Form 990-PF

EXTENDED TO NOVEMBER 15, 201
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/Form900PF for instructions and the latest information.

OMB No 1545-0052 2017

	_		s.gov/Form990PF for instr 31,2017			Open to Public Inspection
			31, 2017	, and ending	DEC 31, 2017	· · · · · · · · · · · · · · · · · · ·
	Nar	me of foundation	A Employer identification	number		
	~	AMALOMME EOUNDAMION	81-5199395			
		AMALOTTE FOUNDATION Ther and street (or P O box number if mail is not delivered to street a	B Telephone number			
		000 ALPINE ROAD	(301033)	Room/suite	650-463-14	80
		or town, state or province, country, and ZIP or foreign po	atal anda	μου		
	-	ENLO PARK, CA 94028	stal code		C if exemption application is p	ending, check here
		Check all that apply: X Initial return	D 1. Foreign organizations	chark here		
	u c	Final return	Amended return	rmer public charity	1. Foreign organizations	s, clicux fiere
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
	H C	Check type of organization: X Section 501(c)(3) exe			E If private foundation sta	
		- · · · · · · · · · · · · · · · · · · ·	Other taxable private founda	tion 0 d	under section 507(b)(1)	
	I Fa	ir market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a	• •
		rom Part II, col. (a), line 16)	er (specify)		under section 507(b)(1)	
		\$ 16,005,949. (Part I, columi	n (d) must be on cash basis	S.)		
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
,		1 Contributions, gifts, grants, etc., received	16,000,000.		N/A	
		2 Check I if the foundation is not required to attach Sch B	_			
2	i	3 Interest on savings and temporary cash investments				!
X		4 Dividends and interest from securities	5,949.	5,949.		STATEMENT 1
7	i	5a Gross rents				
<u>G</u>		b Net rental income or (loss)				
0	9	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		 		
27 2019	Revenue	g assets on line 6a		0.		
6	æ	7 Capital gain net income (from Part IV, line 2)		<u> </u>	<u></u>	!
FEB		8 Net short-term capital gain	- · · · · · · · · · · · · · · · · · · ·	····		
		9 Income modifications 10a and allowances				
		b Less Cost of goods sold		·		
SCANNED		c Gross profit or (loss)				
Ź		11 Other income			<u> </u>	
Ķ		12 Total. Add lines 1 through 11	16,005,949.	5,949.		
ര		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
		14 Other employee salaries and wages				
		15 Pension plans, employee benefits			<u> </u>	
	ses	16a Legal fees RECEIV	/ED		-	
	Expenses	b Accounting fees				
	EX	c Other professional fees	200			
	Administrative		Die 9			
	tra	18 Taxes	78			
	inis	19 Depreciation and depletion OGDEN	UT			
	퉏	20 Occupancy				
	φp	21 Travel, conferences, and meetings				
	and	22 Printing and publications			<u> </u>	
	ting	23 Other expenses				
	Operating	24 Total operating and administrative expenses. Add lines 13 through 23	0.	0.		0.
	Ö	25 Contributions, gifts, grants paid	0.	<u> </u>		0.
		26 Total expenses and disbursements.				
		Add lines 24 and 25	0.	0.		0.
		27 Subtract line 26 from line 12:		•	<u> </u>	
		& Excess of revenue over expenses and disbursements	16,005,949.]	
		b Net investment income (if negative, enter -0-)		5,949.		
		C Adjusted net income (if negative, enter -0-)			N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

