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2018

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 07-01-20)18 , ar	nd end	ling 06-30-	2019	
		indation KIRCHGESSNER FOUNDATION			A Employer ide	entification numbe	r
C/	O KATH	Y MCGRATH KRAMER			68-0530356		
		l street (or P.O. box number if mail is not delivered to street address) ENTURA BLVD NO 266	Room/suite		B Telephone nur	mber (see instruction	ns)
					(818) 981-6710		
		n, state or province, country, and ZIP or foreign postal code IAKS, CA 91423			C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply:	former public charity		D 1. Foreign org	janizations, check he	ere
		Final return Amended return				ganizations meeting	
		\square Address change \square Name change			•	k here and attach co	· -
H Ch	neck ty	pe of organization: $oxed{oldsymbol{arphi}}$ Section 501(c)(3) exempt private	foundation			ndation status was t n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation				
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 17,631,120 Under (specify) (Part I, column (d) must	Cash Maccru	ıal		tion is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) N	et investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► ✓ if the foundation is not required to attach					
	_	Sch. B					
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	372,686	5	372,686		
	5a	Gross rents	372,000	1	372,000		
	ь	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	1,123,994	1			
e K	ь	Gross sales price for all assets on line 6a					
Sev	_	8,637,395			1 122 004		
_	7 8	Capital gain net income (from Part IV, line 2)			1,123,994		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	267	7	267		
	12	Total. Add lines 1 through 11	1,496,947	7	1,496,947		
	13	Compensation of officers, directors, trustees, etc.	170,789		0		170,789
	14	Other employee salaries and wages	500)	0		500
ses	15	Pension plans, employee benefits	27,627	7	0		27,627
Expenses Reversite	16a	Accounting fees (attach schedule)			0		
Exp	b c	Other professional fees (attach schedule)	9 51,950	+	92,505		51,950
ive	17	Interest	92,303	1	72,303		-
rat	18	Taxes (attach schedule) (see instructions)	6,534	1	0		0
nist	19	Depreciation (attach schedule) and depletion	,,,,,,	1			
Ē	20	Occupancy					
and Administrative	21	Travel, conferences, and meetings	4,817	7	0		4,817
anc	22	Printing and publications					
бu	23	Other expenses (attach schedule)	6,168	3	245		5,923
Operating	24	Total operating and administrative expenses.					
be		Add lines 13 through 23	360,890	1	92,750		261,606
J	25	Contributions, gifts, grants paid	560,184	1			560,184
	26	Total expenses and disbursements. Add lines 24 and 25	921,074	4	92,750		821,790
	27	Subtract line 26 from line 12:				-	
	а	Excess of revenue over expenses and disbursements	575,873	3			
	b	Net investment income (if negative, enter -0-)			1,404,197		
	c	Adjusted net income (if negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.	•	Ca	at. No. 11289X	For	m 990-PF (2018)

Form 990-PF (2018)

Liabilitie 20

Net Assets or Fund Balances

21

22

23

24

25

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29

30

31 Part III

2

3

4

	_	Savings and temporary cash investments	101,751	25 1,000	251,00
	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 ▶			
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	18,000,250	17,373,281	17,373,28
	С	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 I)	18,154,882	17,631,120	17,631,12
	17	Accounts payable and accrued expenses	41,913	51,124	
	18	Grants payable	47,500		
Š	10	Deferred revenue			

9

63,873

153,286

18,001,596

18,001,596

18,154,882

29,531

80,655

17,550,465

17,550,465

17,631,120

1

2

3

4

5

6

18,001,596

18,577,469

1,027,004

17,550,465 Form **990-PF** (2018)

575,873

	,		
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 I)	18,154,882	
17	Accounts payable and accrued expenses	41,913	
18	Grants payable	47,500	
19	Deferred revenue		

Loans from officers, directors, trustees, and other disqualified persons

Total liabilities(add lines 17 through 22)

Mortgages and other notes payable (attach schedule). .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg., and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

