000 T	1 6		NDED TO NOVE			Tay Datur	. 1	OMB No 1545-0687		
Form 990-T	"		nization Bus			ax Return	'	OMB No 1545-0687		
' *	For ca	lendar year 2018 or other tax ye		ei 3e	, and ending	•	I	2018		
	Fur to	1	-	2010						
Department of the Treasury Internal Revenue Service	 	► Go to www irs.gov/Form990T for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Instruction (Copen to Public Instruction) (Copen to Pub								
A Check box if address changed		Name of organization ((Emp	oyer identification number loyees' trust, see uctions)						
B Exempt under section	Print	CARESTAR FO	8	2-1511283						
\mathbf{X} 501($\mathbf{c}\mathbf{\Omega}3$,)	or	Number, street, and room		ated business activity code						
408(e)220(e)	Туре	Type 34 FLORIDA AVENUE								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code BERKELEY, CA 94707 900099								
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	>						
58,610,5	_	·	pe ► X 501(c) corp	ooration	501(c) trust	401(a) trust	Other trust		
H Enter the number of the	-		businesses			the only (or first) ui				
trade or business here			<u>, , , , , , , , , , , , , , , , , , , </u>			, complete Parts I-V.				
			ous sentence, complete Pa	rts I an	d II, complete a Schedul	e M for each additior	ial trade	or or		
business, then complete			offiliated aroun or a narrar	at auba	diany controlled group?			es X No		
-		tifying number of the pare	affiliated group or a parer	n-suosi	diary controlled group?		Ye	S A NO		
J The books are in care of					Teleph	none number > 5	10-	710-6799		
		de or Business Inc			(A) Income	(B) Expense		(C) Net		
1a Gross receipts or sal	es				· · · · · ·		4. W			
b Less returns and allo			c Balance	1c						
2 Cost of goods sold (Schedule	A, line 7)	_	2		建起多思想				
3 Gross profit Subtrac	t line 2 f	rom line 1c		3						
4 a Capital gain net incor	me (attac	ch Schedule D)		4a		死数数////数据				
b Net gain (loss) (Form	1 4797, F	Part II, line 17) (attach Fori	n 4797)	4b		Charles and the second	* \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'		
c Capital loss deductio	n for tru	sts ,		4c			- <u>- </u>			
5 Income (loss) from a	a partner:	ship or an S corporation (a	attach' statement)	5						
6 Rent income (Schedi	ule C)			6						
7 Unrelated debt-finance	ced incoi	me (Schedule E)		7						
		ind rents from a controlled		8						
9 Investment income of	of a section	on 501(c)(7), (9), or (17) o	organization (Schedule G)	9				<u> </u>		
10 Exploited exempt act	•	` '		10						
11 Advertising income (•		11		POST TOWNS TOWN AND PROPERTY.	Skrives sp			
Other income (See instructions, attach schedule)						CONTRACT	SENE R			
13 Total. Combine lines 3 through 12										
(Except for	contribi	utions, deductions mus	t be directly connected	l with t	be unrelated business	s income)				
· ·		rectors, and trustees (Sch	edule K)	IFU	201		14			
15 Salaries and wages			DEUEL		198/		15	`		
16 Repairs and mainter	nance		REOR NOV ED	more	3 /gg/		16			
17 Bad debts			In I way	70,	<u> </u>		17			
18 Interest (attach sch			IS NOV		777		18			
19 Taxes and licenses		e instructions for limitation 562)		M.	7		19			
20 Charitable contribut	ions (Se	e instructions for limitation	Trule	فيليليه			20			
21 Bobi coldinos Jamas		302)			21		L .			
. ~	iaimed oi	n Schedule A and elsewhe	re on retarn		22a		22b			
23 Depletion Z							23			
24 Contributions to def 25 Employee benefit pr		imperisation plans					24			
25 Employee benefit pr26 Excess exempt expe		shadula IV					25 26			
27 Excess readership of		·					27			
28 Other deductions (a							28			
29 Total deductions A							29	0.		
			g loss deduction Subtract	t line 29) from line 13		30	0.		
'_ `			ginning on or after Januar				31			
		ncome Subtract line 31 fr		, ., =0	- (32	0.		
823701 01-09-19 LHA F								Form 990-T (2018)		