	Part II Balance Sheets Attached schedules and amounts in the des		Beginning of year	End o	of year		
	an	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments		16,005,949.	16,005,949.		
	3	Accounts receivable ▶		· · · · · · · · · · · · · · · · · · ·	i		
		Less: allowance for doubtful accounts ▶	-				
	4	Pledges receivable ▶			1		
	ļ .	Less; allowance for doubtful accounts			 		
	5	Grants receivable					
	R	Receivables due from officers, directors, trustees, and other					
	ľ	disqualified persons					
	,	_					
	l ′	Other notes and loans receivable Less: allowance for doubtful accounts					
/A	١.						
Assets	8	Inventories for sale or use					
Ass	100	Prepaid expenses and deferred charges					
-	1	Investments - U.S. and state government obligations	· · · · · · · · · · · · · · · · · · ·		····		
	ı	Investments - corporate stock	·				
	Ι	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	1	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation		· · · · · · · · · · · · · · · · · ·			
		Other assets (describe)					
	16	Total assets (to be completed by all filers - see the	_				
		instructions. Also, see page 1, item l)	0.	16,005,949.	16,005,949.		
	17	Accounts payable and accrued expenses		· .	4		
	18	Grants payable			1		
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	· · · · · · · · · · · · · · · · · · ·				
iab	21	Mortgages and other notes payable					
_	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26, and lines 30 and 31.			1		
Ses	24	Unrestricted	<u>. </u>				
lan	25	Temporarily restricted					
Ba	26	Permanently restricted					
PL		Foundations that do not follow SFAS 117, check here					
or Fund Balance		and complete lines 27 through 31.			ŀ		
õ	27	Capital stock, trust principal, or current funds	0.	0.			
Net Assets	28	Paid-in or capital surplus, or land, bidg., and equipment fund	0.	0.			
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	16,005,949.			
É	30	Total net assets or fund balances	0.	16,005,949.			
_							
	31	Total liabilities and net assets/fund balances	0.	16,005,949.			
		Analysis of Changes in Net Assets or Fund B	Iolonoos				
P	art	III Analysis of Changes in Net Assets of Fulld b	alalices				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30				
		at agree with end-of-year figure reported on prior year's return)	_	1	0.		
	•	amount from Part I, line 27a	•	2	16,005,949.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	16,005,949.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	. 6	16,005,949.		
<u> </u>		The state of the s			Form 990-PF (2017)		

		Tax on Investment] (b) I	low acquired	(c) Date acquired	(d) Date sold
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation		(mo., day, yr.)	(mo., day, yr.)		
1a	· · · · · · · · · · · · · · · · · · ·						
b NC	NE						
<u>C</u>				 			
d				_			
<u>e</u>	(f) Depresiation of	lound I (a) Ca	et or other been	۲.,	<u>.</u>	(h) Coin or (loss	
(e) Gross sales price	(f) Depreciation al (or allowable		st or other basis expense of sale			(h) Gain or (loss ((e) plus (f) minus	
<u>a</u>							
b C		······		\dashv			
d				\dashv			
8							
Complete only for assets show	ing gain in column (h) an	d owned by the foundatio	n on 12/31/69.	1		(I) Gains (Col. (h) gair	n minus
(i) FMV as of 12/31/69	(j) Adjusted ba as of 12/31/6	sis (k) E 9 ove	xcess of col. (1) r col. (j), if any		C	Losses (from col.	ın -0-) or
8							
b	· · · · · · · · · · · · · · · · · · ·						
C							
<u>d</u>		· · · · · · · · · · · · · · · · · · ·					
8	<u> </u>			\dashv	· · · · · · · · · · · · · · · · · · ·	•	
2 Capital gain net income or (net o		ın, also enter in Part I, line ss), enter -0- ın Part I, lıne		<u>}</u>	2	T	
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8 if (loss), enter -0- in Part I, line 8	, column (c).	s 1222(5) and (6):		}	9		
Part Va Qualification		40(e) for Reduce	Tax on Net	linv	estment In	come	
(For optional use by domestic priva							N/A
					•		·
If section 4940(d)(2) applies, leave	this part blank.						
Was the foundation liable for the so				riod?			Yes No
If "Yes," the foundation doesn't qual						i	
1 Enter the appropriate amount in	each column for each ye	•	efore making any e				(d)
Base periód years Calendar year (or tax year beginn	ung in) Adjusted q	(b) ualifying distributions	Net value of no	(c) onchar	ritable-use asset	s Distri (col. (b) di	bution ratio vided by col. (c))
2016							
2015			 		····		
2014							
2012		···	<u> </u>	-	-		
		·	<u> </u>				
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the	5-year base period - divi	de the total on line 2 by 5	.0, or by the numb	er of y	/ears		· .
the foundation has been in exist	ence if less than 5 years					3	
4 Enter the net value of noncharita	ble-use assets for 2017 f	rom Part X, line 5		-		. 4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment inco	me (1% of Part I, line 27t	p) .				6	
7 Add lines 5 and 6						7	
8 Enter qualifying distributions fro	m Part XII, line 4					8	
If line 8 is equal to or greater the See the Part VI instructions.	in line 7, check the box in	Part VI, line 1b, and com	plete that part usir	ng a 1º	% tax rate.		

