# 990-PF

**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ► 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

amounts noturnes (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)   1	Fo	r calen	dar year 2018 or tax year beginning	, 201	8, and	ending		, 20
Room/suite   B Telephone number (see instructions)   Room/suite   B Telephone number (see instructions)	Na	me of fou	ndation		-	A Employe	er identification number	er
Room/subset	_R	emav's	Good Day Fund			46-2	070786	
Serkeley C. A 94 10-16 16				Roor	n/suite	B Telephor	e number (see instruct	ions)
Serkeley C. A 94 10-16 16	1	27 IIn	iversity Avenue			(510	841-4123	
Berkeley CR. 94710-1616   G Check all that apply:   Initial return   Address change   Name change   Pinal return   Address change   Name change   2 Foreign organizations, check here   2 Foreign organizations meeting the 85% test, check here and attach computation   3 Exection 947(a)(1) nonexempt chantable trust   Other taxable private foundation   4 Exection 947(a)(1) nonexempt chantable trust   Other taxable private foundation   4 Exection 947(a)(1) nonexempt chantable trust   Other taxable private foundation   4 Exection 947(a)(1) nonexempt chantable trust   Other taxable private foundation   4 Exection 947(a)(1) nonexempt chantable trust   Other taxable private foundation   4 Exection 947(a)(1) nonexempt chantable trust   Other taxable private foundation   4 Exection 947(a)(1) nonexempt change   4 Exection 947(a)(1) nonexempt cha	Cit	y or town	, state or province, country, and ZIP or foreign postal code					ing, check here ▶ □
G Check all that apply:   Initial return   Initial return   Address change   Name change	В	erkel	ev CA 94710-1616					g,
Final return   Amended return   Amended return   Address change   Name change   Name change   Address change   Name change   Address change   Address change   Name change   Address change   Name change   Part Value of all assets at   end of year (from Part II, col (c),   Other (specify)   Other (specify)   Other (specify)   Interest value of all assets at   end of year (from Part II, col (c),   Other (specify)   Other (specify)   Other (specify)   Interest   Other (specify)				n of a former public	charity	D 1. Foreio	n organizations, check	here ▶□
Check type of organization   Section 501(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   Elementary and the section 507(c)(1)(1)(1)(1) check here   Elementary (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	_	0,,00.				_	<u>-</u>	_
Check type of organization   Section 501(c)(3) exempt private foundation   Section 4947(g)(1) nonexempt chantable trust   Other taxable private foundation   Part time to according to the private foundation   Part time foundatio			<del>_</del>	nge				
Section 4947(a)(1) nonexempt charitable trust	Н	∵Check			N	E If private	foundation status was	
Fair market value of all assets at end of year (from Part II, col (c), local (c), local (c) (c), local (c)	П					section 5	07(b)(1)(A), check here	· · · · · · · · · · · · · · · · · · ·
end of year (from Part II, col (c),   Other (specify)   under section 507(b)(1)(8), check here   In the long of the part   (c) Adjusted net   (c)				•		e Kabada		L
Part   Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)   1 Contributions, gifs, grants, etc., received (attach schedule)   2 Check ▶   if the foundation is not required to attach Sch. B   3 Interest on savings and temporary cash investments   4 Dividends and interest from securities   5a Gross rents   0   0   0   0   0   0   0   0   0								
Analysis of Revenue and Expenses (The total of amounts in columns (b), (e), and (d) may not necessarily equal the amounts in column (b), (e), and (d) may not necessarily equal the amounts in column (d) (see instructions))  1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ if the foundation is not required to attach Sch. B interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents     b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 income modifications 10a Gross sales less returns and allowances 0 Less Cost of goods sold 0 C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 20 Cocupancy 21 Taxes (attach schedule) Fee Sorth 22 Pighting and publicaulphs of Gelpleten 1 23 Ciffer expenses (attach schedule) See Sorth 24 Ciffer expenses (attach schedule) See Sorth 25 Contributions, gifts, grants paid 26 Contributions, gifts, grants paid 27 Capital gain returned to attach schedule) See Sorth 28 Contributions, gifts, grants paid 29 Cocupancy 20 Cocupancy 21 Taxel, conferences, and membrases 21 Add lines 13 through 23 22 Contributions gifts, grants paid 25 Contributions gifts, grants paid 26 Contributions gifts, grants paid 27 Subtract line 26 from line 12. 28 Contributions gifts, grants paid 28 Contributions gifts, grants paid 29 Cocupancy Significant paid displetely see Sorth 20 Contributions gifts, grants paid 20 Contributions gifts, grants paid 21 Subtract line 26 from line 12. 28 Contributions gifts grants paid 29 Contributions gifts grants paid 20 Contributions gifts grants paid 20 Contribution				e on cash basis )				_
amounts noclumns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))  1 Contributions, grifs, grants, etc., received (attach schedule) 2 Check P   of the foundation is not required to attach Sch. B   niterest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents 5 Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a   necessarily equal to the first of the foundations of the first of the f					T .		,	(d) Disbursements
the amounts in column (a) (see instructions)  1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents				expenses per				for charitable
2 Check				books	"	icom <del>e</del>	liicome	(cash basis only)
