

Form 990-T Department of the Treasury Internal Revenue Service	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2013 or other tax year beginning <u>07/01</u> , 2013, and ending <u>06/30</u> , 2014. ▶ See separate instructions. ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t . ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	OMB No. 1545-0687 2013 Open to Public Inspection for 501(c)(3) Organizations Only
A ☐ Check box if address changed B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) C Book value of all assets at end of year <u>1300080937.</u>	Name of organization (☐ Check box if name changed and see instructions.) CALIFORNIA COMMUNITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 221 S. FIGUEROA ST. SUITE 400 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90012	D Employer identification number (Employees' trust, see instructions.) 95-3510055 E Unrelated business activity codes (See instructions.) 525990
F Group exemption number (See instructions.) ▶ G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust		

H Describe the organization's primary unrelated business activity. ▶ **INCOME FROM PARTNERSHIP INVESTMENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **STEVEN COBB, VP & CFO** Telephone number ▶ **213-413-4130**

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Form 8949 and Schedule D)		4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	2,573.	2,573.
c	Capital loss deduction for trusts		4c		
5	Income (loss) from partnerships and S corporations (attach statement)		5	-725,022.	-725,022.
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule.)		12		
13	Total. Combine lines 3 through 12		13	-722,449.	-722,449.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)		14	305.
15	Salaries and wages		15	2,017.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	32,660.
20	Charitable contributions (See instructions for limitation rules.)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)	ATTACHMENT 2	28	149,210.
29	Total deductions. Add lines 14 through 28		29	184,192.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-906,641.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-906,641.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-906,641.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$	
c Income tax on the amount on line 34	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	
42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0
44 a Payments: A 2012 overpayment credited to 2013	44a	
b 2013 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: ☐ Form 2439 ☒ Form 4136 ☒ Other 3,096. Total	44g	ATCH 3 3,096.
45 Total payments. Add lines 44a through 44g	45	3,096.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	3,096.
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax 3,096. Refunded	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
	Print/Type preparer's name	Preparer's signature	Date	
	REGINA L. PRINCE		05/06/2015	
	Firm's name	Firm's EIN	PTIN	
Paid Preparer Use Only	Firm's address	LOS ANGELES, CA 90071	213-972-4000	13-5565207

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CALIFORNIA COMMUNITY FOUNDATION	95-3510055
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	221 S. FIGUEROA ST., SUITE 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90012-1638	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► STEVEN COBB, VP & CFO

Telephone No. ► 213 413-4130

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or

► ☒ tax year beginning 07/01, 2013, and ending 06/30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.00
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.00

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to 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)	8. Allocable deductions (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).	Enter here and on page 1, Part I, line 7, column (B).

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))						

Part II 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						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 4		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14.			305.

Form **8082**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs.)

► See separate instructions.

OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return

CALIFORNIA COMMUNITY FOUNDATION

Identifying number

95-3510055

Part I General Information

1 Check boxes that apply: (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 Identify type of pass-through entity:

(a) ☒ Partnership (b) ☐ S corporation (c) ☐ Estate (d) ☐ Trust (e) ☐ REMIC

3 Employer identification number of pass-through entity
95-4406435

5 Internal Revenue Service Center where pass-through entity filed its return
OGDEN

4 Name, address, and ZIP code of pass-through entity
SOUTHLAND PACIFIC, L.P. A CA LIMITED PARTNERSHIP
23679 CALABASAS ROAD, SUITE 382
CALABASAS, CA 91302-1502

6 Tax year of pass-through entity
1/1/2013 to 12/31/2013

7 Your tax year
7/1/2013 to 6/30/2014

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting	(e) Difference between (c) and (d)
	Amount of item	Treatment of item			
8 UBTI INCOME	X		UNKNOWN	0.00	UNKNOWN
9					
10					
11					

