      |                    | Enter here and on page 1, Part II, line 26<br>0.                                |

**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)   |         | %                                     |   |
| (3)   |         | %                                     |   |
| (4)   |         | %                                     |   |
| <b>Total</b> Enter here and on page 1, Part II, line 14 |         |                                       | 0.  |

Form 990-T (2019)

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|            |   |              |
|------------|---|--------------|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT 24 |
|------------|---|--------------|

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INCOME FROM PASS-THROUGH ENTITIES.

TO FORM 990-T, PAGE 1

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|            |                                 |              |
|------------|---------------------------------|--------------|
| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 25 |
|------------|---------------------------------|--------------|

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| DESCRIPTION  | NET INCOME<br>OR (LOSS) |
|--|-------------------------|
| ARROWSTREET CAPITAL GLOBAL ALL COUNTRY ALPHA EXTENSION<br>FUND (CAY - ORDINARY | 1,474.                  |
| ARTEMIS REAL ESTATE PARTNERS FUND III LP - ORDINARY<br>BUSINESS INCOME (LOSS)  | 12,001.                 |
| RIVERWOOD CAPITAL PARTNERS III L.P. - ORDINARY BUSINESS<br>INCOME (LOSS)       | -7,069.                 |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5                                   | 6,406.                  |

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|            |                              |              |
|------------|------------------------------|--------------|
| FORM 990-T | NET OPERATING LOSS DEDUCTION | STATEMENT 26 |
|------------|------------------------------|--------------|

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| TAX YEAR                          | LOSS SUSTAINED | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 12/31/18                          | 11,544.        | 0.                            | 11,544.           | 11,544.                |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                               | 11,544.           | 11,544.                |

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|            |   |              |
|------------|---|--------------|
| FORM 990-T | NAME OF FOREIGN COUNTRY IN WHICH<br>ORGANIZATION HAS FINANCIAL INTEREST | STATEMENT 27 |
|------------|---|--------------|

NAME OF COUNTRY

AUSTRALIA  
BRAZIL  
CANADA  
CHINA  
DENMARK  
FINLAND  
FRANCE  
GERMANY  
HONG KONG  
JAPAN  
NETHERLANDS  
PORTUGAL  
KOREA (SOUTH)  
SINGAPORE  
SOUTH AFRICA  
SPAIN  
SWEDEN  
SWITZERLAND  
TAIWAN  
UNITED KINGDOM

|                                      |                              |              |
|--------------------------------------|------------------------------|--------------|
| FORM 990-T                           | CONTRIBUTIONS                | STATEMENT 28 |
| DESCRIPTION/KIND OF PROPERTY         | METHOD USED TO DETERMINE FMV | AMOUNT       |
| VARIOUS PUBLIC CHARITIES             | N/A                          | 35,653,394.  |
| TOTAL TO FORM 990-T, PAGE 2, LINE 34 |                              | 35,653,394.  |

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 29

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
FOR TAX YEAR 2014  
FOR TAX YEAR 2015  
FOR TAX YEAR 2016  
FOR TAX YEAR 2017  
FOR TAX YEAR 2018

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

35,653,394

TOTAL CONTRIBUTIONS AVAILABLE

35,653,394

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

35,653,394

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

35,653,394

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0



**SCHEDULE D**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No 1545-0123

**2019**

Name

Employer identification number

**THE CALIFORNIA WELLNESS FOUNDATION**

**95-4292101**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

**Part I Short-Term Capital Gains and Losses** (See instructions)

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain<br>or loss from Form(s) 8949<br>Part I, line 2, column (g) | (h) Gain or (loss) Subtract<br>column (e) from column (d) and<br>combine the result with column (g) |
|--|----------------------------------|---------------------------------|--|---|
| <b>1a</b> 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 |                                  |                                 |  |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |  |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |  |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |  | <b>24.</b>  |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 | <b>4</b>   |   |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 | <b>5</b>   |   |
| <b>6</b> Unused capital loss carryover (attach computation)  |                                  |                                 | <b>6</b>   | ( )   |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 | <b>7</b>   | <b>24.</b>  |

**Part II Long-Term Capital Gains and Losses** (See instructions)

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain<br>or loss from Form(s) 8949,<br>Part II, line 2, column (g) | (h) Gain or (loss) Subtract<br>column (e) from column (d) and<br>combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  |   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9  |                                  |                                 | <b>11</b>  |   |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 | <b>12</b>  |   |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 | <b>13</b>  |   |
| <b>14</b> Capital gain distributions  |                                  |                                 | <b>14</b>  |   |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 | <b>15</b>  |   |

**Part III Summary of Parts I and II**

|  |           |            |
|--|-----------|------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   | <b>16</b> | <b>24.</b> |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | <b>17</b> |            |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns            | <b>18</b> | <b>24.</b> |

Note If losses exceed gains, see *Capital Losses* in the instructions.

