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			EXTENDED TO NOV	EMBE	R 16, 2020	29393	US	20:	7202	
Forn	₂ 990-T	l E	Exempt Organization Bus					l	1545 0047	
101]	(and proxy tax und							
		Forca	lendar year 2019 or other lax year beginning		and ending			21	019	
				_		<i>y</i> 10				
	arlment of the Treasury nal Revenue Service	 	► Go to 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) Open to Public 501(c)(3) Open to Public (c) Ope							
<u> </u>	Check box if		News of warsanders (Cheek hourt pages sensed and accountriations) DEmployer identification number							
, ,	address changed		Traine or organization (onlock box in hance o	angou	and soo monotone ,		(Em)	oloyees trus uctions)	, See	
R F	Exempt under section	Print	THE CALIFORNIA WELLNES	S FO	OUNDATION		9	5-42	92101	
	501(c(0)3 _)	or	Number, street, and room or suite no. If a P.O. box						ss activity code	
=	408(e) 220(e)	Туре	515 S. FLOWER STREET,	•			(See	instructions	ı	
·. 는	408A 530(a)	ŀ	City or town, state or province, country, and ZIP o				1			
707	529(a)		LOS ANGELES, CA 90071		poolar abou		900	099		
r B∈	ook value of all assets		F Group exemption number (See instructions)	<u> </u>	-	_				
1	end of year , 019, 755, 1	65.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a	trust		Other trust	
			tion's unrelated trades or businesses	1		the only (or first) ur	related			
Ž tri	ade or business here	_ S	EE STATEMENT 24			complete Parts I-V				
_ dε			ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trad	e or		
جين معر pr	usiness, then complete	Parts III	-V							
<u>₽</u> ID			oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ [Y	es X	No	
ا کے			lifying number of the parent corporation		,					
	he books are in care of	▶ I	ROCHELLE WITHARANA		Telepho	one number 🕨 8	18-	702-1	L900	
<u>څ</u> Ра	art I Unrelated	d Trac	le or Business Income		(A) Income	(B) Expense:	3	((C) Net	
	Gross receipts or sale	:S		}						
þ	Less returns and allow	vances	c Balance	10						
2	Cost of goods sold (S	chedule	A, line 7)	2						
3	Gross profit Subtract	line 2 fr	om line 1¢	3						
4 a	Capital gain net incon	ne (attac	h Schedule D)	4a	24.				24.	
b	Nel gam (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b			\angle			
C	Capital loss deduction	for trus	sts	4c	_					
5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5	6,406.	STMT 2	25	ļ	6,406.	
6	Rent income (Schedu	le C)		6		/				
7	Unrelated debt-financ	ed incon	ne (Schedule E)	7						
8			nd rents from a controlled organization (Schedule F)	8		=		ļ		
9			in 501(c)(7), (9), or (17) organization (Schedule G)							
10	Exploited exempt activ	-		10						
11	Advertising income (S		'	11						
12	Other income (See ins		•	12	(430			 	<u> </u>	
13 P a	Total Combine lines		gn 12 I t Taken Elsewhere (See instructions f ø	13	6,430.			ļ	6,430.	
			e directly connected with the unrelated busin							
14			ectors, and trustees (Schedule K)				14	Т		
15	Salaries and wages	iceis, uii	ectors, and trustees (stateurie K)				14			
16	Repairs and mainten	ance					16			
17	Bad debts	unoc					17	 	•	
18	Interest (attach sche	dule) (se	ee instructions)				18			
19	Taxes and licenses						19	1		
20	Depreciation (attach	Form 45	(62)		20					
21			Schedule A and elsewhere on return		21a		21b			
22	Depletion						22			
23	Contributions to defe	rred cof	npensation plans RECEIVE	D			23			
24	Employee benefit pro		10	-	اد		24			
25	Excess exempt exper	,	hedule I) S NOV 15 202i	n	3		25			
26	Excess readership co		nedule J) (요) 1909 년 2021	v ľ	JI		26			
27	Other deductions (att	ach sch	edule)		<u></u>		27			
28	Total deductions Ad	id lines	14 through 27OGDEN, U	T	1		28		0.	
29	Unrelated business to	axable in	come before net operating loss deduction. Subtract	line 28	from line 13		29		6,430.	
30	Deduction for net apo	erating k	oss arising in tax years beginning on or after Januar	y 1, 20	18				· · · · · · · · · · · · · · · · · · ·	
/	(see instructions)				SEE STAŢ		30		6, <u>430</u> .	
<u>) 16</u>	Unrelated business ta	axable in	come Subtract line 30 from line 29		- Fart	<u> </u>	31	l	0.	
/ 02270	na AHA Fa	r Dance	work Raduction Act Notice see instructions		1		1	Form C	990-T (2010)	

