Department of the Treasury Internal Revenue Service



Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

			ana enaing		I & E1		
Na	ime of fou	indation			A Employ	yer identification number	
T	ישטי	KOMAL FOUNDATION			47-	1685714	
		Street (or P O box number if mail is not delivered to street address)		Room/suite		one number (see instructions	e)
		NW CULPEPPER TERRACE	'	(00)1700.10		-222-5322	.,
		, state or province, country, and ZIP or foreign postal code					check here
P	ORT	LAND OR 97210			C If exem	ption application is pending	check here
G	Check a	all that apply Initial return Initial return	rn of a former public	charity	D 1 For	eign organizations, check he	re 🕨
		Final return Amended	return	-	2 For	eign organizations meeting t	the .
		Address change Name cha	inge		,	6 test, check here and attach	
フェ	Chack	type of organization X Section 501(c)(3) exempt private		PU	E If onve	te foundation status was term	
/		-	le private foundation	$v\varphi$		i 507(b)(1)(A), check here	minared choer
/		ket value of all assets at J Accounting method		crual	F If the fo	oundation is in a CO month to	
		ear (from Part II, col (c), Other (specify)	ZE Casii Ac	l l		oundation is in a 60-month te section 507(b)(1)(B), check h	
	ne 16)	1 -	ha an each basis \	'		-	
	art i	Analysis of Revenue and Expenses (The total of	1	7	\		(d) Disbursements
/ *.	aitt	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	1	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	inco	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	30,30	7	30,307		
	4	Dividends and interest from securities	38,95	6	37,989		
ò	5a	Gross rents					
e e	ь	Net rental income or (loss)		;			
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	57,42	1			
Š	b	Gross sales price for all assets on line 6a 845, 322					
	7	Capital gain net income (from Part IV, line 2)			57,421		
, כל ה	8	Net short-term capital gain				0	
Ď	9	Income modifications					
2	10a	Gross sales less returns and allowances					
SCANNED 	b	Less: Cost of goods sold					
Z	С	Gross profit or (loss) (attach schedule)					
₹.	11	Other income (attach schedule) Stmt 1	17:	2	172		
); 	12	Total. Add lines 1 through 11	126,85	6 1	25,889	0	
ý	13	Compensation of officers, directors, trustees, etc		0		·	
Expenses	14	Other employee salanes and wages					
5	15	Pension plans, employee benefits					<u> </u>
×	16a	Legal fees (attach schedule)		<u> </u>			
	b	Accounting fees (attach schedule) Stmt 2	2,57		1,288		1,287
	C	Other professional fees (attach schedule) Stmt 3	23,27	2	23,272	<u>-</u>	
Ę	17	Interest					
is	18	Taxes (attach schedule) (see instructions) Stmt 4	2,41	6	529	 	458
臺	19	Depreciation (attach schedule) and depletion					
ğ	20	Occupancy	<u> </u>				
9	21	Travel, conferences, and meetings	<u> </u>				
a	22	Printing and publications		 			
و و	23	Other expenses (att-sch-)	ļ	 			
ati	24	Total operating and administrative expenses.		_ [[
Operating and Administrative	1	Add lines 13 through 23 Contributions, grist grants paid AY 0 1 2018	28,26		25,089	0	
Ö	25	Contributions, gifts grants paid AY 0 1 2018	119,00		25 22		119,000
	26	lotal expenses and disbursements. Add lines, 24 and 25	147,26	3	25,089	0	120,745
	27	Subtract line 26 from line 12]	.1	ŀ		-
	a	Excess of revenue over expenses and disbursements	-20,40		22 22		
) b	Net investment income (if negative, enter-0-)	<u></u>	$\frac{1}{1}$	00,800	······································	<u></u>
	C	Adjusted net income (if negative, enter -0-)	l <u>. </u>	<u></u>	<u> </u>	0	<u>L</u>

