

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation CM CAPITAL FOUNDATION		A Employer identification number 77-0583870
Number and street (or P O box number if mail is not delivered to street address) 525 UNIVERSITY AVE NO 200	Room/suite	B Telephone number (see instructions) (650) 326-6480
City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 943011910		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>2,732,775</u>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	410,000			
	2 Check <input type="checkbox"/> 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				
	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)		66,462		
	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)	0	-2,468			
12 Total. Add lines 1 through 11	410,000	63,994			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	21,000	0		21,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,560	3,780		3,780
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,605	0		1,122
	24 Total operating and administrative expenses. Add lines 13 through 23	32,165	3,780		25,902
	25 Contributions, gifts, grants paid	75,100			75,100
26 Total expenses and disbursements. Add lines 24 and 25	107,265	3,780		101,002	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	302,735				
b Net investment income (if negative, enter -0-)		60,214			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	216,189	169,284	169,284
	2 Savings and temporary cash investments	711	711	711
	3 Accounts receivable ▶ _____ 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)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	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)	1,537,400	2,212,780	2,212,780
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	500,000	350,000	350,000	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,254,300	2,732,775	2,732,775	
Liabilities	17 Accounts payable and accrued expenses	7,200	7,560	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	7,200	7,560	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	2,247,100	2,725,215	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	0	0		
30 Total net assets or fund balances (see instructions)	2,247,100	2,725,215		
31 Total liabilities and net assets/fund balances (see instructions) .	2,254,300	2,732,775		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,247,100
2 Enter amount from Part I, line 27a	2	302,735
3 Other increases not included in line 2 (itemize) ▶ _____	3	175,380
4 Add lines 1, 2, and 3	4	2,725,215
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,725,215

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PARTNERSHIP GAIN(LOSS)		P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a			66,462	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			66,462	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	66,462
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	95,584	2,281,709	0.041891
2016	180,026	1,712,166	0.105145
2015	113,954	1,089,031	0.104638
2014	61,260	961,102	0.063739
2013	120,104	1,377,815	0.087170
2 Total of line 1, column (d)			2 0.402583
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 0.080517
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 2,697,756
5 Multiply line 4 by line 3			5 217,215
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 602
7 Add lines 5 and 6			7 217,817
8 Enter qualifying distributions from Part XII, line 4			8 101,002

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', and 'Total credits and payments'. Total amount owed is 50.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 during the year for political purposes?', and 'Did the foundation have at least \$5,000 in assets at any time during the year?'. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 525 UNIVERSITY AVENUE PALO ALTO CA ZIP+4 94301

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	176,059
c	Fair market value of all other assets (see instructions).	1c	2,562,780
d	Total (add lines 1a, b, and c).	1d	2,738,839
e	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	2,738,839
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	41,083
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,697,756
6	Minimum investment return. Enter 5% of line 5.	6	134,888

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	134,888
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	1,204
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	377
c	Add lines 2a and 2b.	2c	1,581
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	133,307
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	133,307
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	133,307

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	101,002
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	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	101,002
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	101,002

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				133,307
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	35,403			
b From 2014.	13,557			
c From 2015.	59,778			
d From 2016.	94,936			
e From 2017.				
f Total of lines 3a through e.	203,674			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>101,002</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				101,002
e Remaining amount distributed out of corpus				0
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	32,305			32,305
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	171,369			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
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		
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	3,098			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	168,271			
10 Analysis of line 9				
a Excess from 2014.	13,557			
b Excess from 2015.	59,778			
c Excess from 2016.	94,936			
d Excess from 2017.				
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "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

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

ELIZABETH HAMMACK
525 UNIVERSITY AVENUE STE 200
PALO ALTO, CA 94301
(650) 326-6480

b The form in which applications should be submitted and information and materials they should include

CALL TO REQUEST WRITTEN APPLICATION

c Any submission deadlines

JANUARY 15, APRIL 15, JULY 15, AND OCTOBER 15

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

THE FOUNDATION DOES NOT MAKE GRANTS TO SUPPORT FUNDRAISING EVENTS, CONFERENCES, INDIVIDUALS, FOR-PROFIT ENTERPRISES, POLITICAL PURPOSES AND RELIGIOUS PURPOSES STRONG PREFERENCE IS GIVEN TO APPLICANTS IN THE SANTA CLARA COUNTY OF CALIFORNIA