Part III Explanations - Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

SCHEDULE K-1 NOT RECEIVED. NO UBTI REPORTED IN PAST

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ACCESS MIDSTREAM PARTNERS L.P. EIN: 80-0534394	-16,541.
BREITBURN ENERGY PARTNERS L.P. EIN: 74-3169953	-4,831.
BUCKEYE PARTNERS L.P. EIN: 23-2432497	-327.
ACCESS MIDSTREAM (ACMP) L.P. EIN: 80-0534394	-483.
BOARDWALK PIPELINE (BWP) L.P. EIN: 20-3265614	-181.
BUCKEYE (BPL) L.P. EIN: 23-2432497	-297.
CRESTWOOD (CMLP) II L.P. EIN: 201647837	-186.
CRESTWOOD (CMLP) III L.P. EIN: 56-2639586	-185.
EL PASO (EPB) L.P. EIN: 26-0789784	-381.
ENBRIDGE ENERGY PARTNERS L.P. EIN: 39-1715850	-1,647.
ENTERPRISE PRODUCTS PARTNERS L.P. EIN: 76-0568219	-970.
EQT MAINSTREAM PARTNERS L.P. EIN: 37-1661577	-46.
MAGELLAN MIDSTREAM PARTNERS L.P. EIN: 73-1599053	-85.
MARTIN MIDSTREAM PARTNERS L.P. EIN: 05-0527861	-304.
MIDCOAST ENERGY PARTNERS L.P. EIN: 61-1714064	-326.
NUSTAR ENERGY L.P. EIN: 74-2956831	-2,299.
ONEOK PARTNERS L.P. EIN: 93-1120873	-1,637.
PLAINS ALL AMERICAN PIPELINE L.P. EIN: 76-0582150	-274.
SPECTRA ENERGY PARTNERS L.P. EIN: 41-2232463	-324.
SUNOCO PARTNERS L.P. EIN: 23-3096839	-81.
TALLGRASS ENERGY PARTNERS L.P. EIN: 46-1972941	-34.
TARGA RESOURCES PARTNERS L.P. EIN: 65-1295427	-832.
TC PIPELINES L.P. EIN: 52-2135448	-417.
TESORO LOGISTICS L.P. EIN: 27-4151603	-174.
WESTERN GAS PARTNERS L.P. EIN: 26-1075808	-509.
WILLIAMS PARTNERS L.P. EIN: 20-2485124	-760.
CRESTWOOD MIDSTREAM PARTNERS L.P. EIN: 20-1647837	-1,336.
COPANO ENERGY LLC IEN: 51-0411678	-3,255.
CVR REVIVING L.P. EIN: 37-1702463	4,177.
ENBRIDGE ENERGY PARTNERS L.P. EIN: 39-1715850	-82,943.
EL PASO PIPELINE PARTNERS L.P. EIN: 26-0789784	-29,279.
ENTERPRISE PRODUCTS PARTNERS L.P. EIN: 76-0568219	-217,643.
EQT MIDSTREAM PARTNERS L.P. EIN: 37-1661577	6,163.
ENERGY TRANSFER EQUITY L.P. EIN: 30-0108820	-55,103.
ENERGY TRANSFER PARTNERS L.P. EIN: 73-1493906	-61,257.
EV ENERGY PARTNERS L.P. EIN: 20-4745690	-12,005.
EXTERRAN PARTNERS L.P. EIN: 22-3935108	4,834.
GENESIS ENERGY L.P. EIN: 76-0513049	-40,670.
HOLLY ENERGY PARTNERS L.P. EIN: 20-0833098	-13,740.
KINDER MORGAN ENERGY PARTNERS L.P. EIN: 76-0380342	-3,919.
LINN ENERGY LLC EIN: 65-1177591	-185.
MEMORIAL PRODUCTION PARTNERS L.P. EIN: 90-0726667	6,008.
MIDCOAST ENERGY PARTNERS L.P. EIN: 61-1414064	-136.
MAGELLAN MIDSTREAM PARTNERS L.P. EIN: 73-1599053	-11,589.
MPLX L.P. EIN: 45-5010536	-822.
MARKWEST ENERGY PARTNERS L.P. EIN: 27-0005456	-81,462.

