| | | | | | | | | \cap 0 | 0979711 |
|----------|----------|--|------------|--|----------------|---|-----------------------|----------|--|
| | Form | 990-T | | EXTENDED TO NOV Exempt Organization Bus (and proxy tax und | sine | ss Income 7 ection 6033(e)) | ·. — | - | 9 3 3 2 7 1 0 OMB No 1545-0687 2018 |
| | Dena | rtment of the Treasury | Forca | lendar year 2018 or other tax year beginning Go to www irs gov/Form990T for it | nstructio | and ending ons and the latest inform | nation | _ | |
| | Intern | al Revenue Service | <u> </u> | Do not enter SSN numbers on this form as it may | | | zation is a 501(c)(3 | | Open to Public Inspection fo 501(c)(3) Organizations Only |
| | | X Check box if address changed | | Name of organization (Check box if name of THE WIDGEON POINT CHAP | ATI S | BLE FOUNDAT | NOI | (Emp | loyer identification number cloyees' trust, see actions) |
| | B_E | xempt under section 501()() | Print | F/K/A THE BEINECKE FOU | | | | | 3-6201175 lated business activity code |
| | H | 408(e) 220(e) | Туре | Number, street, and room or suite no If a P O bo 4 MACDONALD AVENUE, NO | | | | | instructions) |
| | | 408A 530(a) | | City or town, state or province, country, and ZIP of | | | | 1 | |
| 62 | | 529(a) | | ARMONK, NY 10504 | | | | 561 | 000 |
| 02 | C Bc | ok value of all assets end of year | | F Group exemption number (See instructions) | > | | | | |
| 34 | ļ | 42,895,7 | | G Check organization type ► X 501(c) cor | poration | | |) trust | Other trust |
| | | | | tion's unrelated trades or businesses | 1 | | the only (or first) u | | |
| | | de or business here | | | | | , complete Parts I-V | | • |
| | | | • | ce at the end of the previous sentence, complete Pa | arts I an | ia II, complete a Schedu | e M for each additio | nai trao | e or |
| | _ | siness, then complete | | oration a subsidiary in an affiliated group or a pare | nt-cuhe | idiary controlled group? | | Ye | es X No |
| | | | | tifying number of the parent corporation | 111 3003 | idiary controlled group: | | | 33 140 |
| · | _ | | | JOHN R. ROBINSON | | Teleph | one number 🕨 🧐 | 14- | 730-7050 |
| | Pa | rt I Unrelated | d Trac | de or Business Income | | (A) Income | (B) Expense | s | (C) Net |
| | 1 a | Gross receipts or sale | S | | | | | | |
| | b | Less returns and allow | vances | c Balance | 1c | | | | |
| | 2 | Cost of goods sold (S | | μ Λ | 2_ | | | | |
| <u> </u> | 3 | Gross profit Subtract | | 10 1 | 3 | | | | |
| <u> </u> | | Capital gain net incom | • | • | 4a | 502. | | | 502 |
| 20 | | - , ,, | • | art II, line 17) (attach Form 4797) | 4b | 3,272. | | | 3,272 |
| - | С 5 | Capital loss deduction | | | 4c 5 | 8,253. | STMT 1 | 12 | 8,253 |
| ب | 6 | Rent income (Schedu | | thip or an S corporation (attach statement) | 6 | 0,233. | SIMI | . 4 | 0,233 |
| 금 | 7 | Unrelated debt-finance | | ne (Schedule F) | 7 | | | | |
| ~ | 8 | | | nd rents from a controlled organization (Schedule F) | 8 | | | | |
| ij | 9 | | | in 501(c)(7), (9), or (17) organization (Schedule G) | - | | | | |
| ANNED | 10 | Exploited exempt activ | | | 10 | | | | |
| 1 | 11 | Advertising income (S | | | 11 | | | | |
| 2 | 12 | Other income (See ins | struction | s, attach schedule) | 12 | | | | |
| , | | Total. Combine lines | | | 13 | 12,027. | | | 12,027 |
| | Pa | | | ot Taken Elsewhere (See instructions for | | | | | |
| | | | | itions, deductions must be directly connected | d With | the unrelated busines | s income) | 1 | |
| | 14 | • | icers, dii | ectors, and trustees (Schedule K) RECI | EIV | ED (| | 14 | <u> </u> |
| | 15 16 | Salaries and wages Repairs and mainten | 2000 | | | ၂ဗ္ဗ | | 15 16 | |
| | 17 | Bad debts | ance | NOA 3 |) 9 2 | 019 | | 17 | |
| | 18 | Interest (attach sche | dule) (se | e instructions) | 9 <i>2</i> 1 - | .013 SS | | 18 | |
| | 19 | Taxes and licenses | (50 | L | - N I | | | 19 | |
| | 20 | | ons (See | instructions for limitation rules OGDI | ĽN, | UI | | 20 | |
| | 21 | Depreciation (attach | • | <u> </u> | | 21 | | \prod | |
| | 22 | | | Schedule A and elsewhere on return | | 22a | | 22b | |
| | 23 | Depletion | | | | | | 23 | |
| | 24 | Contributions to defe | rred cor | npensation plans | | | | 24 | |
| | 25 | Employee benefit pro | _ | | | | | 25 | |
| | 26 | Excess exempt exper | | • | | | | 26 | · |
| | 27 | Excess readership co | | • | | | | 27 | |
| | 28 | Other deductions (at | | | | | | 28 | |
| | 29 20 | Total deductions Ad | | · · | st line Of | 2 from line 12 | | 30 | 12,027. |
| | 30 | Uniterated pusiness to | axavie il | come before net operating loss deduction. Subtrac | , mie 23 | 7 HUHHHE 13 | | JU | 14,047 |