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Part	IV Capital Gains a	nd Losses for Tax on Invest	ment Income			
		e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	PUBLICLY TRADED SECUR	RITIES				
b						
с						
d						
e			ı			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis pense of sale	Gain o	h) r (loss)) minus (g)
а	8,637	7,395		7,513,40	1	1,123,994
b						
С						
d						
е						
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) ol. (j), if any	col. (k), but not	h) gain minus less than -0-) or om col.(h))
а						1,123,994
b						
c						
d						
e			If gain, also enter in			
3	· -	ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi	ons). If (loss), enter -	o- · · · · . }	3	1,123,994
Pari	t V Qualification U	nder Section 4940(e) for Re	duced Tax on Ne	t Investment I	ncome	
(For o	ptional use by domestic pr	ivate foundations subject to the sec	ction 4940(a) tax on n	et investment inco	me.)	
If cost	ion 4040(d)(2) applies les	ave this part blank				
Was th		e section 4942 tax on the distributal t qualify under section 4940(e). Do		,	d? 🔲 Y	es 🔽 No
1_	Enter the appropriate am	ount in each column for each year;	see instructions befor	e making any entri	es.	
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharita	ble-use assets	(d) Distribution rat (col. (b) divided by c	
	2017	727,578		18,265,396		0.039834
	2016	943,904		16,996,718		0.055534
	2015	961,372		16,792,333		0.057251
	2014	971,415 884,232		18,755,481 18,687,993		0.051794 0.047316
	Total of line 1, column (d			10,087,993		0.251729
3	Average distribution ratio number of years the found	, for the 5-year base period—divide t dation has been in existence if less icharitable-use assets for 2018 fron	than 5 years			0.050346 17,453,090
			,	5		878,693
	. ,	nt income (1% of Part I, line 27b)		6		14,042
				7		892,735
		ons from Part XII, line 4 ,		8		821,790
	If line 8 is equal to or greatinstructions.	ater than line 7, check the box in Pa	art VI, line 1b, and co	mplete that part us	ing a 1% tax rate. Se	e the Part VI

Page **6**

Pai	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During th	e year did the foundation p	рау о	r incur any amount to:						Yes	No
	(1) Carry	on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?	Ves	✓ 1	No.			
	(2) Influe	ence the outcome of any sp	pecifi	c public election (see sect	tion 4955); or to carry	1es	ات	10			
	on, di	rectly or indirectly, any vo	ter re	egistration drive?		· · · 🗌 Yes	V	No			
	(3) Provid	de a grant to an individual	for t	ravel, study, or other sim	ilar purposes?	Yes	-	No.			
		de a grant to an organizati tion 4945(d)(4)(A)? See ir			· -		·				
		de for any purpose other t				· · Yes	✓ 1	No			
		itional purposes, or for the		•							
b		swer is "Yes" to 5a(1)–(5),	•	•		I I VAC	✓ 1	No			
_		ns section 53.4945 or in a					_		5b		
	-	ions relying on a current n					· —				
c	-	wer is "Yes" to question 5		-							
ŭ		se it maintained expenditu			•						
		attach the statement requi		-		· · L Yes	ш	No			
6a		oundation, during the year,		-		ume on					
Va		I benefit contract?			• • • • • •						
ь		oundation, during the year,				res	⊻ ı	No	6b		No
D		o 6b, file Form 8870.	рау	premiums, directly or mu	infectiy, on a personal be	ment contract:	•	-	OD		NU
7-		·	a tha	foundation a party to a p	rabibited tay shelter tra	neartion?	_				
7a ი		ne during the tax year, wa				⊥ res	✓ 1	No	7b		
		I the foundation receive ar		•				⊢	/ D		
8		ndation subject to the sect		. , , ,			_				
	excess pa	rachute payment during th				res	✓ 1				
	rt VIII	Information About (and Contractors						Picy			
1	LIST All OI	ficers, directors, truste		b) Title, and average	(c) Compensation (If		·0 T				
	(a) Na	ame and address	,	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati	s and			se acc lowanc	
See /	Additional E	Data Table									
2	Compens	ation of five highest-pa	id en	nployees (other than tl	hose included on line :	 1—see instructions).]	If non	e, ent	er "l	NONE.	"
(~)	Namo and	address of each employee	لدنجم	(b) Title, and average		(d) Contributions t employee benefit		(a) E.	/nc=	se acco	
(a)		ore than \$50,000	paiu	hours per week	(c) Compensation	plans and deferred				owance	
				devoted to position		compensation					
NON											
]							
				1							
				1							
Tota	I number o	f other employees paid ov	er \$5	0.000							
			+5	,				Form	991)-PF (201
								. 51111		• \	