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

Fe	orm 990)-PF (2017) THE KOMAL FOUNDATION		47-16857	14	Page 2
				Beginning of year	End	of year
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		38,887	40,298	
	`2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
	~	Less: allowance for doubtful accounts		İ		İ
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			 	
		disqualified persons (attach schedule) (see		}		1
		instructions)				
	7	Other notes and loans receivable (att schedule)				15 ,,,
	′ ′	Less. allowance for doubtful accounts	0			1 ", ",
	8	Inventories for sale or use	•			
eg						
3	9	Prepaid expenses and deferred charges	-	455,986	540,416	520,400
•	10a	Investments – U S and state government obligations (attach schedule) Stmt Investments – corporate stock (attach schedule) See Stmt	6	1,654,101		
	Ь		-	427,057	446,286	^
	C	, , ,	,	427,057	440,200	428,152
	11	Investments – land, buildings, and equipment basis				
	12	Less accumulated depreciation (attach sch.)				
	13	Investments - mortgage loans				
	14	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis				İ
	45	Less accumulated depreciation (attach sch.)	,		<u> </u>	
	15 16	Other assets (describe >)			
	10	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		2,576,031	2,550,628	2,776,904
_	17	Accounts payable and accrued expenses		2,370,031	2,350,020	2,110,304
	18	Grants payable				
ņ	19	Deferred revenue		 		-{
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons				1
ā	21	• •				-{
Ĭ	22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶	,			
	23	Total liabilities (add lines 17 through 22))	0		4
-	23		×X			4
'n		and complete lines 24 through 26 and lines 30 and 31.		¹	1	
<u> </u>	24	Unrestricted		2,576,031	2,550,628	,
alanc	25	Temporanly restricted			2,333,02	4
ŏ	26	Permanently restricted				1
			▶ □			1
2		and complete lines 27 through 31.			1	
5	27	Capital stock, trust principal, or current funds		1		
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund				1
2	29	Retained earnings, accumulated income, endowment, or other funds			 	1
7	30	Total net assets or fund balances (see instructions)		2,576,031	2,550,628	3
Z	31	Total liabilities and net assets/fund balances (see				1
		instructions)		2,576,031	2,550,628	3
_	Part I	, , U.S. 12.11	es			
_		net assets or fund balances at beginning of year - Part II, column (a), line		ust agree with		
		of-year figure reported on prior year's return)	(***	9	1	2,576,031
2		r amount from Part I, line 27a			2	-20,407
		rungrange not included in line 2 (territo)			 	1

2,550,628 Form **990-PF** (2017)

2,555,624

4,996

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) \blacktriangleright See Statement 8

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

Form 990-PF (2017) THE KOMAL FOUNDATION

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income				
	the kind(s) of property so'd (for example, real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P = Purchase D = Donation	(c) Date a (mo , da	-	(d) Date so'd (mo_day, yr)
1a See Worksheet						
b						
С			 			
d						
е		T	<u> </u>			
(e) Gross sa'es price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	·=		or (loss)) m.nus (g))
_a						
b		 				
<u>c</u>		 				
_d						
Complete only for angets showin	g gain in column (h) and owned by the f	journdation on 12/31/	60			
Complete only for assets snowin		Ţ				(h) gain minus less than -0-) or
(i) FMV as of 12/31/69	(J) Adjusted basis as of 12/31/69		ss of col (i) I (j) if any			om col (h))
<u>a</u>		ļ		ļ	 	
<u>b</u>		<u> </u>		-		
<u>C</u>				ļ		
d						•
8		. Dod I had 7				
2 Capital gain net income or (net o	eapital loss) If gain, also enter in			2		57,421
• • •	ss) as defined in sections 1222(5) and (_				
	s, column (c) See instructions If (loss),	enter -0- ın				E 40E
Part I, line 8				3		-7,495
	nder Section 4940(e) for Redu			ome		
(For optional use by domestic private	e foundations subject to the section 494	U(a) tax on net inves	tment income)			
If section 4940(d)(2) applies, leave the	his part blank					
Was the foundation liable for the sec	ction 4942 tax on the distributable amou	nt of any year in the	base period?			Yes X No
	alify under section 4940(e) Do not comp	• -	F			
	each column for each year, see the inst	· · · · · · · · · · · · · · · · · · ·	ing any entries			
(a)	(b)		(c)		·	(d)
Base period years Calendar year (or tax year beginning in	A divisted a validation distribution	s Net valu	ue of noncharitable-use asse	nts		tribution ratio divided by col. (c))
2016		2,851	2,497,	647	((-)	0.041179
2015		,810	2,295,			0.006888
2014						
2013						<u> </u>
2012						
	· · · · · · · · · · · · · · · · · · ·					<u> </u>
2 Total of line 1, column (d)				2		0.048067
3 Average distribution ratio for the	5-year base period - divide the total on	line 2 by 5 0, or by 1	the			
number of years the foundation	has been in existence if less than 5 year	rs		3		0.024034
4 Enter the net value of nonchanta	able-use assets for 2017 from Part X, lin	e 5		4		2,683,540
5 Multiply line 4 by line 3				5	-	64,496
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		1,008
						<u></u>
7 Add lines 5 and 6				- 7		65,504
0 F-4	Dad VIII tona 4			_		120 745
8 Enter qualifying distributions from		h and secolate the	4 mark uping = 40/ 4c			120,745
Part VI instructions	an line 7, check the box in Part VI, line 1	o, and withhele tha	t pait usilly a 170 tax	1010 JEE 1		
1 GIT TI HISH GONONS						