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOHN C COUCH 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	DIRECTOR 0 50	0	0	0
LUCIA CHA 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	PRESIDENT & DIRECTOR 0 50	0	0	0
KENT LIU 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	TREASURER 0 50	0	0	0
ELIZABETH HAMMACK 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	VP & SEC, EXEC DIR 5 00	21,000	0	0
PRISCILLA CHOU 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	DIRECTOR 0 50	0	0	0
SELINA CHA 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	DIRECTOR 0 50	0	0	0
BRUCE MADDING 525 UNIVERSITY AVE STE 200 PALO ALTO, CA 94301	CHAIRMAN & DIRECTOR 0 50	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ADRIAN C WILCOX HIGH SCHOOL 3250 MONROE STREET SANTA CLARA, CA 95051	NONE	PC	GENERAL SUPPORT	250
AUDUBON ELEMENTARY SCHOOL 840 GULL AVENUE SAN MATEO, CA 94404	NONE	PC	GENERAL SUPPORT	500
AVENIDAS450 BRYANT STREET PALO ALTO, CA 94301	NONE	PC	GENERAL SUPPORT	5,000
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BONNIE J ADDARIO LUNG CANCER FOUNDATION 1100 INDUSTRIAL ROAD SUITE 1 SAN CARLOS, CA 94070	NONE	PC	GENERAL SUPPORT	1,000
BURLINGAME COMMUNITY FOR EDUCATION FOUNDATION PO BOX 117730 BURLINGAME, CA 94011	NONE	PC	GENERAL SUPPORT	500
CABRILLO MIDDLE SCHOOL 2550 CABRILLO AVENUE SANTA CLARA, CA 95051	NONE	PC	GENERAL SUPPORT	250
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSON ROAD 1375 THOUSAND OAKS, CA 91360	NONE	PC	STEM SCHOLARSHIP FOR CRYSTAL PERREZ-GUTIEREZ	5,000
CHILD AND FAMILY RESEARCH INSTITUTE 330 RAVENSWOOD AVENUE MENLO PARK, CA 94025	NONE	PC	GENERAL SUPPORT	250
CHS SPEECH AND DEBATE BOOSTERS 10100 FINCH AVENUE CUPERTINO, CA 95014	NONE	PC	GENERAL SUPPORT	500
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CONTEMPORARY ASIAN THEATRE 565 N 5TH STREET SAN JOSE, CA 95112	NONE	PC	GENERAL SUPPORT	2,000
DIVINE VOCATION SPONSORED CORP PO BOX 36191 SAN JOSE, CA 95158	NONE	PC	GENERAL SUPPORT	480
ETHIOPIA READSPO BOX 50393 MINNEAPOLIS, MN 55405	NONE	PC	GENERAL SUPPORT	1,000
Total				75,100

