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2021	17
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	(				_	<u>,</u>	2939305	20042	5 1
آء. ر	Form	990-T	E	EXTENDED TO NOVE Exempt Organization Bus (and proxy tax und	sine	ss Income T		OMB No 1545	i-0047
	-		For cal	endar year 2019 or other tax year beginning	C1 3C	, and ending	19/2	<b>201</b>	Q.
		tment of the Treasury		► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may		ons and the latest inform		Open to Public Ins	spection for
		Check box if address changed		Name of organization ( Check box if name c	hanged	and see instructions )	D	Employer identification (Employees' trust, see instructions )	
	<u>Β</u> Ε:	xempt under section	Print	THE WIDGEON POINT CHAR F/K/A THE BEINECKE FOU			LON	13-62011	.75
		] 501( )( <b>OO</b>   408(e)   220(e)	or Type	Number, street, and room or sune no If a P.O box				Unrelated business acti See instructions)	vity code
		408A530(a)		City or town, state or province, country, and ZIP or				61000	
73	C Box	529(a) ok value of all assets		STAMFORD, CT 06905  F Group exemption number (See instructions )	<b></b>			31000	
_	ate	42,484,7	04.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a) tru	ıst Oth	er trust
4				tion's unrelated trades or businesses	1	Describe	the only (or first) unrela	ated	
,		de or business here	_				complete Parts I-V If r	·	
				ce at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each additional to	rade or	
		siness, then complete f				don anatrollad aroung		Yes X No	
			-	oration a subsidiary in an affiliated group or a parer ifying number of the parent corporation.	11-SUDSI	diary controlled group?		Yes X No	
				JOHN R. ROBINSON		Teleph	one number ▶ 91	4-730-705	0
i				le or Business Income		(A) Income	(B) Expenses	(C) No	
İ	1 a	Gross receipts or sales	S				6.		
i	b	Less returns and allow	ances	c Balance ▶	1c				
1	2	Cost of goods sold (So	chedule	A, line 7)	2				
:	3	Gross profit Subtract	line 2 fr	om line 1c	3				
5		Capital gain net incom		•	4a	14.		4	14.
•				art II, line 17) (attach Form 4797)	4b	297.			297.
•		Capital loss deduction			4c	E 04E	STMT:13		945.
`		•		hip or an S corporation (attach statement)	5	-5,945.	S.I.M.I.*T.3	<u>***  -5,</u>	945.
-		Rent income (Schedul		(C-L-d-l- T)	7	<del></del>			
J		Unrelated debt-finance		ie (Schedule E)  nd rents from a controlled organization (Schedule F)	8				
8	-			n 501(c)(7), (9), or (17) organization (Schedule G)	$\vdash$			-	
le en		Exploited exempt activ			10				
3		Advertising income (S			11				
		Other income (See ins		•	12				
-		Total. Combine lines			13 🗸	-5,634.		-5,	634.
	Pa			t Taken Elsewhere (See instructions fo					
		(Deductions	must b	e directly connected with the unrelated busing	éss inc	come )			
	14	Compensation of office	cers, dır	ectors, and trustees (Schedule K)	EC	EIVED		14	
	15	Salaries and wages		/ <u> </u>	LU		<u> </u>	15	
7	16	Repairs and maintena	ınce	/ lal \	เดง 1	2020	ļ	16	
2021	17	Bad debts -	lla\ /aa	<b>∕</b> 1₹1	101	R	}	17	
အ	18	Interest (attach sched	iule) (se	e instructions)		EN LIT	-	18 19	
0	19 20	Taxes and licenses Depreciation (attach F	orm 45	62)	<u> باي (</u>	EN, UT		19	
APR	21			Schedule A and elsewhere on return		21a		1b	
₹	22	Depletion		0.000.000		[2,4]		22	
	23	Contributions to defer	red con	npensation plans			2	23	
뿔	24	Employee benefit pro						24	
-	25	Excess exempt expen	ses (Scl				2	25	
S	26	Excess readership co	,				. 2	26	
Ś		Other deductions (atta					<del></del>	27	
	28	Total deductions Ad			. <b>.</b>		_	28	0.
	29			come before net operating loss deduction. Subtract			_2	29 -5,	034.
	30		rating lo	oss arising in tax years beginning on or after Januar	y 1, 20	10		,,	0.
	31 /	(see instructions)	xahle in	come Subtract line 30 from line 29				30   31   -5,	634.
				vork Reduction Act Notice, see instructions				Form <b>990</b> -	
	- '	. =						-	രവ് 🔧