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P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11 ,		ĺ		
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	<u> </u>	
14	The books are in care of ▶ GAINOR ARZT 706 CULPEPPER TER Telephone no ▶ 503-2	22-	532	2
		`		
15	Located at P PORTLAND OR ZIP+4 P 9721 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	,		
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			,
	the foreign country	1		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a			.00	
_	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a]	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	
	were not corrected before the first day of the tax year beginning in 2017? N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		,	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
_	all years listed, answer "No" and attach statement – see instructions) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a				
Ja	at any time during the year? X No			
ь	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or]	
•	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		,	
	foundation had excess business holdings in 2017) N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	 -		 _
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? N/A	4b_		
			n_PF	

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P	art VII-B Statements Regardin	g Activities for Which For	rm 4720 May Be R	equired (conti	nued)			
5a		-		c				
	(1) Carry on propaganda, or otherwise att	empt to influence legislation (sect	ion 4945(e))?	Y	es X No	1		
	(2) Influence the outcome of any specific	public election (see section 4955)	, or to carry on,			- 1		
	directly or indirectly, any voter registra	ition drive?		∀ .	es 🗓 No			
	(3) Provide a grant to an individual for tra-	vel, study, or other similar purpose	es?	Y	es X No	- 1		
	(4) Provide a grant to an organization oth	er than a chantable, etc., organiza	ition described in	_				
	section 4945(d)(4)(A)? See instruction	ns		_ Y	es 🗓 No	1		1
	(5) Provide for any purpose other than rel	igious, charitable, scientific, literai	ry, or educational	_	_	- 1		
	purposes, or for the prevention of crue	elty to children or animals?			es 🗓 No	- 1		
þ	If any answer is "Yes" to 5a(1)-(5), did an	y of the transactions fail to qualify	under the exceptions d	escribed in		13	`	,
	Regulations section 53 4945 or in a currer	nt notice regarding disaster assista	ance? See instructions		N/A	5b		
	Organizations relying on a current notice r	egarding disaster assistance, che	ck here		▶ □		£ 574	\$
С	If the answer is "Yes" to question 5a(4), de	oes the foundation claim exemption	on from the tax		<u> </u>	:	3	
	because it maintained expenditure respon	sibility for the grant?		N/A 🗍 Y	es No	- 1	74	'^
	If "Yes," attach the statement required by	•	i I	, .				
6a	Did the foundation, during the year, receiv					- 1		
	on a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,	то роу ресильно		es X No	- 1		
ь	Did the foundation, during the year, pay pi	remiums directly or indirectly on	a nersonal benefit contr			6Ь		x
_	If "Yes" to 6b, file Form 8870	omano, enecky of menecky, on	a personal bollent sollti					
7a	At any time during the tax year, was the fo	oundation a party to a prohibited ta	x shelter transaction?	· 🗆 🗸	es X No			
	If "Yes," did the foundation receive any pro	, , ,			N/A	7b		
		cers, Directors, Trustees,						
	and Contractors	, 2, 1	, , , , , , , , , , , , , , , , , , , ,	agoro, mgmy	ala Employ	,		
1 1	List all officers, directors, trustees, and f	oundation managers and their o	compensation. See ins	structions.				
_		<u> </u>			(d) Contributions to			
	(a) Name and ad-	dress	(b) Title, and average hours per week	(c) Compensation (if not paid,	employee benefit		pense a	
	(,,		devoted to position	enter -0-)	plans and deferred compensation	othe	er allowa	nces
GA	AINOR ARZT	PORTLAND	CHAIR					
	06 NW CULPEPPER TER	OR 97210	0.00	اه	o			0
	NOTT WESSINGER	SAN FRANCISCO	SECRETARY/TR					<u>`</u>
	50 MONTGOMERY ST SUITE 108	CA 94111	0.00	0	o	ļ		0
	ED WESSINGER	KIRKLAND	VICE CHAIR					`
	505 LAKEVIEW DR. NE	WA 98033		o	0			0
	OU DAKEVIER DK. ME	MA 30033	0.00	 		 		<u>`</u>
)		
2	Compensation of five highest-paid emp	ployees (other than those includ	led on line 1 – see inst	tructions). If none	e, enter	L		
	"NONE."			, , , , , , , , , , , , , ,				
			(b) Title, and average		(d) Contributions to employee benefit) (2) Ev	pense a	accust.
	(a) Name and address of each employee pa	id more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		er allowa	
			devotes to position		compensation			
NC	ONE			[}		
						ļ		
						1		
		· · · · · · · · · · · · · · · · · · ·		<u> </u>				
				ļ		l		
	· 				·	<u> </u>		
								