2 Check		1	Contributions, gifts, grants, etc., received (attach schedule)	200.000	A Service	HE STERNA	<b>建設大学教育公益会</b>	<b>建建的基础</b> 数
a Interest on savings and temporary cash investments		1			The state of the s			18250122.0
Providends and interest from securities  5a Gross rents  b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10  b Gross sales price for all assets on line 8a  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10a Gross sales less returns and allowances  b Less Cost of goods sold  c Gross profit or (loss) (attach schedule)  10 Other income (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  200,007  0 Income and interest from securities  15 Pension plans, employee benefits  16a Legal fees (attach schedule)  15 Pension plans, employee benefits  16a Legal fees (attach schedule)  17 Interest  18 Taxes (attach schedule) [I-16b] Stmt  19 Depreciation (attach schedule) [See instrictions]  19 Depreciation (attach schedule) [See instrictions]  10 Depreciation (attach schedule) [See instrictions]  10 Depreciation (attach schedule) [See instrictions]  11 Tavel, conferences, and meetings  22 Pension plans and administrative expenses. Add lines 24 and 25  25 Contributions, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12.  28 Excess of ievenue over expenses and disbursementic  20 20,209.		1			19	Physical and American	WELL CONTROL OF THE STATE OF TH	HARRY CHORDS F HT SE
Sa Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross prift or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 20 O,007 0 .	đ)	1 '	. ,					TALL VIEWERS
b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,007. 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1 Cother professional fees/(attach schedule) 1 Accounting fees (attach schedule) 1 Accounting fees (attach schedule) 1 Taxes (attach schedule) L-16b Stmt 1 Taxes (attach schedule) See instructions) 1 Depreciation (attach schedule) See instructions) 1 Depreciation (attach schedule) See Stmt 1 Tayle, conferences, and meetings 2 Positing and publications OGDEN, Tayle, conferences, and meetings 2 Contributions, gifts, grants paid 3 Contributions, gifts, grants paid 4 Jeft Contributions, gifts, grants paid 3 Contributions, gifts, grants paid 4 Jeft Contributions, gifts, grants paid 5 Contributions, gifts, grants paid 6 Total expenses and disbursements. Add lines 24 and 25 6 Total expenses and disbursements.		1 _						A CONTRACTOR OF THE PARTY OF TH
Received the state of the same		1 .		AND THE SHEET SHEET IN	100	42400 5.4	Transfer Mills (Market	15400.30.00
b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 19 Depreciation (attach schedule) 19 Depreciation (attach schedule) 20 Occupancy 21 Tavel, conferences, and meetings 22 Penting and publications 23 Other expenses (attach schedule) 24 Total expenses and disbursements. Add lines 24 and 25 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. a Excess of levenue over expenses and disbursements 20 O. J.		1	the state of the s		HOUSE TO			75 100 100 100 100
9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,007. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 20 Occupancy 21 Tavel, conferences, and meetings 22 Penting and publications OGDENUT 23 Other expenses (attach schedule) See Entit 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. 28 Excess of revenue over expenses and disbursementc 29 Excess of revenue over expenses and disbursementc 20 Q, 209.	2	b	•	Soft 1 Late Land will give one of		a analysis of Sold	itiviiti vedriki	a man da a calendar Traban
9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,007. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 20 Occupancy 21 Tavel, conferences, and meetings 22 Penting and publications OGDENUT 23 Other expenses (attach schedule) See Entit 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. 28 Excess of revenue over expenses and disbursementc 29 Excess of revenue over expenses and disbursementc 20 Q, 209.	Š	7						4100 x 200 3.5
9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 10 Other income (attach schedule) 11 Total. Add lines 1 through 11 200,007. 0.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 0. 15 Pension plans, employee benefits 0. 16 Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 1-16b Stmt 0. 18 Taxes (attach schedule) (see instructions) 0. 19 Depreciation (attach schedule) (see instructions) 0. 19 Depreciation (attach schedule) (see instructions) 0. 20 Occupancy 0. 21 Tavel, conferences, and meetings 0. 22 Penting and publications OGDEN 0. 23 Other expenses (attach schedule) See Stmt 164. 184 24 Total operating and administrative expenses. Add lines 13 through 23 4, 816. 215, 400. 26 Total expenses and disbursements. Add lines 24 and 25 220, 216. 220, 216. 220, 209.	a	8	THE N			<u> </u>	sadde Merc 11 amilion colors of seasons	TAX DESCRIPTION
10a Gross sales less returns and allowances   0.		o Not onlore to me deplicar game		nt Phile Hillians	Sexual			The second of the second
b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,007. 0.  13 Compensation of officers, directors, trustees, etc 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) (see instructions) 19 Depreciation (attach schedule) (see instructions) 20 Occupancy 21 Tavel, conferences, and meetings 22 Penting and publications OGDENUI 23 Other expenses (attach schedule) See Stimt 24 Total operating and administrative expenses. Add lines 13 through 23 4,816. 215,400. 216 Total expenses and disbursements. Add lines 24 and 25 220,216. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 220,216. 27 Subtract line 26 from line 12. 28 Excess of evenue over expenses and disbursements 20,209.		} -		ENGLASE 3 20 4+ 9 1 1 1 1 1 1 1	13/20		CHANGE SHOW STORY	15285