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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 rele	want statistical information such as the number	of
organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e 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
		Form 990-PF (2018)

1	Minimum investment return from Part X, line 6	1	8/2,6
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	28,0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	844,5
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	844,5

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

6 7

1a

1b

2

За 3h

4

5

844,571

821,790

821,790

821.790

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Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Part XII

1

2

3

4

5

b

34,437

810,134

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Page 9

Par	t XI	Į

99	0-PF (2018
rt	XIII	l

Form 990-PF (2	018)
Part XIII	Undist

a From 2013. **b** From 2014. c From 2015. . . d From 2016. e From 2017.

tributed Income (see instructions) 1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018:

a Enter amount for 2017 only. 3 Excess distributions carryover, if any, to 2018:

f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2018. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

6 Enter the net total of each column as

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) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9:

a Excess from 2014. . . **b** Excess from 2015. . . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

indicated below:

(a)

Corpus

0

(b)

Years prior to 2017

(c)

2017

787,353

787,353

orr	n 990-PF (2018)					Page 10
ŀ	art XIV Private Operating Found	lations (see instr	uctions and Part \	/II-A, question 9)		
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20)18, enter the date of	of the ruling	▶∟_		
b	Check box to indicate whether the organizat	ion is a private oper	ating foundation des	scribed in section $lacksquare$	4942(j)(3) or L	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(5) 1514.
	year listed					
	85% of line 2a					
С	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					
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					
	alternative test relied upon:					
а	"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					
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 (4) Gross investment income					
	Supplementary Information	(Complete this	nart only if the	 foundation had	 \$5.000 or more i	 in
Pa	assets at any time during th				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
L a	Information Regarding Foundation Man List any managers of the foundation who have	ve contributed more				n
h	before the close of any tax year (but only if List any managers of the foundation who ow					
	ownership of a partnership or other entity)	of which the founda	tion has a 10% or gr	reater interest.	arge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu			
_	The name, address, and telephone number			a applications charle	he addressed:	
а	CHRISTINE TUTHILL	or e-mail address or	the person to whom	applications should	be addressed.	
	1525 AVIATION BOULEVARD 168					
	REDONDO BEACH, CA 90278 (818) 981-6710					
	GRANTSCOORDINATOR@KIRCHGESSNERFC	UNDATION.ORG				
b	The form in which applications should be su	bmitted and informa	ation and materials t	hey should include:		
	INITIALLY, AN APPLICANT SHOULD SUBMIT				•	
	ADDRESS BUT NOT ACCOMPANIED BY ANY THE FOUNDATION AT GRANTSCOORDINATO					
	STATEMENT THAT THE APPLICANT DOES AN	ID WILL COMPLY WI	ITH THE REQUIREME	NTS SET FORTH IN	THE FOUNDATION'S	GRANTMAKING
	GUIDELINES. IF THE FOUNDATION REQUES BE REQUIRED.	TS THE SUBMISSIO	N OF A FORMAL AND	D DETAILED APPLICA	TION, ADDITIONAL	INFORMATION WILL
_	Any submission deadlines:					
_	THE LETTER OF INTENT IS DUE BY OCTOBE	R 15TH EACH YEAR	AND THE FORMAL G	RANT APPLICATION	BY FEBRUARY 1	
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	cal areas, charitable	fields, kinds of instit	utions, or other	
	THE FOUNDATION PLACES THE HIGHEST PR	RIORITY ON THE GR	ANT PROPOSALS OF	NONPROFITS SERVI	NG COMMUNITIES I	N THE FIVE-COUNTY
	REGION OF GREATER LOS ANGELES (LOS A	NGELES, ORANGE, I	RIVERSIDE, SAN BEF	RNARDINO AND VEN	TURA COUNTIES). A	GENCIES WHO
	SERVE THE GREATER LA REGION BUT ARE I ONLY TO ORGANIZATIONS WHICH ARE CUR					
	ARE NOT PRIVATE FOUNDATIONS OR SUPPO					
	BLIND AND OTHER VISION-IMPAIRED INDIV				IDERATION IS GIVE	N TO APPLICANTS
	FROM THE SOUTHERN CALIFORNIA AREA, A	O OCITINED IN 1HP	L LOOMDALION 2 MT	OUTON STATEMENT.		