32 Unrelated business taxable income Subtract line 31 from line 30
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

31 *- Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form **990-T** (2018)

12,027.

31

32

| | THE WIDGEON POINT CHARITABLE FOUNDATION | | | | |
|-----------|---|--------------|--------------|----------------------------------|-------------|
| Form 990- | 1/11/11 1112 221122012 1 0 012111 1 011 1110 | <u>3-62(</u> | 01175 | | Page 2 |
| Part I | | | T T | 12 0 | 27 |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 33 | 12,0 | 41. |
| 34 | Amounts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT | 14 | 34 | 12,0 | 27 |
| 35 | | 14 | 35 | 12,0 | 41. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | 00 | | |
| 37 | lines 33 and 34 | | 36 | 1,0 | 00 |
| 38 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, | | 37 | 1,0 | 00. |
| 30 | enter the smaller of zero or line 36 | | 38 | | _0. |
| Part i | <u></u> | | 1 30 | | <u> </u> |
| 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 on line 38 from | | | | |
| | 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 | | | | |
| | Other credits (see instructions) 45b | | | | |
| C | General business credit Attach Form 3800 45c | | | | |
| ď | Credit for prior year minimum tax (attach Form 8801 or 8827) | |] | | |
| 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 8866 Other (attach s | schedule) | 47 | | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | | 48 | | <u>0.</u> |
| 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 | | 1 1 | | |
| p | 2018 estimated tax payments 50b | | 4 | | |
| C | Tax deposited with Form 8868 | | 1 | | |
| | Foreign organizations Tax paid or withheld at source (see instructions) 50d | | 4 | | |
| | Backup withholding (see instructions) 50e | | 4 | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | | 4 | | |
| 8 | Other credits, adjustments, and payments. Form 2439 | 504 | | | |
| | | 724. | 7 | 1 7 | 2.4 |
| | Total payments Add lines 50a through 50g SEE STATEMENT 13 | | 51 | 1,7 | <u> 24.</u> |
| 52 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | | 52 | | |
| 53 54 | Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | | 53 | 1 7 | 24. |
| 54 55 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax 1,724. Refunded | | 55 | <u> </u> | 0. |
| Part \ | | | 1 33 1 | | <u> </u> |
| | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | | Yes | No |
| • | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | ,,,,, | |
| | 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 transferor to, a foreign to | rust? | | | X |
| Ψ. | 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 >\$ | | | | |
| | Under penalties of payery declare that I have examined this return, including accompanying schedules and statements, and to the best | of my kno | wledge and b | elief, it is true, | _ |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | <u> </u> | | | |
| lere | ► \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | • | cuss this return vown below (see | with |
| | Signature of officer Date Title | | structions)? | X Yes | No |
| | Print/Type pgeparer's name Preparer's signature Date Check | | f PTIN | | |
| Paid | 1 • · · · · · · · · · · · · · · · · · · | mployed | | | |
| Prepa | | | | 293530 | |
| Use C | Only Firm's name ► COOPERSMITH SIMON & VOGEL P.C. Firm' | s EIN 🕨 | 27- | 012006 | 9 |
| | 50 CHARLES LINDBERGH BLVD. STE 605 | | _ | | |