' —	0-T(2019) THE WIDGEON POINT CHARITABLE FOUNDATION F/K/A THE BEI	13-6201	.1/3 Page 2
Par	<del></del>	<del></del>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		5,634.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 32	35 -	5,634.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	38	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 37 -	5,634.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	,	
00	enter the smaller of zero or line 37	\   39   -	5,634.
Par	LIV. Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	- 40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
71	Tax rate schedule or Schedule D (Form 1041)	.   1	
40		42	
42	Proxy tax. See instructions  Attaceptive minimum tay (fructs only)	43	-
43	Alternative minimum tax (trusts only)	44	<del></del>
44	Tax on Noncompliant Facility Income. See instructions	45	0.
Par	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments	1 40 1	
		<del></del>	<del></del>
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b			
C	General business credit. Attach Form 3800	<b>⊣</b> . ∣	
, d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<del>-     </del>	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
· 49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a		의 시	
, b	2019 estimated tax payments	_	
C	Tax deposited with Form 8868	<b>⊣</b>	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	<b>」</b>	
8	Backup withholding (see instructions)	_  "	
f	Credit for small employer health insurance premiums (attach Form 8941) 5/1f	_] [	
0	Other credits, adjustments, and payments: Form 2439	1.1	
	Form 4136 X Other 1,723. Total 5to X 1,723		
52	Total payments. Add lines 51a through 51g	52	3,447.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  U \>	55	3,447.
11 38	Enter the amount of line 55 you want. Credited to 2020 estimated tax	- 56	0.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 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 <b>&gt;</b>		X
58 '	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.	·	
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury/)declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ledge and belief, it is tru	8,
Sign		May the IRS discuss this	a soft was with
Here		the preparer shown belo	
	Signature of officer Date/ Title	instructions)? X Y	es No
***	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	EDITADO CONSTRUET EDITADO CONSTELLE		
	dpa   11/12/20	P00385	746
•	DATE OF COMPANY DAVIES AND		
USE	Only Firm's name PRF O CONNOR DAVIES, LLP Firm's EIN S 3001 SUMMER STREET, 5TH FLOOR, EAST		
		203-323-2	400
022711	01 07 00		90-T (2010)

Schedule A - Cost of Goods	Sold. Enter	method of inve	entory valuation N/A	Ā				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold S	Subtract line	: 6			
3 Cost of labor	3		from line 5. Enter her	e and in Par	t I,			
4 a Additional section 263A costs			line 2		7_			
(attach schedule)	4a 8 Do the rules of section 2				h respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b		r resale) apply to					
5 Total Add lines 1 through 4b	Total Add lines 1 through 4b 5							
Schedule C - Rent Income ( (see instructions)	From Real	Property and	d Personal Property I	Leased	With Real Prop	erty)		
1 Description of property								
(1)								
(2)						-		
(3)				-				
(4)								
4	2 Rent receiv	ed or accrued						
(a) From personal property (if the perconal for personal property is more 10% but not more than 50%)	centage of than	` for rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in attach schedule)	1
(1)								
(2)								•••••
(3)								*******
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>		_ ∫È	b) Total deductions. nter here and on page 1, art I, line 6, column (8)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)					
			2 Gross income from or allocable to debt-	<u> </u>	Deductions directly coni to debt-finance		erty	
1 Description of debt-fin	anced property		financed property		aight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)					·····			
(2)		<del></del>						
(3)	<del></del>			-				
(4)								•••••
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to niced property in schedule)	6 Column 4 divided by column 5		. Gross income eportable (column 2 x column 6)	(4	8 Allocable deducti column 6 x total of col 3(a) and 3(b))	
(1)			%			1		
(2)			%					
(3)			%					
(4)			%					
				Ente	r here and on page 1,	E	nter here and on page	e 1,
					I, line 7, column (A)		Part I line 7, column (	
Totals			•	.]	0			0.
Total dividends-received deductions in	cluded in column	8	<u> </u>		<b>&gt;</b>			0.