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FOOD BANK OF CONTRA COSTA & SOLANO PO BOX 6324 CONCORD, CA 94520	NONE	PC	GENERAL SUPPORT	250
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	PC	GENERAL SUPPORT	400
JAKARA MOVEMENT 6089 N 1ST STREET SUITE 102 FRESNO, CA 93710	NONE	PC	GENERAL SUPPORT	100
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
KQED2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	NONE	PC	GENERAL SUPPORT	300
LUCILE PACKARD FOUNDATION FOR CHILDRENS HEALTH 400 HAMILTON AVENUE STE 340 PALO ALTO, CA 94301	NONE	PC	FOR CHILDREN HEALTH, SUMMER SCAMPER & CNY PROGRAMS	30,000
MUSIC FOR MINORS 1100 INDUSTRIAL ROAD SUITE 10 SAN CARLOS, CA 94070	NONE	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
OREGON ROBOTICS TOURNAMENT & OUTREACH PROGRAM 4800 SW GRIFFITH DRIVE SUITE 215 BEAVERTON, OR 97005	NONE	PC	GENERAL SUPPORT	2,000
ORION ALTERNATIVE SCHOOL 815 ALLERTON STREET REDWOOD CITY, CA 94063	NONE	PC	GENERAL SUPPORT	1,000
PALO ALTO HIGH SCHOOL 2665 ARIANE DRIVE SUITE 201 SAN DIEGO, CA 92117	NONE	PC	PALY HIGH BIG GAME PROMOTION	1,000
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PALO ALTO PARTNERS IN EDUCATION PO BOX 1557 PALO ALTO, CA 94302	NONE	PC	GENERAL SUPPORT	1,000
PALO ALTO PARTNERS IN EDUCATION PO BOX 1557 PALO ALTO, CA 94302	NONE	PC	GENERAL SUPPORT	500
PENINSULA OPEN SPACE TRUST 222 HIGH STREET PALO ALTO, CA 94301	NONE	PC	GENERAL SUPPORT	250
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
REDWOOD CITY LITTLE LEAGUE PO BOX 2906 REDWOOD CITY, CA 94064	NONE	PC	GENERAL SUPPORT	450
REDWOOD SHORES PUBLIC SCHOOL PO BOX 5196 BELMONT, CA 94002	NONE	PC	GENERAL SUPPORT	500
REGENTS OF THE UNIVERSITY OF MICHIGAN DEPT CH 10189 PALATINE, IL 60055	NONE	PC	GENERAL SUPPORT	1,000
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
RICE UNIVERSITY 6100 MAIN STREET MS-12 PO BOX 1892 HOUSTON, TX 77251	NONE	PC	STEM SCHOLARSHIP FOR RENEE STEPHENSON	5,000
STANFORD UNIVERSITY LELAND STANFORD JR UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	NONE	PC	GENERAL SUPPORT	1,000
THE BONE MARROW FOUNDATION INC 515 MADISON AVENUE SUITE 1130 NEW YORK, NY 10022	NONE	PC	GENERAL SUPPORT	500
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE NEW RIVER CHURCH COMMUNITY 670 LINCOLN AVENUE SUITE 200 SAN JOSE, CA 95126	NONE	PC	GENERAL SUPPORT	500
THE ORINDA ASSOCIATION PO BOX 97 ORINDA, CA 94563	NONE	PC	GENERAL SUPPORT	120
THE TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	PC	GENERAL SUPPORT	500
Total ▶ 3a				75,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE WEBB SCHOOL 1175 WEST BASELINE ROAD CLAREMONT, CA 91711	NONE	PC	GENERAL SUPPORT	500
TRUSTEES OF PRINCETON UNIVERSITY 330 ALEXANDER STREET PO BOX 5357 PRINCETON, NJ 08543	NONE	PC	GENERAL SUPPORT	500
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	NONE	PC	ANNUAL CHANCELLOR'S FUND	10,000
Total				75,100

▶ 3a

TY 2018 Accounting Fees Schedule**Name:** CM CAPITAL FOUNDATION**EIN:** 77-0583870

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,560	3,780		3,780

TY 2018 Investments - Other Schedule**Name:** CM CAPITAL FOUNDATION**EIN:** 77-0583870**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT IN CMC MASTER FUND	AT COST	2,212,780	2,212,780

TY 2018 Other Assets Schedule**Name:** CM CAPITAL FOUNDATION**EIN:** 77-0583870**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PREPAID	500,000	350,000	350,000

TY 2018 Other Expenses Schedule**Name:** CM CAPITAL FOUNDATION**EIN:** 77-0583870**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	92	0		85
SOFTWARE	342	0		342
EXPRESS MAIL/DELIVERY	22	0		22
TRAVEL	458	0		458
PRINTING/STATIONERY	215	0		215
FEDERAL INCOME TAXES	2,476	0		0

TY 2018 Other Income Schedule**Name:** CM CAPITAL FOUNDATION**EIN:** 77-0583870**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP INCOME		-2,468	

TY 2018 Other Increases Schedule**Name:** CM CAPITAL FOUNDATION**EIN:** 77-0583870

Description	Amount
UNREALIZED GAIN	175,380

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018

Name of the organization
CM CAPITAL FOUNDATION

Employer identification number
77-0583870

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

- 501(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 other 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, II, 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 990PF, 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 CM CAPITAL FOUNDATION	Employer identification number 77-0583870
--	---

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	CM CAPITAL CORPORATION <hr/> 525 UNIVERSITY AVENUE SUITE 200 <hr/> PALO ALTO, CA 94301	\$ 410,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization CM CAPITAL FOUNDATION	Employer identification number 77-0583870
--	---

Part II **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
	<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small> _____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____

Name of organization CM CAPITAL FOUNDATION	Employer identification number 77-0583870
--	---

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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 additional space is needed

(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, and ZIP 4	Relationship 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 gift Transferee's name, address, and ZIP 4	Relationship 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 gift Transferee's name, address, and ZIP 4	Relationship 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 gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____