	10 T (2019) THE CALIFORNIA WELLINESS FOUNDATION	95-	4292101 Page 2
Par		ΤΤ	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 28 STMT 29	34	
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 nel 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.
Par	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		
	Tax rate schedule or 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.
	Tax and Payments		
	Foreign lax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	T^{T}	
	Other credits (see instructions) 46b	7	
	General business credit Attach Form 3800 46c	7 [
_	Credit for prior year minimum tax (attach Form 880) or 8827)	ქ [
	Total credits Add lines 46a through 46d	460	
	Subtract line 46e from line 45	46e 47	0.
47		-	
48		48	
49	Total tax Add lines 47 and 48 (see instructions)	49	$\frac{0}{0}$
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
	Payments A 2018 overpayment credited to 2019	4 1	
	2019 estimated tax payments 5 b 12,200.	-	
	Tax deposited with Form 8868	-	
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	-i i	
	Backup withholding (see instructions) 51e	-	
T	Credit for small employer health insurance premiums (attach Form 8941)	- 1	
Ø	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶	-l , l	14 065
	Total payments Add lines 51a through 51g	52	14,965.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	5	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	<u>14,965.</u>
	Enter the amount of line 55 you want Credited to 2020 estimated tax 14,965. Refunded	56	0.
Part	J. J. Land Communication (Section 1971)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes, the organization may have to file		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country]
	here SEE STATEMENT 27		X
58	During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to a foreign trust?		X
	If Yes, see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
Sign	Under parallities of perjury if decire that I have examined this return including accompanying achaeutes and statements, and to the best of my knowle correct, and complete. Desagration of preparer tables than texpayer) is based on all information of which preparer has any knowledge.	dge and beli	SUV 21 11 Tel
Here			discuss this return with
11010	FRESIDENI & CEO		shown below (see
		$\overline{}$	X Yes No
		if PTIN	
Paid	Dog list it or cuthy furbern where are Reason Tarrier to the acrus are; and only facilities to the acrus are acrus acrus are acrus		
Prep	parer LIZBETH G. NEVAREZ		1399868
Use	Only Firms name ► GREEN HASSON & JANKS LLP Firm's FIN ►	95	<u>-1777440</u>
	10990 WILSHIRE BLVD., 16TH FLOOR	:	
			873-1600
923711	01 27 20		Form 990-T (2010)

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	lluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract l	ine 6	7		
3 Cost of labor	3		from line 5. Enter here and in F			Part I,			
4a Additional section 263A costs		line 2				Į	7		
(attach schedule)	4a	8 Do the rules of section 263A (will				with respect to		Yes	No
b Other costs (attach schedule)	4b	property produced or acquire				l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real F	Property and	Pers	onal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)	-								
(2)							•		
(3)						<u> </u>			
(4)						<u>-</u> .			
	2 Rent receive	d or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	` of rent for p	personal p	nal property (if the percental property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) an			ın
(1)	-								
(2)									
(3)				• •		I			
(4)									
Total	0,]	Total	-		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		· · · · ·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instruc	ctions)	·				
			١,	Gross income from		3 Deductions directly conf to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	ns)
(1)			1						
(2)									
(3)			<u> </u>						
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of c 3(a) and 3(b))	olumns
(1)				%					
(2)			İ	%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7 column (A)		iter here and on pa art I, line 7, column	
Totals				•		0 .			0.
Total dividends-received deductions in	ncluded in column	8				•			0.