c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,007. 0. 30 Other employee salaries and wages. 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Accounting fees (attach schedule) 18 Accounting fees (attach schedule) 19 Accounting fees (attach schedule) 19 Depreciation (attach schedule) 10 Occupancy 11 Tayel, conferences, and meetings 12 Other expenses (attach schedule) 13 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12. 27 Subtract line 26 from line 12. 28 Occupancy over expenses and disbursements 20 Occupancy 20 Occupancy 21 Total expenses and disbursements 22 Planting and administrative expenses. Add lines 24 and 25 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. 28 Excess of revenue over expenses and disbursements 29 Occupancy 20 Occupancy 20 Occupancy 21 Total expenses and disbursements. Add lines 24 and 25 26 Ocntributions, gifts, grants paid 27 Subtract line 26 from line 12. 28 Excess of revenue over expenses and disbursements 29 Occupancy 20 Occupancy 20 Occupancy 21 Total expenses and disbursements. Add lines 24 and 25 220, 2216. 23 Occupancy 24 Octobro Profits State 25 Octobro Profits State 26 Occupancy 27 Subtract line 26 from line 12. 28 Excess of revenue over expenses and disbursements 29 Occupancy 20 Occupancy 20 Occupancy 21 Occupancy 22 Occupancy 23 Octobro Profits State 24 Occupancy 25 Octobro Profits State 26 Occupancy 26 Occupancy 27 Subtract line 26 from line 12. 28 Excess of revenue over expenses and disbursements		1		Charles Hillian	46.56			
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 200,007. 0.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) (see instructions) 19 Depreciation (attach schedule) (see instructions) 10 Cocupancy 11 Travel, conferences, and meetings 12 Penting and publications OGDEN, 17 23 Other expenses (attach-schedule) (see Semitimative expenses) 164 Add lines 13 through 23 165 Contributions, gifts, grants paid 166 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12. 27 Subtract line 26 from line 12. 28 Excess of evenue over expenses and disbursements 20 (20, 200.)				1	521.73		STREET OF THE PART AND THE PART OF THE PAR	
12 Total. Add lines 1 through 11  200,007.  0.  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees (attach schedule)  b Accounting fees (attach schedule)  c Other professional fees (attach schedule)  Taxes (attach schedule)  18 Taxes (attach schedule) (see instructions)  19 Depreciation (attach schedule) (see instructions)  19 Depreciation (attach schedule) (see instructions)  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications OGDEN  23 Other expenses (attach schedule) See Semt  24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12.  a Excess of evenue over expenses and disbursements  20 Occupancy  20 Occupancy  21 Total expenses and disbursements. Add lines 24 and 25  22 Subtract line 26 from line 12.  a Excess of evenue over expenses and disbursements  20 Occupancy  21 Total expenses and disbursements. Add lines 24 and 25  22 Subtract line 26 from line 12.		1			1	0.3 /3 300 5 6		
The state of the second		1		200.007	1	0.	· · · · · · · · · · · · · · · · · · ·	
14 Other employee salaries and wages	_	13					····-	
Travel, conferences, and meetings  Total operating and administrative expenses. Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12.  Excess of revenue over expenses and disbursements  RECEIVED  O  O  O  O  O  O  O  O  O  O  O  O  O	ä	14	•	0.	<u> </u>			
Travel, conferences, and meetings  Total operating and administrative expenses. Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12.  Excess of revenue over expenses and disbursements  RECEIVED  O  O  O  O  O  O  O  O  O  O  O  O  O	S. C.	15			٠,			
Travel, conferences, and meetings  Total operating and administrative expenses. Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12.  Excess of revenue over expenses and disbursements  RECEIVED  O  O  O  O  O  O  O  O  O  O  O  O  O	ğ	16a	• •		1			
Travel, conferences, and meetings  Total operating and administrative expenses. Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12.  Excess of revenue over expenses and disbursements  RECEIVED  O  O  O  O  O  O  O  O  O  O  O  O  O	Ĵ	b	Accounting fees (attach schedule) L-1.6b, Stmt		1			0.
18 Taxes (attach schedule) (see instructions)			Other professional fees (attach schedule) 1-16c Stmt		1			1,128.
18 Taxes (attach schedule) (see instructions)	rat	17	Interest RECLIVED		1_			
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	Į.	18	Taxes (attach schedule) (see instructions)					-
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	Ξ.	19						AND BEEN AND AND AND AND AND AND AND AND AND AN
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	퉏	20	Occupancy					
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	4	21	Travel, conferences, and meetings					
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	JUE C	22						
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	0	23		164.				184.
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	ij	24						
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	r.		Add lines 13 through 23	4,816.	<u></u>		<u> </u>	1,312.
26 • Total expenses and disbursements. Add lines 24 and 25 220, 216. 216, 712  27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements 20, 209.	ğ	25	Contributions, gifts, grants paid		A COLOR	學學學	<b>建設。                                    </b>	215,400.
a Excess of revenue over expenses and disbursements 20,209.	-0	26	Total expenses and disbursements. Add lines 24 and 25					216,712.
		27	Subtract line 26 from line 12.		<b>企图域</b>	NECESSION OF THE PERSON		<b>计数据规则</b>
		а	AC.	-20,209.	wind the sum	innininininininininininininininininini		
	•		Net investment income (if negative, enter -0-)	TO A SHOP THE PARTY OF			MAY TUTTUE	TOWNS IN COMPANY
c Adjusted net income (if negative, enter -0-)	_			KINK BEL	The Jakes	et allay		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