Phone no. 516-483-5800 Form 990-T (2018)

Firm's address ► UNIONDALE, NY 11553

| Schedule A - Cost of Good | Is Sold. Enter | method of inven | tory v | aluation N/A | Ā | | | |
|---|-------------------------|--|---------------|--|-----------|---|-------------|--|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | ar | | 6 | |
| 2 Purchases | 2 | | 7 | Cost of goods sold S | ubtract | line 6 | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in | Part I, | 1 | |
| 4 a Additional section 263A costs | | | | line 2 | | | 7 | · - |
| (attach schedule) | 4a | | 8 | Do the rules of section | n 263A (| with respect to | | Yes No |
| b Other costs (attach schedule) | 4b | | | property produced or | acquire | d for resale) apply to | | |
| 5 Total Add lines 1 through 4b | 5 | | <u> </u> | the organization? | | | | <u> </u> |
| Schedule C - Rent Income (see instructions) | (From Real I | Property and | d Pe | rsonal Property | Leas | ed With Real Pro | perty | /) |
| 1 Description of property | | | | | | | | |
| (1) | | | • | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2 Rent receive | d or accrued | | | | 0/->0 | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | ` of rent for p | ersonal | onal property (if the percent property exceeds 50% or if ed on profit or income) | tage f | 3(a) Deductions directi columns 2(a) a | | ted with the income in |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | | 0. | | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column | | er • | | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated Del | bt-Financed | Income (see | ınstru | ctions) | | | | |
| | | | 2 | Gross income from | | 3 Deductions directly cor to debt-finan- | | |
| 1. Description of debt-fi | nanced property | | | 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-innanced property (attach schedule) | of or all debt-finan | idjusted basis ocable to ced property schedule) | 6 | . Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (c | 8 Allocable deductions olumn 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | Γ΄. | % | | | | |
| | | | $\overline{}$ | | 1 | | | |
| (4) | | | | % | <u> </u> | | | |
| (4) | | | <u> </u> | | | inter here and on page 1, Part I, line 7 column (A). | | nter here and on page 1, Part I, line 7 column (B) |
| (4) Totals | | | <u>L</u> | | | | F | |
| | icluded in column | 8 | | <u>%</u> | | Part I, line 7 column (A). | F | Part I, line 7 column (B) |