nter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
g Fees	and contracts from government agencies					
	rship dues and assessments					
investn	t on savings and temporary cash ents					
	ds and interest from securities			14	372,686	
	tal income or (loss) from real estate:					
	financed property ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income.			15	267	
	(loss) from sales of assets other than					
invento	•			18	1,123,994	
	ome or (loss) from special events:					
	profit or (loss) from sales of inventory					
b.	evenue: a					
d						
е						
: Subtot	al. Add columns (b), (d), and (e)		0		1,496,947	
	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	1,496,947	
(See wo	orksheet in line 13 instructions to verify calcu	lations.)				
(See wo	orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ine No.	orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	1,496,947
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
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(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
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(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ine No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
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(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo art XVI ne No.	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	
(See wo	Prksheet in line 13 instructions to verify calcumber Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression of the second to th	lations.) e Accomplish income is report	nment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	ed importantly to	

Form 99	90-PF (2018)										Pa	ge 13
Part	XVII	Information Re Exempt Organia		ransi	fers To a	ınd Transa	ctior	s and I	Relatio	nships With Noncha	ritable		
		ganization directly or in- than section 501(c)(3)								n described in section 50 s?	1	Yes	No
a Trai	nsfers t	rom the reporting foun	dation to a r	oncha	ritable exe	empt organiza	tion o	of:					
(1)	Cash.										1a(1)		No
(2)	Other	assets									1a(2)		No
b Oth	er tran	sactions:											
(1)	Sales	of assets to a nonchari	table exemp	t orga	nization .						1b(1)		No
		ases of assets from a n									1b(2)	+	No
` '		l of facilities, equipmer	•								1b(3)		No
٠,		oursement arrangemen					٠.				1b(4)		No
		or loan guarantees.									1b(5)		No
		mance of services or m facilities, equipment, n			_						1b(6) 1c		No No
d If the	ne ansv he goo	ver to any of the above ds, other assets, or serv	is "Yes," cor vices given b	nplete by the	the follow reporting f	ing schedule. foundation. If	Colu the f	mn (b) s oundatio	hould alv	vays show the fair mark d less than fair market v s, or services received.	et value		
(a) Line	No.	(b) Amount involved	(c) Name of	noncha	aritable exer	mpt organizatior	1	(d) Desc	cription of	transfers, transactions, and	sharing arra	ingemen	ts
							_						
	_						_						
							+						
							+						
							_						
							+						
							+						
							+						
des	cribed	dation directly or indire n section 501(c) (other amplete the following so (a) Name of organizatio	than section chedule.		, [c)(3)) or i	•	?				✓ No ationship		
Sign Here	of m whic		, it is true, c					f prepare		ret	on all info y the IRS d urn	rmation	n of
	 ▶ -	Signature of officer or to	rustee	T		Date		—) –	itle	be	h the prepa ow e instr.)?	_	
		Print/Type preparer's	nama	Dran	arer's Sign					DTIN			

Paid

Print/Type preparer's name | Preparer's Signature Date Check if self-P00401346 employed ▶ 🗌 BRIAN YACKER **Preparer** Firm's name ▶ YH ADVISORS INC Firm's EIN ▶45-3269313 **Use Only** Firm's address ► 5882 BOLSA AVENUE SUITE 100 Phone no. (310) 982-2803 HUNTINGTON BEACH, CA 92649