Schedule F - Interest,		-		Controlled O					truction		
1 Name of controlled organiz	ation	2 Employ identification		related income	4 To	ital of specified ments made	5 Pa	rt of column 4 t	hat is	6 Deductions directly connected with income	
·		number	(1055) (588	(See instructions) pay				cluded in the controlling anization's gross income			
(1) - '		•						<u> </u>		<del></del>	
(2)		-		*		_			<u> </u>		
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7 Taxable Income		nrelated income (lo	oss) 9 Total	of specified payrr	nents	10 Part of colur	nn 9 tha	t is included		ductions directly connected	
	(S	ee instructions)		made		in the controlli gross	ng orgar income		with	income in column 10	
<u>ب</u> ب	ļ. <del>.</del>										
(1)										<u> </u>	
(2)	<u> </u>									<u> </u>	
(4) ·	<del>`</del>			•	<u>-</u>						
.\		,				Add colum	ns 5 an	d 10	hA	d columns 6 and 11	
ı						Enter here and				ere and on page 1, Part I,	
•			•			line 8, c	olumn (/	A)		line 8, column (B)	
<b>Totals</b>					<b>•</b>			0.		0 .	
Schedule G - Investm	ent Incon	ne of a Sec	tion 501(c)(7	'), (9), or (1	7) Or	ganization			•		
(see ins	tructions)										
. 1 Des	scription of incor	ne		2 Amount of	ncome	3 Deduction directly connect	ns cted	4 Set-a		5 Total deductions and set-asides	
	<u>'</u>			-		(attach sched		(attach s	chedule)	(col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)				Enter here and o	n nane 1		71.456°1956	# 546 *\*\*\*\	Wataki Tabu	Enter here and on page 1	
r	•		•	Part I, line 9, col						Part I, line 9, column (B)	
Totals					0.					. o	
Schedule I - Exploited	Exempt	Activity Inc	come, Other	Than Adv			1797,288383		n-t-1-14931,00 504	×	
=	ructions) 、	•	,								
			3 Expenses	4 Net incom		_				7 Excess exempt	
1 Description of	2 Gr unrelated t		directly connected	from unrelated business (col		5 Gross income from activity the first of		6 Exp		expenses (column	
exploited activity	income trade or b	uleinaee	with production of unrelated	minus column gain, compute		is not unrelate business incor		attributa colum		6 minus column 5, but not more than	
1			business income	through						column 4)	
(1)		•									
(2)		,									
(4)				a to make my make my the contract of the	Photo and the section of the section	of days to the property of the second	4.19 .51.5=3.	du destit och anderstande det Francisco	de de California de la companio		
<b>^</b> .	Enter here page 1,	Part I,	Enter here and on page 1 Part I,							Enter here and on page 1	
	line 10, c		line 10, col (B)							Part II, line 25	
Totals	na Incom	0.	0.							<u> </u>	
Schedule J - Advertis Part   Income From				nlidated I	Racic						
Larris Income From	Feriodica	no nepuil	ca on a cons	onualeu I	Ja313'						
				1 4						7.5	
1		2 Gross advertising	3 Direct	4 Advertis	2 minus	5 Circulati	on	6 Reade		7 Excess readership costs (column 6 minus	
1 Name of periodical	'	income	advertising costs	col 3) If a gar cols 5 thr		e income		costs	•	column 5 but not more than column 4)	
(1)					3 16-375	<u> </u>					
(2)		•									
(2)											
(4)		· ·							- i		
<u> </u>				WAS LOVE BANK	and the second	<u> </u>				#T1-145-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4	
otals (carry to Part II, line (5))	<b>▶</b>	0.	0							0.	
, \-11						·				Form <b>990-T</b> (2019	