Interest	chedule F - Interest, A	Annuities, Roya	Royalties, and Ren	ts From Co	ntrolle	d Organiza	itions (s	ee instr	uctions)
(1) (2) (3) (4) Nonexempt Controlled Organizations 7. Tavable income (see instructions) (see instructions) (see instructions) (see instructions) (see instructions) 1. Description of income (see instructions) 2. Amount of income (see instructions) (see instructions) 2. Amount of income (see instructions) (see instructions) 3. Description (see instructions) 4. Seb-sacise (strain-solvedidg) (see instructions) 5. Totals Column Add columns 6 and 10 Enter here and on page 1, Part 1, Ine 8, column (4) 4. Seb-sacise (strain-solvedidg) (see instructions) 5. Totals Column Add columns 6 and 10 Enter here and on page 1, Part 1, Ine 8, column (6) (see instructions) 5. Totals Column Add columns 6 and 10 Enter here and on page 1, Part 1, Ine 8, column (7) (see instructions) 5. Totals Column Add columns 6 and 10 Enter here and on page 1, Part 1, Ine 8, column (8) (see instructions) 6. Express (see instructions) 6. Express (see instructions) 7. Enter here and on page 1, Part 1, Ine 8, column (7) (see instructions) 6. Express (see instructions) 7. Enter here and on page 1, Part 1, Ine 8, column (7) (see instructions) 6. Express (see instructions) 7. Enter here and on page 1, Part 1, Ine 8, so (so (8) (see instructions) 8. Not unrelated business (see instructions) 9. Total of specified express (see instructions) 9. Total of			Exem	ot Controlled O	rganızatı	ons				
(d) (3) (d) Nonexempt Controlled Organizations 7. Toxable income 8. Net unidead income (loss) (gee instructions) 10. Pert of column 5 that is included with income in oblic organizations (gee instructions) 11. Description of income 12. Add columns 5 and 10 Enter here and on page 1. Purit ince 8, column (see instructions) 11. Description of income 2. Amount of income 2. Amount of income 3. Deductions (get instructions) 1. Description of income 2. Amount of income 3. Deductions (get instructions) 4. Sal-assides (intech schedule) (d) (d) 2. Amount of income 3. Deductions (get instructions) 5. Totals Colleged (attach schedule) (d) (d) 2. Amount of income 2. Amount of income 3. Deductions (get instructions) (1) (2) (3) (4) 4. Sal-assides (get instructions) 5. Total or specified payments (income from the and on page 1, pert 1, ince 9, column (s) (income from the and on page 1, pert 1, ince 9,	1 Name of controlled organizat	ident	identification (loss)		4 Tot payn	al of specified ments made	included in t	he controll	ing	6. Deductions directly connected with income in column 5
(d) Nonexempt Controlled Organizations 7. Taxable income 8. Net univalidad income (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1. Part I, Inne 9, column (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1. Part I, Inne 9, column (see instructions) (5) (6) (7) (8) (9) Add columns 5 and 10 Enter here and on page 1. Part I, Inne 9, column (see instructions) (9) (1) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1. Part I, Inne 9, column (see instructions) (9) Enter here and on page 1. Part I, Inne 9, column (see instructions) (1) (2) (3) (4) Enter here and on page 1. Part I, Inne 9, column (see instructions) 1. Description of income 2. Gross unrelated business income (see instructions) 2. Gross unrelated business income (see instructions) 2. Gross unrelated business income (see instructions) 3. Expanses directly connected (settles in scheduling) (see instructions) 4. Set income (see) (see instructions) 1. Description of income (see instructions) 2. Gross unrelated business income (see) instructions) 2. Gross unrelated business income (see) instructions) 3. Expanses directly connected (settles in scheduling) (see) instructions) 4. Net income (insa) (see) instructions (se								_	_	
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(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 9, column (s) (3) (4) (5) (6) (7) (8) (9) (17) (9) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		T -	ed income (loss) 0 To	ntal of specified pay	nents	10 Part of colum	nn 9 that is inc	luded	11 Ded	ictions directly connect
(2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Deductions directly connected (attach schedule) (attach sc	7. 10.2050 1100110					in the controlli	ng organization	ı's	with	ncome in column 10
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Totals				Ī						
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1. Description of income 1. Description of income 2. Amount of income (attach schedule) (attach sche	(see instr	ructions)								,