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) (e) not paid, enter hours per week Contributions to Expense account, other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation MICHAEL KRAMER 34,500 PRESIDENT/DIRECTOR 10.00 14431 VENTURA BLVD SUITE 266 SHERMAN OAKS, CA 91423 SENIOR VICE 26,500 ROBERT A HUBER n PRESIDENT/DIRECTOR 14431 VENTURA BLVD SUITE 266 3.00 SHERMAN OAKS, CA 91423 KATHLEEN MCGRATH KRAMER VICE 38,900 ٥ PRESIDENT/TREASURER/DIRECTOR 14431 VENTURA BLVD SUITE 266 10.00 SHERMAN OAKS, CA 91423 FLIZABETH MURRAY 3.000 DIRECTOR n 1.00 14431 VENTURA BLVD SUITE 266 SHERMAN OAKS, CA 91423 FLORENCIA MURPHY DIRECTOR 4.000 0 1.00 14431 VENTURA BLVD SUITE 266 SHERMAN OAKS, CA 91423 RALPH BLIQUEZ DIRECTOR 0 0 1.00 14431 VENTURA BLVD SUITE 266 SHERMAN OAKS, CA 91423 THOMAS CIFE MD n DIRECTOR 0 1.00 14431 VENTURA BLVD SUITE 266 SHERMAN OAKS, CA 91423 CHRISTINE TUTHILL ASSISTANT SECRETARY/GRANTS 63,889 COORDINATOR 14431 VENTURA BLVD SUITE 266 40.00 SHERMAN OAKS, CA 91423 DARRYL CLUSTER SECRETARY ٥ 0 1.00

14431 VENTURA BLVD SUITE 266 SHERMAN OAKS, CA 91423

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE UCLA FOUNDATION FOR THE NONE PC GENERAL PROGRAM SUPPORT 150,000 BENEFIT OF THE UNCLE CLAUDE FUND.

405 HILGARD AVE LOS ANGELES, CA 90095				
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	NONE	PC	GENERAL PROGRAM SUPPORT	32,250

CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	NONE	PC	GENERAL PROGRAM SUPPORT	32,250
BLIND CHILDREN'S CENTER 4120 MARATHON STREET LOS ANGELES, CA 90029	NONE	PC	GENERAL PROGRAM SUPPORT	55,000

Total .

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEET EACH NEED WITH DIGNITY NONE PC GENERAL PROGRAM SUPPORT 30,000

10641 SAN FERNANDO RD PACOIMA, CA 91331				,
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FL 2 NEW YORK, NY 10017	NONE	PC	GENERAL PROGRAM SUPPORT	25,000

HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FL 2 NEW YORK, NY 10017	NONE	PC	GENERAL PROGRAM SUPPORT	25,000
THERAPEUTIC LIVING CENTER FOR THE BLIND 7915 LINDLEY AVE RESEDA. CA 91335	NONE	PC	GENERAL PROGRAM SUPPORT	25,000

NEW YORK, NY 10017				
THERAPEUTIC LIVING CENTER FOR THE BLIND 7915 LINDLEY AVE RESEDA, CA 91335	NONE	PC	GENERAL PROGRAM SUPPORT	25,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

a Paid during the year				
VENICE FAMILY CLINIC604 ROSE AVE VENICE, CA 90291	NONE	PC	GENERAL PROGRAM SUPPORT	25,000
WAY FINDER FAMILY SERVICES 5300 ANGELES VISTA BLVD	NONE	PC	GENERAL PROGRAM SUPPORT	25,000

VENICE, CA 90291				
WAY FINDER FAMILY SERVICES 5300 ANGELES VISTA BLVD LOS ANGELES, CA 90043	NONE	PC	GENERAL PROGRAM SUPPORT	25,000
CHOC CHILDREN'S FOUNDATION	NONE	PC	GENERAL PROGRAM SUPPORT	20,000

5300 ANGELES VISTA BLVD LOS ANGELES, CA 90043				
CHOC CHILDREN'S FOUNDATION 1201 WEST LA VETA AVENUE ORANGE, CA 92868	NONE	PC	GENERAL PROGRAM SUPPORT	20,000

•				
CHOC CHILDREN'S FOUNDATION 1201 WEST LA VETA AVENUE ORANGE, CA 92868	NONE	PC	GENERAL PROGRAM SUPPORT	20,000
				i

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

- /				
SOUTHERN CALIFORNIA CONSERVATORY OF MUSIC 6671 BIRCHTON AVE WEST HILLS, CA 91307	NONE	PC	GENERAL PROGRAM SUPPORT	20,000
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE	NONE	PC	GENERAL PROGRAM SUPPORT	20,000

WEST HILLS, CA 91307				
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91605	NONE	PC	GENERAL PROGRAM SUPPORT	20,000
BRAILLE INSTITUTE 741 N VERMONT AVE	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