923731 01-27-20

Form 990-T (2019) F/K/A THE BEINECKE FOUNDATION INC

Part: III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)		****				
Totals from Part I	0.	0.				0 .
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	• 0.	0.		是此代發展時間		

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)			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter here and on page 1, Part II, line	14		<b>&gt;</b>	

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 13
DESCRIPTION	NET INCOME OR (LOSS)
THE BLACKSTONE GROUP L.P - ORDINARY BUSINESS INCOME (LOSS)	28.
THE BLACKSTONE GROUP L.P - DIVIDEND INCOME	3.
THE BLACKSTONE GROUP L.P - OTHER INCOME (LOSS)	-91.
ENTERPRISE PRODUCTS PARTNERS LP - ORDINARY BUSINESS INCOME	
(LOSS)	-3,327.
OAKTREE CAPITAL GROUP LLC - INTEREST INCOME	72.
ICAHN ENTERPRISES LP - ORDINARY BUSINESS INCOME (LOSS)	-2,452.
ICAHN ENTERPRISES LP - OTHER INCOME (LOSS)	-168.
APOLLO GLOBAL MANAGEMENT, LLC - INTEREST INCOME	6.
APOLLO GLOBAL MANAGEMENT, LLC - OTHER PORTFOLIO INCOME	
(LOSS)	-2.
APOLLO GLOBAL MANAGEMENT, LLC - OTHER INCOME (LOSS)	-14.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-5,945.

FORM 990-T	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT 14
DESCRIPTIO	DN			AMOUNT
FORM 8827,	LINE 5C			1,723.
TOTAL INCL	LUDED ON FORM 990-T	, PAGE 2, PART V,	LINE 51G	1,723.
FORM 990-T	. NET	OPERATING LOSS D	EDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	257,407.	100,738.	156,669.	156,669.
12/31/12	196,354.	0.	196,354.	196,354.
12/31/13	144,342.	0.	144,342.	144,342.
12/31/15	18,254.	0.	18,254.	18,254.
12/31/17	6,736.	0.	6,736.	6,736.
NOL CARRYO	OVER AVAILABLE THIS	YEAR	522,355.	522,355.

#### 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

OMB No 1545-0123

Name

Employer identification number

THE	W]	DGEC	N	POINT	CHARITABLE	FO	UNDATION
F/K/	'A	THE	ΒE	INECKE	FOUNDATION	I	NC

13-6201175

Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting you	ur gain or loss	•	
Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	n ( 9	(h) 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 I, line 2, column (g	) or Accessmen	combine the result with column (g)
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	i e				
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 fransactions reported on					
Form(s) 8949 with Box C checked	<b>'</b>				11.
4 'Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824		•	5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss) Combin				. 7	· 11.
EPart⊞ Long-Term Capital Gai	ns and Losses (See	nstructions)	<del></del> .		
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	9,	(h) 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	1	•	•		_
Form(s) 8949 with Box F checked					3.
11 Enter gain from Form 4797, line 7 or 9				11	<u>-</u>
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12 13	
13 Long-term capital gain or (loss) from like-kind					
14 Capital gain distributions					
15 Net long-term capital gain or (loss) Combine		n h	••	15	3.
Part III Summary of Parts I and		Lloce (lune 15)		16	11.
16 Enter excess of net short-term capital gain (lin	•		no 7)	<u>16</u> ' 17	3.
17 Net capital gain Enter excess of net long-term	,	·	IC / )		14.
18 Add lines 16 and 17 Enter here and on Form		pper imie on other returns	t	18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Note: If losses exceed gains, see Capital Los	262 III MIC MONDUMINIO				