Part I	Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	33	0.							
34	Amounts paid for disallowed fringes	nounts paid for disallowed fringes								
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions)		34						
36	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
	lines 33 and 34	, , , , , , , , , , , , , , , , , , ,								
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	36	1,000.							
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line	 " 								
, 55	enter the smaller of zero or line 36	38	0.							
Part I	Ÿ∄ Tax Computation				-					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			> 39	0.					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	- 14 h								
	Tax rate schedule or Schedule D (Form 1041)	▶ 40								
41	Proxy tax See instructions			▶ 41						
42	Alternative minimum tax (trusts only)			42						
43	Tax on Noncompliant Facility Income. See instructions			43						
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.					
Part \										
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a								
ь	Other credits (see instructions)	45b	·							
C	General business credit. Attach Form 3800	45c								
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d								
е	Total credits Add lines 45a through 45d			45e						
46	Subtract line 45e from line 44			46	0.					
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 , Other	(attach schedule) 47	,					
48	Total tax. Add lines 46 and 47 (see instructions)	,		48	0.					
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.					
50 a	Payments A 2017 overpayment credited to 2018	50a		r Ĉ						
b	2018 estimated tax payments	50b								
	Tax deposited with Form 8868	50c								
. q	Foreign organizations. Tax paid or withheld at source (see instructions)	50d			`					
е	Backup withholding (see instructions)		r							
f	Credit for small employer health insurance premiums (attach Form 8941)									
g	Other credits, adjustments, and payments Form 2439									
	Form 4136 Other Total ▶	50g								
51	Total payments. Add lines 50a through 50g			51						
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52						
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	<u> </u>					
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		Þ	▶ 54						
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		efunded	► 55						
Part \	Statements Regarding Certain Activities and Other Informatio	n (see instru	ictions)							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $$	or other authori	ty		Yes No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-	e							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country								
	here >				X					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a fo	reign trust?		X					
•	If "Yes," see instructions for other forms the organization may have to file									
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$									
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	tements, and to the has any knowledg	e best of my knov e	vledge and belie	if, it is true,					
Sign	CHIEF F	INANCIA	.L	May the IRS di	scuss this return with					
Here	1 OFFICER				own below (see					
	Signature of officer Date Title	1		instructions)?	X Yes No					
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN						
Paid	TAMARA L.	,,,,,,,	self- employe		011505					
Prepa	DDW TTD	<u>/08/19</u>	I '		0011797					
Use C	Inly Firm's name ► BPM LLP	·	Firm's EIN	<u> </u>	-4234542					
	4200 BOHANNON DRIVE, SUITE 250 Firm's address ► MENLO PARK, CA 94025-1021		Dhora no	650-05	55-6800					
	THING BOOKS > PLEINIUM FAMA, CA JEVAJELUAL		TEHUNG HU.	U	J - 0 0 0 0					