10

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11 /	any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		Ţ	
,	tion 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 (the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
1	/es," attach statement. See instructions	12	<u> </u>	X
13	the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	bsite address ► N/A			
	books are in care of ► ANGIE FERRIF Telephone no. ► 650			
		94028	<u>; </u>	
15	ction 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			•
ä	enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
,	urities, or other financial account in a foreign country?	16	<u> </u>	Х
;	the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	eign country 🕨			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Ī	e Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a l	ring the year, did the foundation (either directly or indirectly):]]
+	Engage in the sale or exchange, or leasing of property with a disqualified person?	io		1
	Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		1	
(Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
-	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	10		
(Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	10	1	
1	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.)	ło	1	
b I	ny answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		.	
;	tion 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	A 1b		<u> </u>
1	panizations relying on a current notice regarding disaster assistance, check here	_		
c I	the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		<u> </u>	
	ore the first day of the tax year beginning in 2017?	1c	<u> </u>	Х
2	tes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
(ined in section 4942(j)(3) or 4942(j)(5)):			,
	the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	ore 2017? Yes 🔀 I	lo		1
	Yes," list the years ▶,,,			١.,
	there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	uation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	_	.	.
	tement - see instructions.) N/A	A 2b	ــــ	<u> </u>
C	ne provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	,	
1				
	the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	ring the year? Yes X	40		:
	Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			`
	y 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1		
	noldings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	.		
	m 4720, to determine if the foundation had excess business holdings in 2017.)		+-	v
	the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
	the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			\-
	I not been removed from leopardy before the first day of the tax year beginning in 2017?	4b	1	l X

723541 01-03-18

Page 6

Part VII-B	Statements Regarding Activities for which i	Form 4/20 May Be F	sequirea (contint	uea)			
5a During the y	year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry o	n propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No 🛭			
(2) Influen	ce the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire					
any vot	ter registration drive?			s X No			
(3) Provide	e a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No			
(4) Provide	e a grant to an organization other than a charitable, etc., organizatio	n described in section					
4945(d	I)(4)(A)? See instructions		Ye	s 🗶 No			
(5) Provide	e for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	or				i
the pre	vention of cruelty to children or animals?		Y6	s X No			
b If any answ	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations				
	1945 or in a current notice regarding disaster assistance? See instr		_	N/A	5b		
	ns relying on a current notice regarding disaster assistance, check l		•				1
	er is "Yes" to question 5a(4), does the foundation claim exemption fi		ned				
	responsibility for the grant?		/A Ye	es 🗀 No 🚶		1	
	ich the statement required by Regulations section 53.4945-5(d).						
	ndation, during the year, receive any funds, directly or indirectly, to	nav premiums on					
	penefit contract?	pay promisino on	☐ Ye	s X No			
•	ndation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	—		6b		X
	b, file Form 8870.	,	•	ŀ			
	during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Va	s X No			
-	the foundation receive any proceeds or have any net income attribu		. — ••	N/A	7b		
Part VIII	Information About Officers, Directors, Trust		nagers Highly			لبسبا	L
	Paid Employees, and Contractors	cco, i canadation ma	inagoro, riigiii,	•			
1 List all offic	ers, directors, trustees, and foundation managers and t	heir compensation.					
		(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	T	(ө) Ехр	enșe
	(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred	l a	ccount, allowai	, other nces
JAMES KO	HIBERG	PRESIDENT, DI		compensation	╅	4.10114	
	PINE ROAD, STE 100						
	ARK, CA 94028	0.19	l o.	0			0.
		VICE PRESIDEN			+		
	PINE ROAD, STE 100	100 11001001	, , ,				
	ARK, CA 94028	0.10	l o.	0			0.
ANGIE FI	•	CFO, DIRECTOR	<u> </u>		Ή		.
	PINE ROAD, STE 100	Cro, Dinecton					
	ARK, CA 94028	0.41	l o.	0			0.
JOHN EAS			RECTOR	<u> </u>	'		<u> </u>
		BECKEIAKI, DI	RECTOR		1		
	PINE ROAD, STE 100 ARK, CA 94028	0.10	0.	0			0.
	tion of five highest-paid employees (other than those inc				•!		
z Compensar	uon oi nve nighest-paid employees (other than those inc		enter NONE.	(d) Contributions to	T^{-}	(e) Exp	ense
(a) Nan	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	i a	(e) Exp	other
37/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	devoted to position	,	compensation		allowa	nces
NC	ONE		i		1		
					4		
			ļ		┦		
					1		
					\perp		
		1			1		
				-			
Total number of	other employees paid over \$50,000						0