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

Schedule D (Form 1120) 2019

921051 12-16-19

LHA

## 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

2019

Attachment Sequence No 12A

OMB No 1545-0074

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 bel statement will have the same informa broker and may even tell you which l	ation as Form 109	you received any 99-B Either will s	y Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	nent(s) fron r cost) was	n your broker A su s reported to the IF	bstitute IS by your
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	nerally short term (see	e instruction	s) For long term	
transactions, see page 2  Note: You may aggregate al  codes are required. Enter the	l short term transac	ctions reported on l	Form(s) 1099 B show	ıına basıs was reporte	ed to the IRS	S and for which no ac	ljustments or ctions)
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one bo	X If more than one b	oox applies for your shor	t-term transactions, comp	olete a separa	te Form 8949, page 1, for	
(A) Short-term transactions re	ported on Form(s	s) 1099 B showin	ig basis was repor	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions re	•	•	•	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-	В				<del></del>
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss If y in column	ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example 100 SH X12 CO)	(INIO , day, yr )	(Mo , day, yr )		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
-APOLLO GLOBAL						adjadanione	
MANAGEMENT, LLC							11.
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	(1) ( ) ( )						
2 Totals. Add the amounts in colum							
negative amounts) Enter each to		•					
Schedule D, line 1b (if Box A abo above is checked), or line 3 (if B		· ·					11.
above is checked). Of line 3 (ii b)	ux C adove is ch	eckeu:		i		1	

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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 BEINECKE FOUNDATION INC

13-6201175

1 / 10 / 11 11111 1111	DONE TOO	CIDILL TOTAL	2210				<u> </u>
Before you check Box D, E, or F bek statement will have the same informa broker and may even tell you which	ation as Form 10	you received any 99-B Either will :	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	n your broker A su s reported to the IF	bstitute IS by your
Part II Long-Term. Transacti		al assets you held r	nore than 1 year are	generally long term (s	ee instructi	ons) For short term t	ransactions,
see page 1  Note: You may aggregate al							
codes are required Enter the	e totals directly on	Schedule D, line 8a	a, you aren't required	to report these trans-	actions on F	orm 8949 (see instru	ictions)
You must check Box D, E, or F below ( If you have more long-term transactions than will							each applicable box
(D) Long-term transactions rep	oorted on Form(s	) 1099 B showin	g basis was report	ed to the IRS (see	Note ab	ove)	
(E) Long-term transactions rep	oorted on Form(s	) 1099-B showin	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3			_	
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of	(sales price)	basis See the Note below and		). See instructions	Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
-THE BLACKSTONE							
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2 Totals. Add the amounts in colur	nns (d) (e) (a) a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 8b (if Box D abo		-					
	ove is checked), i						٦.

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 (2019)

# Form **8827**

**Credit for Prior Year Minimum Tax - Corporations** 

OMB No 1545 0123

2019

(Rev May 2020)
Department of the Treasury
Internal Revenue Service

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

Nan	* THE WIDGEON POINT CHARITABLE FOUNDATION	Employer	identification number	
	F/K/A THE BEINECKE FOUNDATION INC	13-6201175		
1	Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827	1	1,723.	
2	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2		
3	Enter the refundable minimum tax credit (see instructions)	3	1,723.	
4	Add lines 2 and 3	4	1,723.	
5a	Enter the smaller of line 1 or line 4. If the corporation had a post 1986 ownership change or has			
	pre-acquisition excess credits, see instructions	5a	1,723.	
b	Current year minimum tax credit. Enter the smaller of line 1 or line 2 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		•	
	3, go to line 5c Otherwise, skip line 5c	5b		
С	Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this			
	amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	1,723.	
6	Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry			
	forward and use in future years	6		

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8827** (Rev 5 2020)