ATTACHMENT 1 (CONT'D)

TARGA RESOURCES PARTNERS L.P. EIN: 65-1295427	-33,700.
CRESTWOOD EQUITY PARTNERS L.P. EIN: 43-1918951	-932.
NORTHERN TIER ENERGY L.P. EIN: 80-0763623	4,847.
OILTANKING PARTNERS L.P. EIN: 45-0684578	-4,240.
ONEOK PARTNERS L.P. EIN: 93-1120873	-14,658.
PLAINS ALL AMERICAN PIPELINE L.P. EIN: 76-0582150	-43,178.
QEP MIDSTREAM PARTNERS L.P. EIN: 80-0918184	-1,685.
REGENCY ENERGY PARTNERS L.P. EIN: 16-1731691	-15,565.
ROSE ROCK MIDSTREAM L.P. EIN: 45-2934823	-84.
SPECTRA ENERGY PARTNERS L.P. EIN: 41-2232463	-37,281.
SUMMIT MIDSTREAM PARTNERS L.P. EIN: 45-5200503	-18,694.
SPRAGUE RESOURCES L.P. EIN: 45-2637964	59.
TEEKAY LNG PARTNERS L.P. EIN: 98-0454169	-28,730.
TESORO LOGISTICS L.P. EIN: 27-4151603	-14,350.
USA COMPRESSION PARTNERS L.P. EIN: 75-2771546	-15,393.
VALERO ENERGY PARTNERS L.P. EIN: 90-1006559	-149.
WESTERN REFINING LOGISTICS L.P. EIN: 46-3205923	-2,631.
WILLIAMS PARTNERS L.P. EIN: 20-2485124	-33,995.
CROSSTEX ENERGY L.P. EIN: 16-1616605	-39,485.
DAVIDSON KEMPNER INSTNL PTNRS EIN: 13-03597020	-1,473.
RLH INVESTORS III L.P. EIN: 90-0645320	136,907.
SANTA MONICA HOLDINGS LTD EIN: 95-4755711	68,113.
CROSSTEX ENERGY (XTEX) L.P. EIN: 16-1616605	-432.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-725,022.</u>

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEES	111,337.
OVERHEAD	3,673.
TAX PREPARATION FEES	34,200.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>149,210.</u>

FORM 990T - LINE 44 - OTHER CREDITS AND PAYMENTS

1099-R WITHHOLDING

3,096.

TOTAL LINE 44 - OTHER CREDITS AND PAYMENTS

3,096.

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2013**

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
\$ 15478.79	\$ 15478.79	
2b Taxable amount not determined	Total distribution	

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code
RELIASTAR LIFE INSURANCE CO.
PO BOX 5050
MINOT, ND 58702
CALL (877) 884-5050

PAYER'S federal identification number 41-0451140		RECIPIENT'S identification number 95-3510055	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions / Designated Roth contributions or insurance premiums	
\$	\$ 3095.76	\$	
6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/SEP/SIMPLE ☐	8 Other
\$	4	\$	%
9a Your percentage of total distribution		9b Total employee contributions	
% \$			

RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code
CALIFORNIA COMMUNITY FOUNDATION
221 S FIGUEROA ST SUITE 400
LOS ANGELES CA 90012

Account number (see instructions) BW21000139204E1	10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.
\$	\$	
12 State tax withheld	13 State/Payer's state no.	14 State distribution
\$	CA/81370348	\$
15 Local tax withheld	16 Name of locality	17 Local distribution
\$		\$

Copy C For Recipient's Records

(keep for your records)
 This information is being furnished to the Internal Revenue Service.

Department of the Treasury
 Internal Revenue Service

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2013**

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3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions / Designated Roth contributions or insurance premiums	
\$	\$ 3095.76	\$	
6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/SEP/SIMPLE ☐	8 Other
\$	4	\$	%
9a Your percentage of total distribution		9b Total employee contributions	
% \$			

RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code
CALIFORNIA COMMUNITY FOUNDATION
221 S FIGUEROA ST SUITE 400
LOS ANGELES CA 90012

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\$	\$	
12 State tax withheld	13 State/Payer's state no.	14 State distribution
\$	CA/81370348	\$
15 Local tax withheld	16 Name of locality	17 Local distribution
\$		\$

16-0331690 Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
Copy B This information is being furnished to the Internal Revenue Service.