| Form 990-T (2018) F/K/A Schedule F - Interest, | THE BEIN | ECKE F | OUNDAT | ION IN | C | Oi- | | 13-62 | 0117! | 5 Page 4 | |
|---|--|-------------------------------------|---|---|--|--|----------------|------------------------------|---|--|--|
| Schedule F - Interest, | Annuities, Ro | yaities, a | | Controlled O | | | ation | S (see ins | tructions | 5) | |
| 1 Name of controlled organiza | ation 2 | Employer lentification number | | | tal of specified ments made 5 Part of column 4 included in the conorganization's gross | | d in the conti | rolling | 6 Deductions directly connected with income in column 5 | | |
| | | | | | | | | · | | · | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organ | izations | | _, | | | | | | | | |
| 7 Yaxable Income | 8 Net unrelated (see instru | | 9 Total | of specified payr made | nents | 10 Part of colur in the controlli gross | | | | luctions directly connected income in column 10 | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | _ | | |
| | | | | | | Add colum Enter here and line 8, c | | 1, Part I, | Enter he | d columns 6 and 11 are and on page 1 Part I, une 8, column (B) | |
| Totals | | | | | > | | | 0. | | 0. | |
| Schedule G - Investme (see inst | ent Income of ructions) | a Sectio | n 501(c)(| 7), (9), or (| (17) Or | ganization | | | | | |
| 1 Desc | cription of income | | _ | 2 Amount of | income | 3 Deduction directly connected (attach scheduction) | cted | ed 4 Set-asides | | 5 Total deductions and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | _ | <u></u> | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | Enter here and o Part I, line 9, col | | | | | | Enter here and on page 1 Part I, line 9, column (8) | |
| Totals | | | <u> </u> | | 0. | | | | | 0. | |
| Schedule I - Exploited (see instru | 7 | vity Incon | ne, Othei | r Than Ad | vertisii | ng Income | | | | | |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | directly with p of u | xpenses connected roduction nrelated iss income | 4. Net incom from unrelated business (col minus column gain, compute through | trade or lumn 2 3) If a cols 5 | 5. Gross inco from activity the is not unrelate business inco | hat ed | 6 Expa attributa colum | able to | 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) | page | ere and on 1 Part I 0, col (B) | | | · ,_ · | | · | | Enter here and on page 1, Part II, line 26 | |
| Totals • | | 0. | 0. | | | | | | | 0. | |
| Schedule J - Advertisi | | | | | | | | | | | |
| Part I Income From | Periodicals R | eported o | on a Con | solidated | Basis | | | | | | |
| 1 Name of periodical | 2 Gro advertis incom | ing ad | 3 Direct vertising costs | 4 Adverti or (loss) (co col 3) If a ga cols 5 thr | l 2 minus in, compute | 5 Circulati income | on | 6 Reade costs | | 7 Excess readership costs (column 6 minus column 5 but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | 4 | | ļ | | · | | | |
| (4) | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | > | 0. | 0 | | | | | | | 0. Form 990-T (2018) | |
| | | | | | | | | | | romi 230-1 (2018) | |

Form 990-T (2018) F/K/A THE BEINECKE FOUNDATION INC 13-62011

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 periodic | cal | 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. | | | | 0 |
| | | 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) | ▶ | 0. | 0. | | | · | 0 |

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

| 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)