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Income (loss) tron urrelated are a business income from activity that is not urrelated business income from activity that is not urrelated business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (B) Enter here and on page 1, Part I, line 10, col (B) O . Schedule J - Advertising Income (see instructions)	1. Desc	ription of income		2 Amount of	ıncome	directly conne	connected 4 Set-asides		5 Total deduction and set-asides (col. 3 plus col. 4	
(3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals Coe instructions 2. Gross urrelated business income from trade or business income inc										
Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A)										
Enter here and on page 1. Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) A Net income (loss) from urrelated trade or business (column 2) minus column 3) if a gain, compute colts 5 through 7 Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1. Part I, line 10, col (B) O . Schedule J - Advertising Income (see instructions)	3)					-				
Totals Part I, line 9, column (A) Part I line 9, column (A) Column 1	4)									
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from trade or business income trade or business income trade or business income (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 (A) Schedule J - Advertising Income (see instructions) 3. Expenses directly connected with production of unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7 For the page 1, Part I, line 10, col (B) Totals A Net income (loss) from urrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7 For the page 1, Part I, line 10, col (B) For the page 1, Part I, line 10, col (B) Totals O O O S Schedule J - Advertising Income (see instructions)								1	•	Enter here and on pag Part I line 9, column (
(see instructions) 2. Gross urrelated business urrelated business urrelated business micome from trade or business income from trade or business income (a) (1) (2) (3) Enter here and on page 1, Part 1, line 10, col (A) Totals O. Columns (a) A Net income (loss) from urrelated trade or business (column 2) from urrelated trade or business (column 3) if a gain, compute cots 5 through 7 For a service expense attributable to column 5 G. Expenses attributable to column 5 Totals Finter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Columns (a) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B) Enter here and on page 1, Part 1, line 10, col (B)				<u> </u>	_					<u> </u>
1 Description of exploited activity surrelated business income from trade or business income tra	-		tivity Income, Oth	er Than Adv	ertisin	g Income				,
(2) (3) (4) Enter here and on page 1, Part I, Inne 10, col (A) Totals No. 0. Schedule J - Advertising Income (see instructions)		unrelated business income from	directly connected with production of unrelated	from unrelated business (co minus colum gain, compute	trade or fumn 2 n 3) If a cots 5	from activity to is not unrelate	hat ed	attributabl	le to	7 Excess exemp expenses (column 6 minus column 5 but not more than column 4)
(2) (3) (4) Enter here and on page 1, Part 1, Inne 10, col (A) Totals No. 0. Schedule J - Advertising Income (see instructions)	1)									
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Cohedule J - Advertising Income (see instructions)										
Enter here and on page 1, Part I, line 10, col (A) Totals Cohedule J - Advertising Income (see instructions)										
Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Totals Enter here and on page 1, Part I, line 10, col (B) O . O . Schedule J - Advertising Income (see instructions)										
Schedule J - Advertising Income (see instructions)		page 1, Part I,	I, page 1, Part I,					-	•	Enter here and on page 1, Part II, line 25
						•	, 1-		-	
Part I Income From Periodicals Reported on a Consolidated Basis										
	<u>'art I </u> Income From F	eriodicals Rep	Reported on a Co	nsolidated	Basis					
1 Name of periodical 2. Gross 3. Direct or (loss) (col. 2 minus 5. Circulation 6. Readership costs (column 5, but a gain, compute income costs column 5, but a gain, compute income costs.	1 Name of periodical	advertising	ertising advertising co	or (loss) (co sts col 3) If a ga	ol 2 minus iin, compute		ion 6		hip	Excess readership costs (column 6 minus cotumn 5, but not mor than column 4)
(1)	1)									
(2)										
(3)										
(4)				\neg						
									$\overline{}$	
Totals (carry to Part II, line (5)) ▶ 0. 0.	tals (carry to Part II, line (5))	<u> </u>	0.	0.						Form 990-T (20