Form **990-PF** (2017)

▶

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		······································
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	955,579.
	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	955,579.
0	Reduction claimed for blockage or other factors reported on lines 1a and		······································
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	955,579.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,334.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	941,245.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	43,194.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here in and do not complete this part.)	d certain	,, ',''
1	Minimum investment return from Part X, line 6	1	43,194.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 119.		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	119.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	43,075.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	43,075.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	43,075.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0
8	, , , , , , , , , , , , , , , , , , , ,	1a	<u> </u>
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or hold for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 1940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies t	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				42.075
line 7				43,075.
2 Undistributed income, if any, as of the end of 2017.			0.	
a Enter amount for 2016 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2017:	. — q. Au	0.		,
1 1 1	4, 30			
a From 2012				
bFrom 2013				
¢From 2014				
dFrom 2015				
e From 2016	0.			
f Total of lines 3a through e	U • [
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.	<u> </u>	
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.	w · - · - · · · · · · · · · · · · · · ·		
d Applied to 2017 distributable amount	·- ·· · · · · · · · · · · · · · · · · ·			0.
e Remaining amount distributed out of corpus	0.			0
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		, , , , , , , , , , , , , , , , , , , ,	0.
6 Enter the net total of each column as indicated below:	_			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'		•		
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	i			
be distributed in 2018				43,075.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			l .
'8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
dExcess from 2016				
e Excess from 2017				

723581 01-03-18

Form 990-PF (2017) CAMALOTTE FO	UNDATION		81-5199	9395 Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid During the	fear or Approved for Future	Payment	1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Condition	i conpioni		
NONE				
			<u> </u>	
	,			
•				
			,	
Total		•	. ▶ 3a	0.
b Approved for future payment				
NONE				
		İ		
	•			
			,	
				
·		1		
Total			> 3b	0.
	- 		F	orm 990-PF (2017)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	781104111	
a					· · · · · · · · · · · · · · · · · · ·
b			ļ		
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>	······································	 		
	-		 		
3 Interest on savings and temporary cash	ļ				
investments			1.4	E 040	
4 Dividends and interest from securities			14	5,949.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			 		
			Ì		
than inventory	<u> </u>				
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory	ļ		<u> </u>		
11 Other revenue:					
a			L		
b					
C					
d					
8					
12 Subtotal. Add columns (b), (d), and (e)		0.		5,949.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	L		13	5,949.
(See worksheet in line 13 instructions to verify calculations.)			•	• • • • •	
					······································
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incon	ne is renorted	in column (e) of Part XVI-A	contri	outed importantly to the accord	nnlishment of
the foundation's exempt purposes (other than b				saled importantly to the accom	inputation of
•	7	,		· · · · · · · · · · · · · · · · · · ·	
					