Page 2

`

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	,	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	50,415.	33,742.	33,742.
	2	Savings and temporary cash investments			
•	3	Accounts receivable ▶		v	
	ļ	Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)	, i kajimbilmatiol <u>is</u> si direks.	teat to	* S. Fleetible bld 1998
	7	Other notes and loans receivable (attach schedule) ▶			
	_	Less. allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use	<u> </u>		
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) .			****
	C	Investments—corporate bonds (attach schedule)		··	
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item l)	50,415.	33,742.	33,742.
	17	Accounts payable and accrued expenses .	813.	4,349.	
Ś	18	Grants payable			
ij	19	Deferred revenue			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶ )			
	23	Total liabilities (add lines 17 through 22)	813.	4,349.	
es		Foundations that follow SFAS 117, check here . ▶ ⊠ and complete lines 24 through 26, and lines 30 and 31.			İ
2	24	Unrestricted	49,602.	29,393.	'
ala	25	Temporarily restricted	15,002.		•
m	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	
힏		Foundations that do not follow SFAS 117, check here ▶ □		<del>-</del>	
Net Assets or Fund Balances		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
šše	29	Retained earnings, accumulated income, endowment, or other funds			
ĕ	30	Total net assets or fund balances (see instructions)	49,602.	29,393.	
<u>e</u> t	31	Total liabilities and net assets/fund balances (see	- , - , - , - , - , - , - , - , - , - ,		
_		instructions)	50,415.	33,742.	٠ , ٧
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
	Tota	al net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with	1.71.
		-of-year figure reported on prior year's return)		1	49,602.
2		er amount from Part I, line 27a		. 2	-20,209.
3		er increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3		4	29,393.
5	Dec	reases not included in line 2 (itemize) ▶		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lir	ne 30 <b>6</b>	29,393.

BAA

Part	V Capital Gains and	Losses for Tax on Investn	nent Income	<del>" '-</del>		
		id(s) of property sold (for example, real e se 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 )
<u>1a</u>					·	
b						
c						
<u>d</u>						
<u>e</u>	<del></del>			<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) s (f) minus (g))
<u>a</u>					-,,,,	
b						
<u>C</u>						
<u>d</u>						
<u>         e                           </u>						
- —	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69		ol (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ot less than -0-) <b>or</b> (from col (h))
а						
b						
С						
d						
е						
2	Capital gain net income or	mercaonariossi / ~ ·	also enter in Pai , enter -0- in Par	. ,	2	
3	Net short-term capital gair	n or (loss) as defined in sections		- F		
		I, line 8, column (c). See instru				
	Don't Line 0				3	
Part	V Qualification Und	er Section 4940(e) for Redu	iced Tax on N	et investment	Income	
Was tl	s," the foundation doesn't q	section 4942 tax on the distribu ualify under section 4940(e) Do	not complete th	nis part		☐ Yes ⊠ No
1		unt in each column for each yea	ar, see the instru	ictions before ma	king any entries	
Cale	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value of	(c) noncharitable-use as		(d) stribution ratio divided by col (c))
	2017	80,8	52.	45,63	L2.	1.772604
	2016	14,9	58.	34,39	97.	0.434864
	2015	15,9	04.	7,73	30.	2.057439
	2014	13,4		12,04	13.	1.115088
	2013	. 9,8	84.	7,22	23.	1.368406
_						
2	Total of line 1, column (d)				. 2	6.748401
3		for the 5-year base period—div			· 1 1	
	the number of years the fo	undation has been in existence	ıf less than 5 ye	ears .	3	1.349680
4	Enter the net value of nonc	charitable-use assets for 2018 fi	rom Part X, line !	5	. 4	55,244.
5	Multiply line 4 by line 3		•		5	74,562.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b	)		6	0.
7	Add lines 5 and 6 .				. 7	74,562.
8	Enter qualifying distribution	ns from Part XII, line 4 .			8	216,712.
		ter than line 7, check the box in	Part VI, line 1b	, and complete th		1% tax rate. See the
	Part VI instructions.				3	
BAA			REV 02/01/19 PRO		<del></del>	Form <b>990-PF</b> (2018)