| FORM 990-T | INCO | ME (LOSS) FROM PA | RTNERSHIPS | STATEMENT | 12 | |
|---|---|--|--|--|----------------------------------|--|
| | | | | NET INCOM | | |
| DESCRIPTION | N | | | OR (LOSS | () | |
| | TONE GROUP PARTNERS | S LP - ORDINARY B | USINESS | | . 1 - 7 | |
| INCOME (LOS THE BLACKSI | SS) FONE GROUP PARTNERS | S LP - NET RENTAL | REAL ESTATE | 2 | 17. | |
| INCOME | | | | < | 10. 5. | |
| | HE BLACKSTONE GROUP PARTNERS LP - DIVIDEND INCOME HE BLACKSTONE GROUP PARTNERS LP - OTHER INCOME (LOSS) | | | | | |
| | PRODUCTS PARTNERS | | | | 94. | |
| LOSS) | 111000010 | | | 9,5 | | |
| | BAL MANAGEMENT LLC | | | | 1. | |
| DAKTREE CAI (LOSS) | PITAL GROUP LLC - (| ORDINARY BUSINESS | INCOME | 2 | 40. | |
| | RPRISES LP - ORDINA | ARY BUSINESS INCO | ME (LOSS) | | 07. | |
| | IDSTREAM PARTNERS | | | | | |
| (LOSS) | | 0007111 DIE DY16TN | TAG THOMP | < | 34. | |
| SUMMIT MIDS (LOSS) | STREAM PARTNERS LP | - ORDINARY BUSIN | ESS INCOME | <1,0 | 52. | |
| | P - ORDINARY BUSIN | ESS INCOME (LOSS) | | • | 68. | |
| | | | | | | |
| TOTAL INCLU | UDED ON FORM 990-T | , PAGE 1, LINE 5 | | 8,2 | 53. | |
| | | , PAGE 1, LINE 5 ER CREDITS AND PA | YMENTS | 8,2 STATEMENT | - | |
| FORM 990-T | ОТН | <u> </u> | YMENTS | | - | |
| TOTAL INCLUFORM 990-T DESCRIPTION FORM 8827, | OTH) | <u> </u> | YMENTS | STATEMENT | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, | OTH) | ER CREDITS AND PA | | STATEMENT AMOUNT 1,7 | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, FOTAL INCLU | OTHI N LINE 8C UDED ON FORM 990-T | ER CREDITS AND PA | LINE 50G | STATEMENT AMOUNT 1,7 | 13 24. | |
| FORM 990-T DESCRIPTION FORM 8827, FOTAL INCLU | OTHI N LINE 8C UDED ON FORM 990-T | ER CREDITS AND PA | LINE 50G EDUCTION | STATEMENT AMOUNT 1,7 | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, FOTAL INCLU | OTHI N LINE 8C UDED ON FORM 990-T | ER CREDITS AND PA , PAGE 2, PART V, OPERATING LOSS D | LINE 50G | STATEMENT AMOUNT 1,7 | 13 24. | |
| FORM 990-T DESCRIPTION FORM 8827, TOTAL INCLU FORM 990-T | OTHI LINE 8C UDED ON FORM 990-T NET LOSS SUSTAINED | ER CREDITS AND PA , PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY APPLIED | LINE 50G EDUCTION LOSS REMAINING | STATEMENT AMOUNT 1,7 1,7 STATEMENT AVAILABLE THIS YEAR | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, TOTAL INCLU FORM 990-T TAX YEAR | OTHI LINE 8C UDED ON FORM 990-T NET LOSS SUSTAINED 257,407. | ER CREDITS AND PA , PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY | LINE 50G EDUCTION LOSS | STATEMENT AMOUNT 1,7 1,7 STATEMENT AVAILABLE | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, FOTAL INCLU FORM 990-T TAX YEAR 12/31/11 12/31/12 12/31/13 | OTHI N LINE 8C UDED ON FORM 990-T NET LOSS SUSTAINED 257,407. 196,354. 144,342. | PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY APPLIED 88,711. 0. 0. | LINE 50G EDUCTION LOSS REMAINING 168,696. 196,354. 144,342. | STATEMENT 1,7 1,7 1,7 STATEMENT AVAILABLE THIS YEAR 168,69 196,35 144,34 | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, FOTAL INCLU FORM 990-T FAX YEAR 12/31/11 12/31/12 12/31/13 12/31/15 | OTHI N LINE 8C UDED ON FORM 990-T NET LOSS SUSTAINED 257,407. 196,354. 144,342. 18,254. | PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY APPLIED 88,711. 0. 0. 0. | LINE 50G EDUCTION LOSS REMAINING 168,696. 196,354. 144,342. 18,254. | STATEMENT 1,7 1,7 1,7 STATEMENT AVAILABLE THIS YEAR 168,69 196,35 144,34 18,25 | 13 | |
| FORM 990-T DESCRIPTION FORM 8827, | OTHI N LINE 8C UDED ON FORM 990-T NET LOSS SUSTAINED 257,407. 196,354. 144,342. | PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY APPLIED 88,711. 0. 0. | LINE 50G EDUCTION LOSS REMAINING 168,696. 196,354. 144,342. | STATEMENT 1,7 1,7 1,7 STATEMENT AVAILABLE THIS YEAR 168,69 196,35 144,34 | 13 (24. (24. (4. (4. | |