6801 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91605	NONE	FC	GENERAL PROGRAM SUFFORT	20,000
BRAILLE INSTITUTE 741 N VERMONT AVE LOS ANGELES, CA 90029	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

NORTH HOLLYWOOD, CA 91605				
BRAILLE INSTITUTE 741 N VERMONT AVE LOS ANGELES, CA 90029	NONE	PC	GENERAL PROGRAM SUPPORT	15,000
Total			▶ 3a	560,184

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CRE OUTREACH 11777 SAN VICENTE BLVD NO 502 LOS ANGELES, CA 90049	NONE	PC	GENERAL PROGRAM SUPPORT	15,000
INTERNATIONAL GUIDING EYES INC	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	PC	GENERAL PROGRAM SUPPORT	15,000
LOS ANGELES CITY COLLEGE FOUNDATION 855 N VERMONT AVE	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

13445 GLENOAKS BLVD SYLMAR, CA 91342				
LOS ANGELES CITY COLLEGE FOUNDATION 855 N VERMONT AVE LOS ANGELES, CA 90029	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

3a

560,184

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
MARSHALL B KETCHUM UNIVERSITY 2575 YORBA LINDA BLVD	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

FULLERTON, CA 92831				
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	NONE	PC	GENERAL PROGRAM SUPPORT	15,000

SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	NONE	PC	GENERAL PROGRAM SUPPORT	15,000
GUIDE DOGS OF THE DESERT 60735 DILLON ROAD	NONE	PC	GENERAL PROGRAM SUPPORT	14,500

8405 BEVERLY BLVD LOS ANGELES, CA 90048	NONE	PC	GENERAL PROGRAM SUPPORT	15,000
GUIDE DOGS OF THE DESERT 60735 DILLON ROAD WHITEWATER, CA 92282	NONE	PC	GENERAL PROGRAM SUPPORT	14,500

GUIDE DOGS OF THE DESERT 60735 DILLON ROAD WHITEWATER, CA 92282 NONE PC GENERAL PROGRAM SUPPORT 14,500	8405 BEVERLY BLVD LOS ANGELES, CA 90048				·
	60735 DILLON ROAD	NONE	PC	GENERAL PROGRAM SUPPORT	14,500

GUIDE DOGS OF THE DESERT	NONE	PC	GENERAL PROGRAM SUPPORT	14,500
60735 DILLON ROAD				
WHITEWATER, CA 92282				

Total		▶ 3a	560,184
T-4-1		▶ 2-	FC0 104

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PEDIATRIC & FAMILY MEDICAL CENTER NONE PC GENERAL PROGRAM SUPPORT 10,000

1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015				
ST JUDE MEDICAL CENTER 101 E VALENCIA MESA DR FULLERTON, CA 92835	NONE	PC	GENERAL PROGRAM SUPPORT	8,000

PC

VISITATION CHURCH779 S YORK ST

ELMHURST, IL 60126

Total . .

NONE

GENERAL PROGRAM SUPPORT

■ 3a

2,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	PC	GENERAL PROGRAM SUPPORT	50
VOICE OF THE FAITHFUL INC PO BOX 423	NONE	PC	GENERAL PROGRAM SUPPORT	50

KIE BROOK, WI 10373				
VOICE OF THE FAITHFUL INC PO BOX 423 NEWTON, MA 02464	NONE	PC	GENERAL PROGRAM SUPPORT	50
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE 17TH	NONE	PC	GENERAL PROGRAM SUPPORT	100

PO BOX 423 NEWTON, MA 02464				
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	NONE	PC	GENERAL PROGRAM SUPPORT	100

NEWTON, MA 02464				
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	NONE	PC	GENERAL PROGRAM SUPPORT	100
Total			▶ 3a	560,184

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
AMERICAN RED CROSS431 18TH ST NW	NONE	PC	GENERAL PROGRAM SUPPORT	400

WASHINGTON, DC 20006	NONE	FC	GENERAL PROGRAM SUPPORT	400
GOSPEL RESCUE MISSION 4550 S PALO VERDE RD TUCSON, AZ 85714	NONE	PC	GENERAL PROGRAM SUPPORT	600