REV 02/01/19 PRO

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s	ee ins	stru	ictio	าร)
1a ·	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. )				
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.	
	here ► 🗵 and enter 1% of Part I, line 27b	•			•
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
3	Add lines 1 and 2			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.	
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a				
b	Exempt foreign organizations—tax withheld at source . 6b				
С	Tax paid with application for extension of time to file (Form 8868) . 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8			•	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			0.	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11				
Part	VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt		Yes	No
	participate or intervene in any political campaign?		la		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See t instructions for the definition		ıb		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material		-	_	
	published or distributed by the foundation in connection with the activities.				
С	Did the foundation file Form 1120-POL for this year?	1	lc		×
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	H	-		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	<u>-</u>	٥		
	on foundation managers ▶ \$			1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ļ	2		×
	If "Yes," attach a detailed description of the activities	<u> </u>	=		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articl of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>⊢</b>	3 Ia		×
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_	ia Ib		<u>×</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
5	If "Yes," attach the statement required by General Instruction T	<del>   </del>	<del>5</del>		×
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
·	By language in the governing instrument, or			1	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions the</li> </ul>			l	
	conflict with the state law remain in the governing instrument?		_		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part I		6 7	<u>×</u>	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	``	<u>'</u>	_×_	
Oa	See Statement	İ			
L.				1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General designates of each state as required by Copyre Linear setting C3 Is "No." attacks are leastly as				
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	<u> </u>	3b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes	' 1			
10	complete Part XIV		9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses				
	names and addresses		0		×

.Par	VIFA: Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ▶ Leventhal Kline Management Inc Telephone no ► (510)  Located at ▶ 127 University Ave Berkeley CA ZIP+4 ▶ 94710		4123	3
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here.			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶   15	•		٠ _
16	At any time during calendar year 2018, 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		X.
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	**************************************	WELX.	
	the foreign country ►	रिक्री	E.	13.75
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	100.00		
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	F . 90	Yes	No
1a	During the year, did the foundation (either directly or indirectly).  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   \[ \sum Yes \infty No \]	342	<b>1</b>	
,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . ☐ Yes ☑ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	34.3		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			S. 200
	(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)?	200		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	378		
	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) .   Yes  No	37.75 E.A. 13		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in		i i	
~	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance, check here			j. Sal
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	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))		<b>建</b>	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			100
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year undistributed income? (If applying section 4942(a)(2) to	影響		
	all years listed, answer "No" and attach statement—see instructions)	2b	most part	2000 E
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	20	1005 f	TA 1884
	<b>▶</b> 20 , 20 , 20 , 20	373		15.18
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 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	(Ontorph)		
	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		W.	
	foundation had excess business holdings in 2018)	3b		279
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	SEAS.	299	(*************************************
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		×

Page <b>6</b>
---------------

Part	VII-B	Statements Regarding Activities	s for W	hich Form	4720	May Be F	Requir	ed (contii	nued)		
5a '	During th	e year, did the foundation pay or incur		•					-	∵⊈⊈ Yes	No
		on propaganda, or otherwise attempt the outcome of any specific public						Yes	× No	· 100 100 100 100 100 100 100 100 100 10	
		ly or indirectly, any voter registration dr		· · · ·		, or to c		', ☐ Yes	⊠No		
	(3) Provid	de a grant to an individual for travel, stu	idy, or o	ther sımılar	purpos	es?		☐ Yes	⊠ No		
		de a grant to an organization other than	n a char	itable, etc.,	organiz	zation desc	ribed ii				
		on 4945(d)(4)(A)? See instructions	charita	 Ibla calantif	 io litori	one or odes	aatiana	∐ Yes	⊠ No		
		de for any purpose other than religious ses, or for the prevention of cruelty to o				ary, or educ	canona	u ∏Yes	⊠ No		
b		swer is "Yes" to 5a(1)-(5), did any of the				fv under th	e exce	_	_	وماتود فارع والرائب بالقراب	
		tions section 53 4945 or in a current no								5b	التخفيد
		tions relying on a current notice regardi							▶□		
C		wer is "Yes" to question 5a(4), does t			n exem	ption from	the tax	Χ			
		it maintained expenditure responsibility		-				☐ Yes	☐ No		
60		attach the statement required by Regula						_			
фa		oundation, during the year, receive any onal benefit contract?	tunas, c	airectly or in	airectiy	, to pay pre	emiums	_	(C) A1-		
b		bundation, during the year, pay premiun	ns direc	atly or indire	 ctly on	 .a nersonal	I henefi	Yes it contract	⊠No ?	6b	
~		o 6b, file Form 8870.	, ande	, or mane	July, 011	. a porsona	, DOMEN	oomiaci	•	TE. 12 25	
7a	At any tim	e during the tax year, was the foundation	a party to	o a prohibite	d tax sh	elter transac	ction?	☐ Yes	⊠ No		
b		did the foundation receive any proceed:		•					۱?	7b	
8		ndation subject to the section 4960 ta			more t	than \$1,000	),000 ır	٦ _		2, 2, 3, 3, 4, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	
		tion or excess parachute payment(s) di	_	=				Yes	☐ No		( A BEE 4
Par		Information About Officers, Directand Contractors	tors, i	rustees, F	ounaa	ition Mana	agers,	Hignly F	'aid E	:mployees,	,
1		fficers, directors, trustees, and found	lation m	anagers ar	nd their	r compens	ation	See instri	ctions		
			(b) Title	, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expense a	count
<del></del>		(a) Name and address		s per week d to position		not paid, nter -0-)		oyee benefit ferred compe		other allowa	
	na G Bro		Pres	/ Treas							
		University Ave Berkeley CA 94710		0.25	ļ	0.			0.		0.
	K E Cap:		Secre	0.25		0.			Ο.		0
		University Ave Berkeley CA 94710	Direc		<u> </u>	<u>.</u>	<u> </u>		υ.		0.
	riel G D	University Ave Berkeley CA 94710	DITEC	0.25		٠ 0.	Ì		, O.		0.
<u> </u>		UNIVERSITY AVE BEINGING CA 34710		0.23					<u> </u>		0.
2	Compens "NONE."	sation of five highest-paid employee	es (othe	er than tho	se incl	uded on li	ne 1—	see instr	uction	s). If none,	enter
				(b) Title, and a	average			(d) Contribu			
•	(a) Name and	address of each employee paid more than \$50,00	00	hours per v	week	(c) Compe	nsation	employee plans and c compens	leferred	(e) Expense as other allowa	ccount, nces
None											
	<del> </del>							<del> </del>		<del></del>	
		•									
							<del></del>				
						1					
Total	number of	other employees paid over \$50,000		1.	<u> </u>			•	<b>•</b>	0	
										Form 990-PI	=