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2013**

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
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2b Taxable amount not determined	Total distribution	

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PO BOX 5050
MINOT, ND 58702
CALL (877) 884-5050

PAYER'S federal identification number 41-0451140		RECIPIENT'S identification number 95-3510055	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions / Designated Roth contributions or insurance premiums	
\$	\$ 3095.76	\$	
6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/SEP/SIMPLE ☐	8 Other
\$	4	\$	%
9a Your percentage of total distribution		9b Total employee contributions	
% \$			

RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code
CALIFORNIA COMMUNITY FOUNDATION
221 S FIGUEROA ST SUITE 400
LOS ANGELES CA 90012

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\$	\$	
12 State tax withheld	13 State/Payer's state no.	14 State distribution
\$	CA/81370348	\$
15 Local tax withheld	16 Name of locality	17 Local distribution
\$		\$

Copy 2
 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
 Internal Revenue Service

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2013**

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
\$ 15478.79	\$ 15478.79	
2b Taxable amount not determined	Total distribution	

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RELIASTAR LIFE INSURANCE CO.
PO BOX 5050
MINOT, ND 58702
CALL (877) 884-5050

PAYER'S federal identification number 41-0451140		RECIPIENT'S identification number 95-3510055	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions / Designated Roth contributions or insurance premiums	
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\$	4	\$	%
9a Your percentage of total distribution		9b Total employee contributions	
% \$			

RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code
CALIFORNIA COMMUNITY FOUNDATION
221 S FIGUEROA ST SUITE 400
LOS ANGELES CA 90012

Account number (see instructions) BW21000139204E1	10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.
\$	\$	
12 State tax withheld	13 State/Payer's state no.	14 State distribution
\$	CA/81370348	\$
15 Local tax withheld	16 Name of locality	17 Local distribution
\$		\$

Copy 2
 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
 Internal Revenue Service

ATTACHMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STEVEN COBB 221 S. FIGUEROA ST. SUITE 400 LOS ANGELES, CA 90012	VP & CFO	.126268	305.
TOTAL COMPENSATION			<u>305.</u>

CALIFORNIA COMMUNITY FOUNDATION
ATTACHMENT TO FORM 990-T
YEAR-END 6/30/2014

95-3510055

ATTACHMENT 5

FORM 990T - LINE 19 TAXES AND LICENSES (FOREIGN AND STATE TAXES PAID)

<u>NAME: EIN</u>	<u>AMOUNT</u>
NUSTAR ENERGY L.P. EIN: 74-2956831	65
PLAINS ALL AMERICAN PIPELINE L.P. EIN: 76-0582150	27
SPECTRA ENERGY PARTNERS L.P. EIN: 41-2232463	2
EV ENERGY PARTNERS L.P. EIN: 20-4745690	17,915
GENESIS ENERGY L.P. EIN: 76-0513049	29
KINDER MORGAN ENERGY PARTNERS L.P. EIN: 76-0380342	1
PLAINS ALL AMERICAN PIPELINE L.P. EIN: 76-0582150	6,702
TEEKAY LNG PARTNERS L.P. EIN: 98-0454169	99
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P. EIN: 13-03597020	426
FARALLON CAPITAL INSTITUTIONAL PARTNERS L.P. EIN: 94-3106323	142
<u>STATE TAXES:</u>	
CALIFORNIA	4,672
ILLINOIS	826
MASSACHUSETTS	288
NEW YORK	250
VIRGINIA	1,215
<u>TOTAL</u>	<u>32,660</u>

CALIFORNIA COMMUNITY FOUNDATION

95-3510055

ATTACHMENT 6

FORM 990-T, PART II, LINE 20 CHARITABLE CONTRIBUTIONS

<u>YEAR ENDING</u>	<u>TOTAL CONTRIBUTIONS</u>	<u>CONTRIBUTIONS PREVIOUSLY UTILIZED</u>	<u>CONTRIBUTIONS UTILIZED IN CURRENT YEAR</u>	<u>CONTRIBUTIONS CARRYOVER</u>
6/30/2014	153,909,007	0	-	153,909,007
TOTAL CONTRIBUTION CARRYOVER TO 6/30/2015				<u>153,909,007</u>

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2013

Department of the Treasury
Internal Revenue Service

► Attach to your tax return.