ASHINGTON, DC 20006				
OSPEL RESCUE MISSION 550 S PALO VERDE RD JCSON, AZ 85714	NONE	PC	GENERAL PROGRAM SUPPORT	60
TONE CANYON COMMUNITY DUNDATION D49 E BROADWAY BLVD STE 201 JCSON, AZ 85711	NONE	PC	GENERAL PROGRAM SUPPORT	1,00

TUCSON, AZ 85714				
STONE CANYON COMMUNITY FOUNDATION 5049 E BROADWAY BLVD STE 201 TUCSON, AZ 85711	NONE	PC	GENERAL PROGRAM SUPPORT	1,000

STONE CANYON COMMUNITY FOUNDATION 5049 E BROADWAY BLVD STE 201 TUCSON, AZ 85711	NONE	PC	GENERAL PROGRAM SUPPORT	1,000
Total			▶ 3a	560,184

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ST MARGARET EPISCOPAL CHURCH	NONE	PC	GENERAL PROGRAM SUPPORT	1,200

12663 PERKINS RD BATON ROUGE, LA 70810				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300	NONE	PC	GENERAL PROGRAM SUPPORT	

WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	NONE	PC	GENERAL PROGRAM SUPPORT	150
THE SALVATION ARMY	NONE	PC	GENERAL PROGRAM SUPPORT	150

4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	NONE		DENERVIET ROGIVATION	130
THE SALVATION ARMY 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275	NONE	PC	GENERAL PROGRAM SUPPORT	150

JACKSONVILLE, TE 32230				
THE SALVATION ARMY 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275	NONE	PC	GENERAL PROGRAM SUPPORT	150
Total			▶ 3a	560,184

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ARIZONA PUBLIC MEDIA 1423 E UNIVERSITY BLVD TUCSON, AZ 85719	NONE	PC	GENERAL PROGRAM SUPPORT	100
ST MAXIMILIAN KOLBE CATHOLIC	NONE	PC	GENERAL PROGRAM SUPPORT	2,365

ST MAXIMILIAN KOLBE CATHOLIC CHURCH 1501 N ALAFAYA TRL ORLANDO, FL 32828	NONE	PC	GENERAL PROGRAM SUPPORT	2,365
DIRECT RELIEF	NONE	PC	GENERAL PROGRAM SUPPORT	150

1501 N ALAFAYA TRL ORLANDO, FL 32828				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	PC	GENERAL PROGRAM SUPPORT	150

ORLANDO, FL 32828				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	PC	GENERAL PROGRAM SUPPORT	150

560,184

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SHERMAN OAKS EAST VALLEY ADULT CENTER 5056 VAN NUYS BLVD SHERMAN OAKS, CA 91403	NONE	PC	GENERAL PROGRAM SUPPORT	60
HEART OF LOS ANGELES 2701 WILSHIRE BLVD SUITE 100 LOS ANGELES, CA 90057	NONE	PC	GENERAL PROGRAM SUPPORT	150

SHERMAN OAKS, CA 91403				
HEART OF LOS ANGELES 2701 WILSHIRE BLVD SUITE 100 LOS ANGELES, CA 90057	NONE	PC	GENERAL PROGRAM SUPPORT	150
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST	NONE	PC	GENERAL PROGRAM SUPPORT	116

HEART OF LOS ANGELES 2701 WILSHIRE BLVD SUITE 100 LOS ANGELES, CA 90057	NONE	PC	GENERAL PROGRAM SUPPORT	1
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND ST	NONE	PC	GENERAL PROGRAM SUPPORT	1

Total			▶ 3a	560,184
INC 122 E 42ND ST NEW YORK, NY 10168	NONE		GENERAL FROGRAM SOFT ORT	
INTERNATIONAL RESCUE COMMITTEE	NONE	PC	GENERAL PROGRAM SUPPORT	116
LOS ANGELES, CA 90057				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
KIVA MICROFUNDS 986 MISSION ST 4TH FLOOR SAN FRANCISCO, CA 94103	NONE	PC	GENERAL PROGRAM SUPPORT	261

SAN FRANCISCO, CA 94103				
UNBOUND1 ELMWOOD AVE KANSAS CITY, KS 66103	NONE	PC	GENERAL PROGRAM SUPPORT	432
SANTA CRUZ HIGH SCHOOL	NONE	PC	GENERAL PROGRAM SUPPORT	50

UNBOUND1 ELMWOOD AVE KANSAS CITY, KS 66103	NONE	PC	GENERAL PROGRAM SUPPORT	432
SANTA CRUZ HIGH SCHOOL PO BOX 8501 SANTA CRUZ CA 95061	NONE	PC	GENERAL PROGRAM SUPPORT	50

RANSAS CITT, RS 00105				
SANTA CRUZ HIGH SCHOOL PO BOX 8501 SANTA CRUZ, CA 95061	NONE	PC	GENERAL PROGRAM SUPPORT	50

Total .