		-			 			
						L		
	I number of other employees paid over \$50	000						0

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Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services. See i	nstructions. If none, enter "NONE."	···
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
_			
otal number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened research papers produced, etc.	lation such as the number of	Expenses
1 N/A			
2			
3			
4			
Bard or B	O Political Investment (as in		
Part IX-B	Summary of Program-Related Investments (see in argest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A	argest programmodated investments made by the foundation during the tax year on miles i are		Amount
,			
2			
All other program-r	related investments. See instructions		
3			
Total Add lines	1 through 3		

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120,745

1,008

3a

3b

4

5

6

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

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

Analysis of line 9
Excess from 2013
Excess from 2014
Excess from 2015
Excess from 2016
Excess from 2017

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ | | If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions.

The name, address, and telephone number or email address of the person to whom applications should be addressed GAINOR ARZT

706 NW CULPEPPER TERRACE, PORTLAND, OR 97210

The form in which applications should be submitted and information and materials they should include See Statement 9

Any submission deadlines

N/A

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

See Statement 10

Part XV Supplementary Information (as Grants and Contributions Paid During the		r Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business) a Paid duning the year	or substantial contributor		 	
LEGACY HEALTH FOUNDATION]	
1919 NW LOVEJOY ST	NONE	PUBLIC	}	
PORTLAND OR 97209		HUMA	SERVICE	65,000
OHSU DOERNBECHER FOUNDATIO				
1121 SW SALMON ST #201	NONE	PUBLIC	,	
PORTLAND OR 97205		HUMAN SERVICE	YRESEARCH	35,000
PROVIDENCE SEASIDE HOSPITA	4			
725 S WAHANNA RD	NONE	PUBLIC		
SEASIDE OR 97138		HUMA	N SERVICE	19,000
			1	
			[]	
			[
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	<u></u>			
Total b -Approved for future payment			<u>▶ 3a</u>	119,00
N/A			}	
•			!!!	
			, ,	
			1	
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Ac	tivities				
Inter gross amo	unts unless otherwise indicated	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(•)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program ser	vice revenue.					(See instructions)
a						
				_		
С						
		-				
е						
f						
•	d contracts from government agencies			 	-	
•	dues and assessments			14	30,307	
	avings and temporary cash investments and interest from securities			14	38,956	
	come or (loss) from real estate	7	· (+=:-		
	anced property					
	d-financed property					
	come or (loss) from personal property					
7 Other invest				14	172	
	s) from sales of assets other than inventory			14	57,421	