1 Inventory at beginning of year 1	Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	iluation > N/A						
3 Cost of labor	1 Inventory at beginning of year 1			6	Inventory at end of year	ır	_6				
3 Cost of labor	2 Purchases	2	7 Cost of goods sold. Subtract				ine 6				
Imp 2 7	3 Cost of labor	3	from line 5 Enter here and in f					·			
b Other costs (attach schedule) 5 Total Add lines I through 4b 5 Total I Description of property (1) (2) (3) (4) 2 Rent received or accrued (4) From personal property (if the percentage of surface or accrued (4) From personal property (if the percentage of surface or accrued (4) From personal property (if the percentage of surface or accrued (5) From real and percental property (if the percentage of surface or accrued (6) From real and percental property (if the percentage of surface or accrued (7) From personal property (if the percentage of surface or accrued (8) Total I not more than 50%) (9) Total I not more than 50%) (1) (2) (3) (4) (4) 7) Total I not more Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 5, column (if the percentage or accrued that the percentage of the surface of property (if the percentage of surface or income) 1 Description of debt-frameced Income (see instructions) 2 C Gross income hom or defectable to debt-frameced property (a) Sheep the segmentation (page 1) (b) Total surface or property (a) Sheep the segmentation (page 1) (b) Cone deductions (patch schedule) (c) Total income of a surface or property (if the percentage of the series of page 1) (b) Cone deductions (patch schedule) (c) Total schedule) (a) Sheep the segmentation (page 1) (b) Cone deductions (patch schedule) (c) Total schedule) (b) Cone deductions (patch schedule) (c) Total schedule) (a) Sheep the segmentation (page 1) (b) Cone deductions (patch schedule) (c) Total schedule) (d) Sheep the segmentation (page 1) (d) Sheep the se	4 a Additional section 263A costs			1		,	7				
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(4) 4 Amount of average acquisition debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) % (2) % (3) (4) Enter here and on page 1, Part I, line 7, column (A) Fart I, line 7, column (B) Totals		· · · · · · - 									
debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (A) Totals of or allocable to debt-financed debt-financed property (attach schedule) by column 5 reportable (column 2 x total of columns 3(a) and 3(b)) (column 6 x total of columns 2 x column 6) Fragoritable (column 2 x total of columns 3 (a) and 3(b)) Fragoritable (column 2 x total of columns 2 x column 6) Fragoritable (column 2 x total of columns 2 x column 6) Fragoritable (column 2 x total of columns 3 (a) and 3(b)) Fragoritable (column 2 x total of columns 2 x column 6) Fragoritable (column 5 x total of columns 2 x column 6) Totals				İ					_		
(2)	debt on or allocable to debt-financed	of or a debt-final	llocable to nced property	6.			reportable (column	(-	column 6 x tota	l of colu	
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals	(1)				%						
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals					- %			Т			
(4) Senter here and on page 1, Part I, line 7, column (A) Totals O O O O O					%			1			
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals					%						
Totals Total dividends-received deductions included in column 8 0. 0. 0.				•	,,						
Total dividends-received deductions included in column 8	Totals				•		0	.			0.
		cluded in column	8					-			0.

Ocheaute i - Interest, A	iniuities, rioya		T	11011100	ili one	u Organiza	itioni	(see ins	struction	15)	
			Exempt Controlled Organizati		rganızatı	tions					
Name of controlled organizate .	ıdent	2. Employer dentification number 3. Net unit (loss) (see		elated income instructions)		tal of specified ments made	includ	t of column 4 ted in the contraction's gross i	olling	6 Deductions directly connected with income in column 5	
(1)		-	<u>-</u>	-						·	
(1)			 						+		
(3)			,)		· <u> </u>	
(4)			<u> </u>							-	
Nonexempt Controlled Organiz	rations		<u></u>		L		1			-	
7. Taxable Income	8. Net unrelated inco (see instructio		9. Total	of specified payr made	nents	10 Part of colu in the controll gross	mn 9 tha ng orgar s income	nzation's		eductions directly connected h income in column 10	
(1)				•					-		
(2)									,		
(3)				,							
(4)											
{						Add colun Enter here and line 8, d		1, Part I, 4)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					<u> </u>			0.		0.	
Schedule G - Investmen		Section	501(c)(7	'), (9), or (⁻	17) Org	ganization [,]					
(see instr	uctions)			1					`	1	
1. Descr	iption of income			2. Amount of	income	3. Deduction directly connect (attach schedule)	cted	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)	
(1)	>										
(2)				ļ						,	
(3)											
(4)						Albumation of the co	AND TO	7 _ a_ v1	ma storie im s		
Totals			>	Enter here and o Part I, line 9, co	tumn (A)					Enter here and on page 1, Part I, line 9, column (8)	
Schedule I - Exploited I		/ Income	e, Other	Than Adv	ertisin	ng Income					
Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction related s income	4 Net incom from unrelated business (co minus columi gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp áttributá colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>										
(2)											
(3)		1									
(4)							'	1			
	Enter here and on page 1, Part I, line 10, col. (A)	page 1	re and on i, Part I, col (B)							Enter here and on page 1, Part II, line 26	
Totals •	0.	<u>L.:.</u>	0.							0.	
Schedule J - Advertisin		ınstruction									
Part. Income From F	Periodicals Rep	orted or	n a Cons	solidated	Basis			•			
1. Name of periodical	2 Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus nn, comput			6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				12.54		7.C					
(2)						ğ					
(3)						(1))				
(4)											
Totals (carry to Part II, line (5))	>	0.	0	•						0.	
										Form 990-T (2018)	

Form 990-T (2018) CARESTAR FOUNDATION 82-15112 Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		-					
(2)							
(3)				,			
(4)		,					
Totals from Part I	0.	0.	Par Maria de Cal			0.	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	0.				0.	

, 1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	,	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)