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution

any foundation manager

Name and address (home or husiness)

WASHINGTON, DC 20005

Total .

	or substantial contributor			
a Paid during the year				
CHRYSALIS522 S MAIN ST LOS ANGELES, CA 90013	NONE	PC	GENERAL PROGRAM SUPPORT	150
CLEAN WATER FUND 1444 EYE ST NW SUITE 400	NONE	PC	GENERAL PROGRAM SUPPORT	150

recipient

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		D	LN: 93491155015060	
TY 2018 Accounting Fe	es Sche	dule				
	Name:	THE KARL KIR	CHGESSNER F	OUNDATION		
		C/O KATHY MO	CGRATH KRAM	IER		
EIN: 68-0530356						
Category	Amo	unt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

51,950

ACCOUNTING FEES

enie GRAPHIC print - DO NOT PROCESS	AS FIIEU Data -	DLN: 934911	.55015060
TY 2018 Investments Corpora	te Stock Schedu	ıle	
Name:	THE KARL KIRCHGES	SSNER FOUNDATION	

C/O KATHY MCGRATH KRAMER

DIN. 02/011EE01E060

17,373,281

17,373,281

ofile CDADHIC print - DO NOT DDOCESS | As Filed Data -

MARKETABLE SECURITIES

EIN: 68-0530356

Investments Corporation Stock Schedule

Name of Stock

End of Year Book
Value

Market Value

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491155015060
TY 2018 Legal Fees Schedu	ule			_
_				
Nar		IRCHGESSNER FO MCGRATH KRAMEI		
E	IN: 68-0530356			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	27,627	0		27,627

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491155015060
TY 2018 Other Decreases Scho	edule		
Name:	THE KARL KIR	CHGESSNER FOUNDATION	
	C/O KATHY M	CGRATH KRAMER	
EIN:	68-0530356		
D _C	escription		Amount
UNREALIZED LOSS			1,027,004

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491155015060
TY 2018 Other Expenses Sche	dule			_
Name:	THE KARL KIRC	HGESSNER FOUN	IDATION	
	C/O KATHY MC	GRATH KRAMER		
EIN:	68-0530356			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	245	245		0
INSURANCE	3,686	0		3,686

Other Expenses Defledure	1	1		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursemen Charitab Purpose
BANK CHARGES	245	245		

LICENSES, PERMITS AND FEES

DUES & SUBSCRIPTIONS

POSTAGE AND DELIVERY

MISCELLANEOUS

OFFICE

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TY 2018 Other Income Schedul	e	

Name: THE KARL KIRCHGESSNER FOUNDATION

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C/O KATHY MCGRATH KRAMER

EIN: 68-0530356

ROYALTY INCOME

Description Revenue And Expenses Per Books Income Adjusted Net Income	Other Income Schedule		
	Description	 	Adjusted Net Income

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TY 2018 Other Liabilities Schedule							
	THE KARL KIRCH C/O KATHY MCGI 68-0530356	GESSNER FOUNDATION RATH KRAMER					
Description	n	Beginning of Y - Book Value		End of Year - Book Value			
DEFERRED TAX LIABILITY		50,	071	29,531			
CURRENT TAXES PAYABLE		13,	802	0			

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TY 2018 Other Professional Fees Schedule								
Name: THE KARL KIRCHGESSNER FOUNDATION								
C/O KATHY MCGRATH KRAMER								
EIN: 68-0530356								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

92,505

92,505

INVESTMENT FEES

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TY 2018 Taxes Schedule							
Name: THE KARL KIRCHGESSNER FOUNDATION							
C/O KATHY MCGRATH KRAMER							
EIN: 68-0530356							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXCISE TAXES	6,534	0		0			