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

Schedule D (Form 1120) 2019

## Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

# 2019

Attachment Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

95-4292101

THE CALIFORNIA WELLNESS FOUNDATION

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 generally short-term (see instructions). 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

[illegible]

**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 (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Attachment to be made part of**  
**Form 990-T, Exempt Organization Business Income Tax Return**  
**The California Wellness Foundation**  
**95-4292101**  
**For the Year Ending 12/31/2019**

Transferee Name: HarbourVest 2015  
Global Fund L P  
Transferee ID No: 98-1210699  
Transferee Address: c/o HarbourVest Partners, LLC  
One Financial Center,  
Boston, Massachusetts 02111

**Statement pursuant to §1.351-3(a) by The California Wellness Foundation (95-4292101), a significant transferor.**

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above transferee corporation (transferee) from the below corporation (significant transferor)

Date of Transfer: VARIOUS

**Property received from significant transferors:**

| Significant<br>Transferor Name           | Significant Transferor ID<br>No | Cost or Adjusted<br>Basis | FMV     |
|--|---------------------------------|---------------------------|---------|
| The California<br>Wellness<br>Foundation | 95-4292101                      | 525,000                   | 525,000 |

The items listed above appear in detail in the taxpayer's permanent book of accounts  
No private letter rulings have been issued by the IRS in connection with the §351 exchange

**Attachment to be made part of  
Form 990-T, Exempt Organization Business Income Tax Return  
The California Wellness Foundation  
95-4292101  
For the Year Ending 12/31/2019**

Transferee Name. HarbourVest 2016  
Global Fund L P  
Transferee ID No. 98-1278993  
Transferee Address c/o HarbourVest Partners, LLC  
One Financial Center,  
Boston, Massachusetts 02111

**Statement pursuant to §1.351-3(a) by The California Wellness Foundation (95-4292101), a significant transferor.**

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above transferee corporation (transferee) from the below corporation (significant transferor)

Date of Transfer VARIOUS

**Property received from significant transferors:**

| Significant<br>Transferor Name           | Significant Transferor ID<br>No. | Cost or Adjusted<br>Basis | FMV       |
|--|----------------------------------|---------------------------|-----------|
| The California<br>Wellness<br>Foundation | 95-4292101                       | 2,975,000                 | 2,975,000 |

The items listed above appear in detail in the taxpayer's permanent book of accounts.  
No private letter rulings have been issued by the IRS in connection with the §351 exchange

**Attachment to be made part of**  
**Form 990-T, Exempt Organization Business Income Tax Return**  
**The California Wellness Foundation**  
**95-4292101**  
**For the Year Ending 12/31/2019**

Transferee Name            HarbourVest 2017  
                                  Global Fund L P  
Transferee ID No            98-1341541  
Transferee Address        c/o HarbourVest Partners, LLC  
                                  One Financial Center,  
                                  Boston, Massachusetts 02111

**Statement pursuant to §1.351-3(a) by The California Wellness Foundation (95-4292101), a significant transferor.**

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above transferee corporation (transferee) from the below corporation (significant transferor)

Date of Transfer            VARIOUS

**Property received from significant transferors:**

| Significant<br>Transferor Name           | Significant Transferor ID<br>No | Cost or Adjusted<br>Basis | FMV       |
|--|---------------------------------|---------------------------|-----------|
| The California<br>Wellness<br>Foundation | 95-4292101                      | 1,950,000                 | 1,950,000 |

The items listed above appear in detail in the taxpayer's permanent book of accounts  
No private letter rulings have been issued by the IRS in connection with the §351 exchange

**Attachment to be made part of  
Form 990-T, Exempt Organization Business Income Tax Return  
The California Wellness Foundation  
95-4292101  
For the Year Ending 12/31/2019**

Transferee Name            HarbourVest 2018 Global  
                                 Feeder Fund L P  
Transferee ID No           98-1404503  
Transferee Address:       C/O HarbourVest  
                                 Partners, LLC  
                                 One Financial Center,  
                                 Boston, Massachusetts  
                                 02111

**Statement pursuant to §1.351-3(a) by The California Wellness Foundation (95-4292101), a significant transferor, and statement pursuant to §1.351-3(b) by HarbourVest 2018 Global Feeder Fund L.P. (98-1404503), a transferee corporation.**

This statement is filed in accordance with Regulation 1.351-3(b) and Regulation 1.351-3(a) to disclose the details of the asset transfer to the above controlled corporation (transferee) and the below controlled corporation (significant transferor)

Date of Transfer            Various

**Property received from significant transferors:**

| Significant<br>Transferor Name           | Significant<br>Transferor ID No | Cost or<br>Adjusted Basis | FMV       |
|--|---------------------------------|---------------------------|-----------|
| The California<br>Wellness<br>Foundation | 95-4292101                      | 1,920,000                 | 1,920,000 |

The items listed above appear in detail in the taxpayer's permanent book of accounts  
No private letter rulings have been issued by the IRS in connection with the §351 exchange.