SCHEDULE D' (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
☐ Go to www irs gov/Form1120 for instructions and the latest information

2018

Name

Employer identification number

THE WIDGEON POINT CHARITABLE FOUNDATION F/K/A THE BEINECKE FOUNDATION INC

<u> 13-6201175</u>

| Part I Short-Term Capital Gai | | instructions) | | | |
|---|---|---|--|----------------|---|
| See instructions for how to figure the amounts | (4) | (0) | (0) | _ | /h) Course (loss) Subbase |
| to enter on the lines below This form may be easier to complete if you | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (s | 19, | (ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| round off cents to whole dollars | | | | | |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis | | | | | |
| was reported to the IRS and for which you | | | | | |
| have no adjustments (see instructions) However, if you choose to report all these | | | | | |
| transactions on Form 8949, leave this line blank and go to line 1b | | | | | |
| 1b Totals for all transactions reported on | ·• · · · · | | | • | |
| Form(s) 8949 with Box A checked | | | | | · |
| 2 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box B checked | | | | | |
| 3 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box C checked | | | | | 12. |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind | exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computa | • | | | 6 | (|
| 7 Net short-term capital gain or (loss) Combine | | | | 7 | 12. |
| Part II Long-Term Capital Gair | ns and Losses (See | nstructions) | | | T |
| See instructions for how to figure the amounts to enter on the lines below | (d) Proceeds | (e) Cost | (g) Adjustments to ga or loss from Form(s) 894 | ın | (ħ) Gain or (loss) Subtract column (e) from column (d) and |
| This form may be easier to complete if you round off cents to whole dollars | (sales price) | (or other basis) | Part II line 2, column (| g) | combine the result with column (g |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | |
| 8b Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box D checked | | | | | |
| 9 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box E checked | | | | | |
| 10 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box F checked | | | | | 490. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | |
| 12 Long-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind | exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | | 14 | |
| 14 Capital gain distributions | trace On the course 4.4 in action | n h | | 15 | 490. |
| 15 Net long-term capital gain or (loss) Combine | | | | | |
| 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and | I II | | | 16 | 1 2 |
| 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (line | I II e 7) over net long-term capita | al loss (line 15) | 0.7\ | 16 | |
| 15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and | l II e 7) over net long-term capita capital gain (line 15) over ne | al loss (line 15) t short-term capital loss (lin | e 7) | 16 17 18 | 12. 490. 502. |

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074
2018

Attachment Sequence No. 12A

Name(s) shown on return

THE WIDGEON POINT CHARITABLE FOUNDATION

F/K/A THE BEINECKE FOUNDATION INC

Social security number or taxpayer identification no.

13-6201175

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

| Part I Short-Term. Transac | tions involving capi | tal assets you held | l 1 year or less are g | generally short term (s | ee instructio | ons) For long term | |
|---|--|------------------------|-------------------------|--|-------------------------|--|--------------------------------------|
| transactions, see page 2 Note You may aggregate a codes are required. Enter the | | | | | | | |
| You must check Box A, B, or C below. | Check only one b | OX. If more than one b | ox applies for your sho | ort-term transactions, com | plete a separa | ate Form 8949, page 1, | |
| If you have more short-term transactions than v | | | | | | | |
| (B) Short-term transactions re | | | | | e Note aut | JVE) | |
| (C) Short-term transactions n | | | | eported to the mo | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustmen | t, if any, to gain or | (h) |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | loss If yo | où enter an amount | |
| (Example 100 sh XYZ Co) | (Mo, day, yr) | disposed of | (sales price) | basis See the | in column column (f) | (g), enter a code in See instructions | Subtract column (e) |
| | | (Mo , day, yr) | | Note below and see Column (e) in | (f) | (g) | from column (d) & combine the result |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| THE BLACKSTONE | | | | | | adjustificiti | |
| GROUP PARTNERS LP | | | | | | · · - · - · · · · · · · · · · · · · | 10. |
| APOLLO GLOBAL | | | | | | | |
| MANAGEMENT LLC | <u> </u> | - | | | | | 2. |
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| 0 7-1-1 0-1-1-1 | 1 (1) (1) (2) | | | | - | | |
| 2 Totals. Add the amounts in colu | | , , , | | | | | |
| negative amounts) Enter each to | | - 1 | | | | | |
| Schedule D, line 1b (if Box A abo | *** | ` ' | | | | | 10 |
| above is checked), or line 3 (if B | ox C above is ch | ескеа) 🗩 | | l | | | 12. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