3 Five h	and Contractors (continued) ghest-paid independent contractors for professional services. See instructions. If none, enter "NON	IF "
O HIVE II	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
one		' '
<u> </u>		
		<del> </del>
		-
."		
	of others receiving over \$50,000 for professional services	0
art IX-A	Summary of Direct Charitable Activities	
	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations	and other beneficiaries served, conferences convened, research papers produced, etc	
1		
2		
		-
3		
4		·
•		
art IX-B	Summary of Program-Related Investments (see instructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
	······································	
All other prog	am-related investments. See instructions	
3		
tal. Add lin	es 1 through 3	
otal. Add lin	es 1 through 3	Form <b>99</b>

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreities see instructions.)	ign foi	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	7 4	
•	purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	56,085.
С	Fair market value of all other assets (see instructions)	1c	0.
d	<b>Total</b> (add lines 1a, b, and c)	1d	56,085.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	56,085.
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	841.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	55,244.
6	Minimum investment return. Enter 5% of line 5	6	2,762.
Part		ounda	itions
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)	,	
1	Minimum investment return from Part X, line 6	1	2,762.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 0.	1 1	
b	Income tax for 2018. (This does not include the tax from Part VI) 2b 0.		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,762.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,762.
6 7	Deduction from distributable amount (see instructions)	6	0.
,	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	_	
Dowt		7	2,762.
	XII Qualifying Distributions (see instructions)	1	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. —total from Part I, column (d), line 26.		216 712
a b	Program-related investments—total from Part IX-B	1a 1b	216,712.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	10	· · · · · · · · · · · · · · · · · · ·
-	purposes		0
3	Amounts set aside for specific charitable projects that satisfy the.	2	0.
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	<del>-                                    </del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	216 712
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>                                     </del>	216,712.
-	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	216,712.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years	<b></b>	nor the foundation

Part	XIII · Undistributed Incom	ne (see instruction	ons)			
,			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 201 line 7	8 from Part XI,				2,762.
2	Undistributed income, if any, as o	f the end of 2018.				- / · · · · · ·
а	Enter amount for 2017 only					
b	Total for prior years 20,					
3	Excess distributions carryover	1 *				١
a	From 2013 .	9,566.				,
b	From 2014 .	12,827.	-		u.	
c d	From 2015	15,517.				
e	From 2017 .	13,238. 78,571.	,			
f	Total of lines 3a through e	/8,3/1.	129,719.			
4	Qualifying distributions for 20 line 4. > \$ 216,712.					د
а	Applied to 2017, but not more	than line 2a			0.	
b	Applied to undistributed incon			0		
С	(Election required—see instructions out of	•		0.		
	required—see instructions) .					
	Applied to 2018 distributable a					2,762.
e	<b>3</b>	•	213,950.	AMBORET COMMONT	(CONTRACTOR OF A CO.)	(400) and transfinding pro-
5	Excess distributions carryover (If an amount appears in colur amount must be shown in colu	nn (d), the same				
6	Enter the net total of ea indicated below:					0
а	Corpus. Add lines 3f, 4c, and 4e		343,669.			0
b	Prior years' undistributed in line 4b from line 2b	come Subtract		0.		
С	Enter the amount of prior year income for which a notice of been issued, or on which the tax has been previously assess	f deficiency has section 4942(a)		0.	٥	
d	Subtract line 6c from line amount—see instructions .	e 6b. Taxable		0.	14.74	
е	Undistributed income for 201	7 Subtract line				
	4a from line 2a Taxable	e amount-see				*
					0.	
f	Undistributed income for 2018				٥	
	4d and 5 from line 1. This a distributed in 2019	mount must be			0	0.
7	Amounts treated as distribution to satisfy requirements important 170(b)(1)(F) or 4942(g)(3) (El required—see instructions) .	sed by section				:
8	Excess distributions carryover applied on line 5 or line 7 (see		9,566.			t
9	Excess distributions carry	•	, , , , , , , , , , , , , , , , , , ,			
	Subtract lines 7 and 8 from line		334,103.	त्रावतः - र । अववायवायाः व्याप्याः	didentos 📞 — e d resonancialescucibe	маниневонации с з соотычение
10	Analysis of line 9	,				a
а	Excess from 2014 .	12,827.				
b	Excess from 2015	15,517.			13	
c d	Excess from 2016 Excess from 2017	13,238.		' <i>u</i>		. '' ,, , , , , , , , , , , , , , , , ,
e	Excess from 2017	78,571. 213,950.		1.005	,	
		~~0,000.	<u></u>			· · · · · · · · · · · · · · · · · · ·