				 	
				· · · · · · · · · · · · · · · · · · ·	
					
		· · · · · · · · · · · · · · · · · · ·			
	····				
					
	·	 			
					

		OTTE FOU				81-519			ige 13
Part)	(VII Information R Exempt Organ		nsfers to a	nd Transactions a	nd Relations	ships With Noncha	aritable	•	
1 Did	the organization directly or ind	irectly engage in an	y of the followin	ig with any other organization	on described in sec	ction 501(c)		Yes	No
(oth	er than section 501(c)(3) orga	nizations) or in sect	tion 527, rolating	g to political organizations?			-		
a Trai	nsfors from the reporting found	lation to a nonchari	table exempt or	ganization of:					
(1)	Cash						1a(1)	_	Х
(2)	Other assets						1a(2)		Х
b Oth	er transactions:								<u> </u>
	Sales of assets to a noncharita						1b(1)	+	X
	Purchases of assets from a no		t organization		•		1b(2)		X
	Rental of facilities, equipment,						1b(3)	_	X
	Reimbursement arrangements	5					1b(4)		X
	Loans or loan guarantees			•			1b(5)	1	X
	Porformance of services or m						1b(6)		X
	ring of facilities, equipment, m						1c	<u> </u>	X
	e answer to any of the above is ervices given by the reporting t							cots,	
	imn (d) the value of the goods,				ie ili aliy u alisacut	AT OF SHAILING ATTAINGETHERIL	2110W 111		
(a)Line no				e exempt organization	(d) Descripti	on of transfers, transactions, ar	d sharing a	rangeme	ents
(-,	(4)	(-,	N/A		()				
			· · · · · · · · · · · · · · · · · · ·						
·		<u> </u>			- 				

		·							
			 						
	<u> </u>	ļ	·						
		 		 					
			•						
	·· ·	<u> </u>							
	 	 							
	 	<u> </u>	 		+			÷	
	-	 	 						
2a Isti	ne foundation directly or indirec	tly affiliated with, o	r related to, one	or more tax-exempt organi	zations described		-	· · · · · · · · · · · · · · · · · · ·	
	ection 501(c) (other than section	·=					Yes	X	ON [
b If"Y	es," complete the following sch	nedule.							
	(a) Name of or	ganization		(b) Type of organization		(c) Description of relation	iship		
	N/A								
	<u> </u>	 			ļ				
									
	Under penalties of perjury, I declare	that I have examined t	this return, includin	no accompanying schedules and	statements and to the	ne best of my knowledge			
Sign	and belief, it is true, correct, and co						May the IHS eturn with th hown below	discuss re prepar	this rer
Here	(1947)	[~		111/13/2018	CFO	\$	hown belov		istr No
	Signature of officer or truste	e ·		Date	Title		LAAJ 16:	· _	_ 140
	Print/Type preparer's n		Preparer s s		Date	Check if PTII	1		
			1 1	andrey Rafter	11/12/18	self- employed			
Paid	AUDREY PF	EIFFER		murey voyages	117.12710		00932		ļ 1
Prepa		US LLP			······································	Firm's EIN ▶ 42-	7143	25	
Use C									
	Firm's address ▶ 44	MONTGOM	ERY ST	STE 3900	·				

Form **990-PF** (2017)

Phone no. (415)848-5300

SAN FRANCISCO, CA 94104

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name	of the	organization			

Employer identification number

	AMALOTTE FOUNDATION	81-5199395
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	S01(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppol) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 itor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount in the complete Parts I and II.	a, or 16b, and that received from
year, total contril	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education for children or animals. Complete Parts I, II, and III.	-
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in the retrieved during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because in the parts unless the General Rule applies to this organization because in the parts unless the General Rule applies to this organization because in the parts unless to the parts unless the General Rule applies to this organization because in the parts unless that the parts	more than \$1,000. If this box us, charitable, etc.,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

CAMALOTTE FOUNDATION 81-5199395

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	KOHLBERG FOUNDATION 111 RADIO CIRCLE MT. KISCO, NY 10549	\$ <u>16,000,000</u> .	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization Employer identification number