•	or (loss) from special events					
0 Gross profit	or (loss) from sales of inventory					
1 Other reven	ue a					
b						
		_				
d		_				
е		- 	ļ 	_	126 056	
	d columns (b), (d), and (e)	L		0	126,856	126,85
	ne 12, columns (b), (d), and (e)				13	120,03
Part XVI-B	in line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishe	ent of Evernt	Purnose	<u> </u>	
Line No.	Explain below how each activity for which incom					
▼	accomplishment of the foundation's exempt pur					
N/A						
		···				·
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Form 990	-PF (201	7) THE KOM	AL FOUNI	OATION		47-168571	4	Page 13
Part X	VII		garding Tra		d Transactio	ns and Relationships	With Noncharitable	
1 Did				e in any of the fol	lowing with any o	ther organization described		Yes No
•	_)1(c) (other than se		= =	= :			
	anızatıon					•		
-		om the reporting fou	ndation to a no	onchantable exem	ot organization o	f.		
	Cash	on the reporting roo		ononomació exem	pt organization o	•	12	a(1) X
	Other as	ceate						a(2) X
• •	er transa							
		assets to a noncha	ritable avomat	organization			1	b(1) X
• •		es of assets from a	•	•				b(2) X
` '				. •	1011			b(3) X
		of facilities, equipme		5612				b(4) X
		rsement arrangeme	nts				_	b(5) X
		r loan guarantees		- 6			<u> </u>	b(6) X
		ance of services or	•	-				ic X
	•	acilities, equipment,	-	· ·		and the abouted about a basis th		ic A
					-	mn (b) should always show the foundation received less		
valu	ue in any	transaction or share	ing arrangeme	nt, show in columi	n (d) the value of	the goods, other assets, or s	ervices received	
N/A	e no	(b) Amount involved	(c) Nam	e of noncharitable exem	npt organization	(d) Description of transfe	rs, transactions, and sharing arran	gements
N/A			_					
				· · · · · · · · · · · · · · · · · · ·				
		<u> </u>						
							-	
							 	
-								
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			-			<u> </u>		
			 -					
2a Ist	he found	ation directly or indi	rectly affiliated	with, or related to	one or more tax	r-exempt organizations		
		section 501(c) (oth	•					Yes X No
		nplete the following						
		a) Name of organization	- · · · · · · · · · · · · · · · · · · ·	(b) Type of	organization	(c) Do	escription of relationship	
N/2	<u> </u>						 	
	-							
								
		-						·
						edules and statements, and to the be	st of my knowledge and belief, it	is true,
	correct, a	nd complete Declaration	of preparer (other	than taxpayer) is based	d on all information of	which preparer has any knowledge	May the IRS discuss	this return
Sign		\sim		\ \ \		1	with the preparer sh	own below?
Here		(1	2110	/. \	۸۱	1, 1.	See instructions	Yes No
			01 N 100		# 14	127/18 L CH	AIR	
	Sign	ature of officer or trustee			Date	, , , , , , , , , , , , , , , , , , , 		
	Print/Ty	pe preparer's name			Preparer's signatu	пе	Date	Check rf
Paid			_					self-employed
Preparer	-	ACE J. DUNBA			CANDACE J		04/24/ P003	
Use Only	/ Firm's i	100		<u>EIBERT, P</u> enship Rd	OLLARD &			286735 0623130
_	Firm's a			OR 9706		7.JU		723-760
				<u> </u>	<u> </u>		1 FUDIR NO DOD-	· = - / 0 0 1