orm 99	30-PF (2018)					Page <b>1</b> 6
Part	XIV Private Operating Founda	i <b>tions</b> (see instri	uctions and Parl	t VII-A, question !	9)	N/A
1a ·	If the foundation has received a ruling	g or determination	n letter that it is a	private operating		
	foundation, and the ruling is effective for	· · · · · · · · · · · · · · · · · · ·	•	•		
b	Check box to indicate whether the fou		e operating founda		ection	3) of 🗌 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	~ <i>S</i>	(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	<del></del>
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed		<u> </u>	-		
d	Amounts included in line 2c not used directly for active conduct of exempt activities .				1	
_	•			<del>                                     </del>		
е	Qualifying distributions made directly for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		<del>                                     </del>	<del>                                     </del>		
Ū	alternative test relied upon					
а	"Assets" alternative test—enter	į				
-	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3				1	
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross	,				
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					_
	(2) Support from general public					
	and 5 or more exempt organizations as provided in				•	
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization	/				<u></u>
5	(4) Gross investment income	<b>₹</b>			1	
Part				the foundation r	nad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation		utad mara than O	O/ of the total cont		<b></b>
а	List any managers of the foundation before the close of any tax year (but of					by the foundation
1	Donna G. Brown and Gabriel	•		παπ φο,σοο) (Occ s	section 507 (d)(2) )	
	List any managers of the foundation			ock of a corporation	n (or an equally lar	ge portion of the
-	ownership of a partnership or other el					ge portion or the
1	None			Ü		
2	Information Regarding Contribution	n, Grant, Gift, Loa	an, Scholarship,	etc Programs:		
	Check here ► 🗵 if the foundation			. •	organizations and	does not accept
	unsolicited requests for funds If the f					
	complete items 2a, b, c, and d See in				•	
а	The name, address, and telephone nu	ımber or email ad	dress of the perso	on to whom applica	ations should be ad	dressed
		•				
b	The form in which applications should	be submitted an	d information and	materials they sho	ould include.	
С	Any submission deadlines.					<del></del>
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of insti	tutions, or other
	factors.					

Part XV Supplementary Information (continued)

3 · Grants and Contributions Paid During			T	
Recipient If recipient is an individual show any relationship to any foundation manager		status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Doctors Without Borders				
P.O. Box 5030	37.73			
Hagerstown MD 21741	N/A	PC	General Support	1,200
Dui Hau Foundation			i	
450 Sutter Street, Suite 900 San Francisco CA 94108	N/A	PC	Conoral Cumpert	1 200
Food Bank for NY City	N/A.	PC	General Support	1,200
39 Broadway				
New York NY 10006	N/A	PC	General Support	1,200
Human Rights Watch	IN/A	1	Support	1,200
350 Fifth Avenue, 34th Floor				
New York NY 10118	N/A	PC	General Support	1,200
Amnesty International	1.7		deneral support	1,200
5 Penn Plaza, 16th Floor				
New York NY 10001	N/A	PC	General Support	1,200
Oxfam America	1.,	-	demeral support	1,200
226 Causeway Street, 5th Floor				
Boston MA 02114	N/A	PC	General Support	1,200
Transparency International	,			1,200
1023 15th Street NW, Suite 300		ĺ		
Washington DC 20005-2618	N/A	PC	General Support	1,200
UFW Foundation	,			_,
P.O. Box 62	:			
Keene CA 93531	N/A	PC	General Support	1,200
Sisters of Charity				}
Seaton House, #202, P.O. Box 476				
Convent Station NJ 07961	N/A	PC	General Support	3,000
See Statement				
	•			202,800
Total				a 215,400
b Approved for future payment				
				}
				i
	Ì	İ		1
				1

	rt XVI-As Analysis of Income		T				
Ente	er gross amounts unless otherwise in	idicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1	Program service revenue.				<u> </u>		
	a						
	b						
	c						<u> </u>
	d						
	e						
	f						
	g Fees and contracts from govern	_					
2	•						
3	Interest on savings and temporary ca				14	7.	
4	Dividends and interest from securit	ies					
5	Net rental income or (loss) from rea	ıl estate					
	a Debt-financed property	•					
	b Not debt-financed property						
6	Net rental income or (loss) from per	rsonal property					
7	Other investment income .	•	. <u></u>				
8	Gain or (loss) from sales of assets other	er than inventory					
9	Net income or (loss) from special ev	vents					
10	Gross profit or (loss) from sales of i	nventory .					
11	Other revenue. a						
	b						
	c						
	d						
	e						
						7.	
	Subtotal Add columns (b), (d), and						
13	Total. Add line 12, columns (b), (d),	and (e)		<u> </u>	•	13	7.
1 <b>3</b> (See	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to	, and (e) verify calculation					<u> </u>
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to irt XVI-B Relationship of Act	, and (e) verify calculation		ent of Exemp	t Purposes		<u> </u>
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to irt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.
13 (See Pa	Total. Add line 12, columns (b), (d), e worksheet in line 13 instructions to rt XVI-B Relationship of Act	, and (e) verify calculation tivities to the A	ccomplishm	<del></del>		13	7.