Form 990-T (2019) THE CALIFORNIA WELLNESS FOUNDATION 95-42921
Part III 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)					-		
(4)							
Totals from Part I	▶	0.	0.	4 - Ta *	, u -,	, , , , , , , , , , , , , , , , , , , ,	0
		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 26
Totals, Part II (lines 1-5)	•	′ 0.	0.	3, 44		~ ~]	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)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

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

INCOME FROM PASS-THROUGH ENTITIES.

TO FORM 990-T, PAGE 1

FORM 990-T		INCOM	E (LOSS)	FROM PA	ARTNERSHIPS	STATE	MENT	25		
DESCRIPTIO	N						INCOM			
FUND (CAY	- ORDIN	AL GLOBAL AL ARY TE PARTNERS					1,4	174.		
BUSINESS I	NCOME (LOSS)					12,0	01.		
		PARTNERS II	г п.р	RIVERWOOD CAPITAL PARTNERS III L.P ORDINARY BUSINESS INCOME (LOSS)						
TOTAL INCL	UDED ON	FORM 990-T,	PAGE 1,	LINE 5			6,4	106.		
TOTAL INCL					DEDUCTION	STATE		26		
				G LOSS I S USLY	DEDUCTION LOSS REMAINING	STATE AVAIL THIS	MENT			
FORM 990-T		NET	OPERATIN LOS PREVIO	G LOSS I S USLY	LOSS	AVAIL THIS	MENT	26		

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

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 DET	ERMINE FMV AMOUNT
VARIOUS PUBLIC CHARITIES	N/A	35,653,394
TOTAL TO FORM 990-T, PAGE 2, L	NE 34	35,653,394

FORM 990-T	CONTRIBUTIONS SUN	MARY	STATEMENT	29
~	CONTRIBUTIONS SUBJECT TO 100% LIM CONTRIBUTIONS SUBJECT TO 25% LIM			
CARRYOVER FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTION YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	35,653,394		
	TRIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	35,653,394		
EXCESS 100	TRIBUTIONS OR CONTRIBUTIONS	35,653,394	_	
	CSS CONTRIBUTIONS CONTRIBUTIONS DEDUCTION	35,653,394	_	0
TOTAL CONT	RIBUTION 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 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE CALIFORNIA WELI	NESS FOUNDATI	ON		95-	4292101
Did the corporation dispose of any investmen					Yes X No
If "Yes," attach Form 8949 and see its instruc					
Part I Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g		combine the result with column (g)
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					
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					24.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combini	e lines 1a through 6 in column	h		7	24.
Part II Long-Term Capital Gain					
See instructions for how to figure the amounts		•			
to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n 9,	(ħ) Gain or (loss) Subtract column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part II, line 2, column (ç	3)	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				,	
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					
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine	lines 8a through 14 in column	n h		15	
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capital	l loss (line 15)		16	24.
17 Net capital gain Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (lin	e 7)	17	
18 Add lines 16 and 17 Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns		18	24.
Note If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

Schedule D (Form 1120) 2019

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

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

2019

Attachment Sequence No 12A

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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (b) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of (f) combine the result see Column (e) In Code(s) the instructions with column (g) adjustment ARROWSTREET CAPITAL GLOBAL ALL 24. COUNTRY A 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract 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

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

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 Transferor Name	Significant Transferor ID No	Cost or Adjusted Basis	FMV
The California Wellness 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.

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 Transferor Name	Significant Transferor ID No.	Cost or Adjusted Basis	FMV
The California Wellness 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

For the Year Ending 12/31/2019

Transferee Name

HarbourVest 2017

Transferee ID No

Global Fund L P 98-1341541

Transicios ib 140

90-1341341

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

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.

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 Transferor Name	Significant Transferor ID No	Cost or Adjusted Basis	FMV
The California Wellness 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.