THE WIDGEON POINT CHARITABLE FOUNDATION

Social security number or taxpayer identification no.

| F/K/A THE BEIN | ECKE FOU | NDATION | INC | | | 13-6 | 201175 |
|---|--|---|--------------------------------------|--|-----------------------------|--|--------------------------------------|
| Before you check Box D, E, or F belo statement will have the same informa- | ow, see whether ation as Form 10 | you received an 99-B Either will | y Form(s) 1099-B show whether you | or substitute statei ur basis (usually yo | nent(s) froi ur cost) wa | n your broker As | ubstitute IRS by your |
| broker and may even tell you which i | box to check | | | | | | |
| Part II Long-Term. Transaction | ons involving capit | al assets you held | more than 1 year ar | e generally long term | (see instruc | tions) For short-term | n transactions, |
| See page 1 Note. You may aggregate a codes are required. Enter the | ll long term transac e totals directly on | tions reported on Schedule D. line 8 | Form(s) 1099 B sho | wing basis was repor | ted to the IF | S and for which no | adjustments or structions) |
| You must check Box D, E, or F below | Check only one bo | X. If more than one b | ox applies for your long | -term transactions comp | lete a separat | e Form 8949, page 2, fo | |
| (D) Long-term transactions than will | | | | | | | |
| (E) Long-term transactions rep | | - | * | | . 11010 000 | , | |
| X (F) Long-term transactions no | | • | - | portos to tivo ii io | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustmen | t, if any, to gain or | (h) |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | | u enter an amount | Gain or (loss). |
| (Example 100 sh XYZ Co) | (Mo , day, yr) | disposed of | (sales price) | basis See the | | (g), enter a code in See instructions. | Subtract column (e) |
| | | (Mo , day, yr) | | Note below and see Column (e) in | (f) | (g) Amount of | from column (d) & combine the result |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| THE BLACKSTONE | | | | | | • | |
| GROUP PARTNERS LP | | | | | | | 152. |
| OAKTREE CAPITAL | | | | | | | |
| GROUP LLC | | | | | | | 338. |
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2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

490.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

Form **8827**

Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return

| ► Go to www irs o | jov/Form8827 for the latest information |
|-------------------|---|
| | |

| Name THE WIDGEON POINT CHARITABLE FOUNDATION | Employer identification number | | |
|---|--------------------------------|----------------|--|
| F/K/A THE BEINECKE FOUNDATION INC | 13-6201175 | | |
| | | - | |
| 1 Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626 | 1 | · | |
| 2 Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827 | 2 | 3,447. | |
| 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) | 3 | | |
| 4 Add lines 1, 2, and 3 | 4 | 3,447. | |
| 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see | | | |
| instructions) | 5 | 0. | |
| 6 Enter the refundable minimum tax credit (see instructions) | 6 | 1,724. | |
| 7 Add lines 5 and 6 | 7 | <u>1,724.</u> | |
| 8a Enter the smaller of line 4 or line 7 If the corporation had a post-1986 ownership change or has | | | |
| pre-acquisition excess credits, see instructions | 8a | <u> 1,724.</u> | |
| b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d | | | |
| (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition | | | |
| excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c. | 8b | 0. | |
| c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this | | | |
| amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) | 8c | 1,724. | |
| 9 Minimum tax credit carryforward to 2019 Subtract line 8a from line 4 Keep a record of this | | | |
| amount to carry forward and use in future years | 9 | 1,723. | |