Form . 990-PI	F	apital Gains and Losse	es for lax on in		come	2017
L Name	For calend	dar year 2017, or tax year beginning		, and ending	Employer Ide	entification Number
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Employer ide	munication Number
THE KOMAL	FOUNDAT	rion			47-1689	5714
(i	B) List and describ 2-story brick was	e the kind(s) of property sold, e.g., real estate, rehouse, or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day yr)
(1) BLACKST				P	Various	Various
(2) BLACKST				P	Various	Various
		ADJ FOR SALE		P	Various	Various
(4) SCHWAB-		ACHED		P	Various	Various
(5) SCHWAB- (6) SCHWAB	SEE ATTA	ACHED	·	P	Various	Various
(6) SCHWAB (7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)					ļ	
(15)	,				<u></u>	<u> </u>
(e) Gross sales	price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense	er basis of sale	(h) Gai (e) plus (n or (loss) () minus (g)
(1)	597					597
(2)	32					32
(3)				15		- 15
	,552			07,079		-7,527
	,441		5	80,807	-	63,634
(6)	700		 			700
(7) (8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)					<u> </u>	
Complete only for	assets showin	g gain in column (h) and owned by th	e foundation on 12/31/6	9		
(i) FMV as of 12	/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j	of col (i)), if any	(I) Gains (Ci col (k), but not le Losses (fror	oi (h) gain minus ss than -0-) OF n col (h))
(1)						597
(2)						32
(3)				_ 		-15
(4) (5)						-7,527 63,634
(6)						700
(7)					···	
(8)					<u> </u>	
(9)						
(10)						
(11)					 	
(12)					 	
(<u>13)</u> (14)					+	·
(15)	_				 	
\·-/						

4/24/2018 12:42 PM 4 1,287 50 408 458 1,287 Adjusted Net Charitable Purpose Charitable Charitable Purpose Purpose Income 172 172 Net Investment Adjusted Net Adjusted Adjusted Income Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees Set Set Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 1 - Form 990-PF, Part I, Line 11 - Other Income ŝ Statement 4 - Form 990-PF, Part I, Line 18 - Taxes 1,288 529 1,288 529 23,272 23,272 172 172 Revenue per Investment Investment Investment Federal Statements Books Net 23,272 529 2,575 2,575 1,429 408 23,272 2,416 Total Total Total ŝ 212567 THE KOMAL FOUNDATION Description CORPORATE LICENSE RENEWAL Description Description Description ACCOUNTING FEES TAXES - FEDERAL TAXES - STATE INVESTMENT FEES FYE: 12/31/2017 FOREIGN TAX Total 47-1685714 BLACKSTONE Total Total Total

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Federal Statements

4/24/2018 12:42 PM

47-1685714 FYE: 12/31/2017

Fair Market	Fair Market Value \$ 1,788,054 \$ 1,788,054	Fair Market Value \$ 428,152
Basis of Valuation	Basis of Valuation Cost	Basis of Valuation Cost
End of Year 540,416 540,416	Corporate Stock End of Year 1,523,628 1,523,628	End of Year 446, 286
Beginning	Beginning	Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments Beginning End of Basis of of Year Valuation \$ 427,057 \$ 446,286 Cost
Description SCHWAB US TREASURY Total	Statement 6 - Form 99 OCKS E	Description
SCHWAB US Total	SCHWAB STOCKS BLACKSTONE Total	SCHWAB BONDS

212567 THE KOMAL FOUNDATION

47-1685714

Federal Statements

4/24/2018 12:42 PM

FYE: 12/31/2017

Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount	Amount	
NONTAXABLE ADJUSTMENTS	\$ 4,99) 6	
Total	\$4,99	96	

Statement 9 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SEE COPY OF ATTACHED GRANT APPLICATION AND GRANT AGREEMENT.

Statement 10 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

ALTHOUGH THE FOUNDATION HAS A SPECIFIC INTEREST IN MEDICAL AND MENTAL HEALTH ISSUES, THE BOARD OF DIRECTORS ANTICIPATES THAT IT WILL ALSO MAKE AWARDS FOR VARIOUS OTHER CHARITABLE CAUSES. THE MAJORITY OF AWARDS WILL BE MADE TO OREGON ORGANIZATIONS; HOWEVER, THE BOARD MAY ALSO MAKE AWARDS TO NON-OREGON CHARITABLE ORGANIZATIONS.