Part	XVII	Information Organization	n Regarding Tra	ansfers to	and Tran	saction	ns and F	Relationshi	ps With N	lonchar	itable	е Ехе	mpt
	ın `se orgar	ection 501(c) (o nizations?	directly or indirectly other than section	n 501(c)(3)	organızatı	ons) or	ın sect	ion 527, rel				Yes	No
			porting foundation	to a nonch	arıtable exe	empt org	anızatıor	n of.			1-(1)		
	• •	ash			• • •						1a(1)		×
		ther assets .			• •					• •	1a(2)		×
		r transactions:									46.44	<del>-</del>	4
			a noncharitable ex				• • •				1b(1)		×
			ets from a nonchar								1b(2)		×
			, equipment, or oth			-					1b(3)		×
			rrangements								1b(4)		×
		_	rantees								1b(5)	<u> </u>	×
			ervices or members		-					•	1b(6)		×
		-	quipment, mailing			-	-			٠.,	1c		×
			of the above is "Y										
			ther assets, or ser										
			on or sharing arran										
(a) Line	no (	b) Amount involved	(c) Name of non	icharitable exe	empt organizati	ion	(d) Desc	cription of transfe	rs, transactio	ns, and sha	ring arr	angem	ents
		-											
				<del></del>								<u> </u>	
										-			
								<del></del>					
	_												
	_								PIR				
										meu	_		<del></del>
			 ectly or indirectly 501(c) (other than s					nore tax-exer	mpt organ	izations		es 🗵	 No
b	If "Ye	s," complete the	e following schedul	le.									
		(a) Name of organ	ization		(b) Type of org	janization			(c) Description	n of relation	ship		
		****											
				1									
			declare that I have exami							my knowled	ge and	belief, it	is true,
Sign	L COPPE	ct, and complete Decia	aration of preparer (other t		is based on all if	liormation o	or which prep	parer has any kno	wieage	May the IF	S discu	iss this	return
Here	18	Josma	9.7m	un	11/1/19	Pr	esıden	t		with the pr			
	Sign	ature of officer or trus	stee		Date	Title				See instruc		Z res	7140
Paid		Print/Type preparer	's name	Preparer	s signature	-	•	Date /	Chec	k   ıf   F	PTIN		
Prepa	irer	Dion L Gri	ffin, CPA	1	ノ( ~	me	<u>~~</u>	11/1/	self-e	mployed F	0188	3298	4
Use C		Firm s name	Leventhal/K	line Mar	nagement	Inc.			Firm's EIN				
JJC (	, i ii y	Firm's address ▶	127 Univers							(510)84			
BAA			Berkeley			CA	94710	)					(2018)

# Form 990-PF: Return of Private Foundation

## Part·XV, Line 3a: Grants and Contributions Paid During the Year

#### **Continuation Statement**

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		•	-	
South Bronx Community Charter High School 730 Concourse Village West Tower B, Room 143	N/A	PC	General Support	400.
Bronx, NY 10451				
Cornerstones Community Partners 227 Otero Street Santa Fe, NM 87501	N/A	PC	The Solar Project	200,000.
USA Shaolin Temple 102 Allen Street New York, NY 10002	N/A	PC ,	General Support	2,400.
				202,800.

# Additional information from your Form 990-PF: Return of Private Foundation

### Form 990-PF: Return of Private Foundation

Other Expenses

**Continuation Statement** 

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Filing Fees	60.			60.
Postage & Delivery	24.			31.
Website	80.		1	93.
Total	164.			184.

## Form 990-PF: Return of Private Foundation

Reporting state

**Continuation Statement** 

	Reporting state	
NV		
CA		

# Legal and Professional Fees

2018

Name	Employer Identification No
Remy's Good Day Fund	46-2070786

### Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-F	PF, Part I, Line 16a				

#### Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Leventhal Kline Management	Tax Preparation	2,850.			0.
Total to Form 990-	PF, Part I, Line 16b	2,850.			0.

### Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Leventhal Kline Management Inc	Foundation administration	1,802.			1,128.
Total to Form 990-	PF, Part I, Line 16c	1,802.			1,128.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

2018

Employer identification number

Remy's Good Day Fund 46-2070786 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 Sol(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . . . . . . Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990.

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Remys's Good Day Fund

46-2070786

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Alvin & Peggy Brown Fam. Char Foundation 8180 Wisconsin Avenue Bethesda MD 20814	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Remy's Good Day Fund

Employer identification number

46-2070786

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
			L

Employer identification number

46-2070786

Remy's Good Day Fund Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$

	Use duplicate copies of Part III if ad	ditional space is neede	d			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Transfer	of aift			
	Transferee's name, address, a			ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Transfer	of aift			
<b>\</b>	Transferee's name, address, a			ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
į						
	Transferee's name, address, a	(e) Transfer and ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift 	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a			nship of transferor to transferee		