CAMALOTTE FOUNDATION

81-5199395

(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (d) Date rec (a) No. from Part I (a) No. from Description of noncash property given (b) Date rec (c) FMV (or estimate) (see instructions.) (d) Date rec (e) FMV (or estimate) (see instructions.) (d) Date rec (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions.) (d) Date rec (d) Date rec (d) Date rec (e) FMV (or estimate) (see instructions.) (d) Date rec (d) Date rec (e) FMV (or estimate) (see instructions.) (d) Date rec (e) FMV (or estimate) (see instructions.)		
(a) No. from Part I Description of noncash property given (See instructions.) (a) (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Date recommendation of the property given (See instructions.) (d) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the property given (See instructions.)	(d) Date received	
No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the part I (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the part I (a) No. from Description of noncash property given (a) See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation of the part I (e) FMV (or estimate) (See instructions.) (d) Date recommendation of the part I (e) FMV (or estimate) (See instructions.) (for the part I of the par		
(a) No. from Part I Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) No. from Description of noncash property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (a) No. form Description of noncash property given (C) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (C) Date reconstructions (C) Date	eived	
No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date rec (a) No. from Description of noncash property given FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) Date rec (a) No. from Description of noncash property given FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) No. from Description of noncash property given FMV (or estimate) (See instructions.) (d) Date rec (d) Date rec (d) Date rec (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (d) Date rec (e) FMV (or estimate) (See instructions.) (f) Date rec (f) FMV (or estimate) (See instructions.) (f) Date rec (f) FMV (or estimate) (See instructions.) (f) Date rec (f) FMV (or estimate) (See instructions.) (f) Date rec (f) FMV (or estimate) (See instructions.) (f) Date rec (f) FMV (or estimate) (See instructions.) (f) Date rec (f) FMV (or estimate) (See instructions.)		
(a) No. from Part I (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date recommendation (c) FMV (or estimate) (c) FMV (or estimate) (d) FMV (or estimate) (d) FMV (or estimate) (See instructions.)	eived	
No. from Description of noncash property given \$		
(a) No. (b) from Description of noncash property given (c) FMV (or estimate) (See instructions) Date rec	eived	
No. (b) (C) (d) FMV (or estimate) Date rec		
Part I	nived	
(a) No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (See instructions.) Date rec	eived	
\$ Schedule R (Form 990, 990-F7 or 9		

Name of or	ganization	Employer identification number							
CAMAT					01 5100205				
Part III	OTTE FOUNDATION Exclusively religious, charitable, etc., cont	ributions to organizations de	scribed in section	in 501(c)(7), (8), or	81-5199395 (10) that total more than \$1,000 for				
L	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (6) and t	he following line \$1.000 or less for th	entry. For organization	s ▶\$				
	Use duplicate copies of Part III if addition	al space is needed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C you (Enter ansumo once					
(a) No. from	(b) Purpose of gift	(c) Use of git	t	(d) Desc	ription of how gift is held				
Part I		- · · · · · · · · · · · · · · · · · · ·							
									
-		(a) Tananés							
		(e) Transfe	r or gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
		· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·								
(a) No. from	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held				
Part I	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	(0, 000 00 30							
}		/-> T							
	(e) Transfer of gift								
ļ	Transferee's name, address, a	Re	elationship of tra	nsferor to transferee					
		 							
			<u> </u>	 	· · · · · · · · · · · · · · · · · · ·				
				•					
(a) No. from	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held				
Part I									
ŀ	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee				
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held				
Ì					······································				
ŀ		(e) Transfe	r of gift						
}	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee				
				· · · · · · · · · · · · · · · · · · ·					

FORM 990-PF	DIVIDENDS	AND	INTEREST	FROM	SECUR	ITIES	ST	ATEMENT	1
SOURCE	GROSS AMOUNT	G	APITAL SAINS VIDENDS	REVE) NUE OOKS		VEST-	(C) ADJUST NET INC	
JP MORGAN	5,949.	0. 5,949.		5	,949.	· · · · · · · · · · · · · · · · · · ·			
TO PART I, LINE 4 =	5,949.		0.	5	,949.	5	,949.		
FORM 990-PF	INTE	REST	AND PENA	LTIES			ST	ATEMENT	2
TAX DUE FROM FORM 9 LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE FORM 990-PF	LIST OF	SUBST	'ANTIAL CO		UTORS		ST		.19. 3. 4. .26.
NAME OF CONTRIBUTOR			ADDRESS						
KOHLBERG FOUNDATION			111 RAD:						
FORM 990-PF		LATE	PAYMENT 1	PENALT	Y		ST	ATEMENT	4
DESCRIPTION	D	ATE	AMOU	NT	BAL	ANCE	MONTH	S PENAL	τΥ
TAX DUE	05/	15/18	- 	119.		119.	6		4.

TOTAL LATE PAYMENT PENALTY

FORM 990-PF LA		TE PAYMENT I	NTEREST		STAT	EMENT 5
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE DATE FILED	05/15/18 11/15/18	119.	119. 122.	.0500	184	3.
TOTAL LATE PAYME	NT INTEREST					3.