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment
Sequence No. **27**

Name(s) shown on return

CALIFORNIA COMMUNITY FOUNDATION

Identifying number

95-3510055

1 Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions).

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 7						2,573.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7 2,573.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years (see instructions), ATTACHMENT 8						8 188,871.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12 2,573.
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17 2,573.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	
18a		
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	
18b		

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2013)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975 (see instructions).	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions).	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e.	26c			
d	Additional depreciation after 1969 and before 1976.	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only).	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions).	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions).	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126 (see instructions).	29a			
b	Enter the smaller of line 24 or 29a (see instructions).	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation (see instructions)	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **4797** (2013)

CALIFORNIA COMMUNITY FOUNDATION
ATTACHMENT TO FORM 990-T
YEAR-END 6/30/2014

95-3510055

ATTACHMENT 7

FORM 4797 - LINE 2

NAME: EIN

BREITBURN ENERGY PARTNERS L.P. EIN: 74-3169953	163
BUCKEYE PARTNERS L.P. EIN: 23-2432497	(1)
BUCKEYE (BPL) L.P. EIN: 24-2342497	(1)
ENBRIDGE ENERGY PARTNERS L.P. EIN: 39-1715850	(3)
NUSTAR ENERGY L.P. EIN: 74-2956831	(4)
SPECTRA ENERGY PARTNERS L.P. EIN: 41-2232463	(2)
ENBRIDGE ENERGY PARTNERS L.P. EIN: 39-1715850	2
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P. EIN: 13-03597020	2,419
<u>TOTAL</u>	<u>2,573</u>

CALIFORNIA COMMUNITY FOUNDATION
ATTACHMENT TO FORM 990-T
YEAR-END 6/30/2014

95-3510055

ATTACHMENT 8

FORM 4797 - LINE 8 NONRECAPTURED 1231 LOSSES FROM PRIOR YEARS

<u>Year Ending</u>	<u>1231 Gain/(Loss)</u>	<u>Recapture</u>	<u>Net 1231</u>
6/30/2010	(122,862)	-	(122,862)
6/30/2011	(151)	-	(151)
6/30/2012	(64,287)	-	(64,287)
6/30/2013	(1,571)	-	(1,571)
6/30/2014	2,573	2,573	2,573
	<u>(186,298)</u>	<u>2,573</u>	<u>(186,298)</u>

CALIFORNIA COMMUNITY FOUNDATION

95-3510055

ATTACHMENT 9

FORM 990-T, PART II, LINE 31 NET OPERATING LOSS CARRYFORWARD

<u>YEAR ENDING</u>	<u>NET UBTI INCOME</u>	<u>TOTAL NOL GENERATED</u>	<u>NOL PREVIOUSLY UTILIZED</u>	<u>NOL UTILIZED IN CURRENT YEAR</u>	<u>NOL CARRYOVER</u>
6/30/2012	93,879			(93,879)	NONE
6/30/2013	2,895,282			(812,762)	NONE
6/30/2014		906,641 *		-	NONE

TOTAL NET OPERATING LOSS CARRYOVER TO 6/30/2015

NONE

* NOL GENERATED FOR THE FISCAL YEAR END 06/30/2014 WILL BE CARRIED BACK TO FISCAL YEAR ENDS 06/30/2012 AND 06/30/2013 TO OFFSET PREVIOUS UBTI RECOGNIZED. ALL NOL GENERATED IN THE CURRENT YEAR WILL BE UTILIZED. NO NOL WILL BE CARRIED FORWARD TO 06/30/2015.