| Form | , 990-T | E | Exempt Organization Bus (and proxy tax unde | | | ax Return | \ | OMB No 1545-0047 |
|-----------------------|--|----------|---|-------------|---------------------------|---------------------------|---------------------|---|
| 4.0°. | | For ca | fendar year 2019 or other tax year beginning | | , and ending | 1011 | | 2019 |
| | artment of the Treasury nal Revenue Service | • | ► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may | be ma | de public if your organiz | | | pen to Public Inspection for 01(c)(3) Organizations Only |
| ΑL | Check box if address changed | | Name of organization (Check box if name cl | hanged | and see instructions.) | | (Employ instruct | er identification number yees' trust, see ions) |
| 'В Е | Exempt under section | Print | DIANA DAVIS SPENCER FO | JND | ATION, INC. | | 20 | -3672969 |
| | _ 501(c∕() 3) | _ or · | Number, street, and room or suite no. If a P.O. box | , see ir | nstructions. | | | ed business activity code |
| 3 ⊏ | 408(e)220(e) | Туре | 3 BETHESDA METRO CENTER | R, 1 | NO. 118 | | , | , |
| ~ <u> </u> | 408A 530(a) | | City or town, state or province, country, and ZIP or BETHESDA, MD 20814 | r foreig | n postal code | | 5230 | 00 |
| — <u>—</u> | ook value of all assets | · | E Group exemption number (See instructions) | > | | | 1 | , |
| E cat | ,443,207,1 | 93. | G Check organization type ► X 501(c) corp | oration | 501(c) trust | 401(a) | trust | Other trust |
| H Er | nter the number of the | organiza | | 1 | | the only (or first) un | related | |
| tra tra | ade or business here 🕽 | ► PAI | RTNERSHIP INVESTMENT | | If only one, | , complete Parts I-V. | If more t | han one, † |
| tra do bu | escribe the first in the b | lank spa | ce at the end of the previous sontenco, complete Pa | rts I an | d II, complete a Schedule | M for each addition | al trade o | r |
| | usiness, then complete | | | | | | | |
| 1000 | | - | oration a subsidiary in an affiliated group or a paren | it-subs | idiary controlled group? | ▶ L | Yes | X No |
| | | | tifying number of the parent corporation. | | Tolonh | · | 301) | 961-4000 |
| | | | CAROLE FEATHERSTONE le or Business Income | | (A) Income | one number ((B) Expenses | | (C) Net |
| مريد | Gross receipts or sale | | ie di Badinedo indonie | Ι | (A) income | ALIV CHE THE SECOND | | THE THE POPPLY OF THE |
| ı a. h | Less returns and allow | | c Balance | 1c | | | | |
| 2 | Cost of goods sold (S | | | 2 | | | | |
| 3 | Gross profit. Subtract | | · · | 3 | | 深度改善的 | | |
| 4 a | Capital gain net incon | | | 4a | 127,594. | | | 127,594. |
| b | Net gain (loss) (Form | 4797, P | art II, line 17) (attach Form 4797) | 4b | | | KHEK. | |
| C | Capitál loss deduction | | • | 4c | | | | |
| 5 | , , | | ship or an S corporation (attach statement) | 5 | 22,606. | STMT (| 149,55 | 22,606. |
| 6 | Rent income (Schedu | • | | 6 | | | | |
| 7 | Unrelated debt-financ | | • | 7 | | | | |
| 8 | | | nd rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G) | 8 | / | | - | |
| 9 10 | Exploited exempt acti | | *************************************** | 10 | | | | |
| 11 | Advertising income (§ | - | | 11 | | | | |
| 12 | Other income (See in: | | · ' | 12 | | | | |
| 13 | Total. Combine lines | 3 throu | gh 12 | 13 | 150,200. | | | 150,200. |
| Pa | int Deductio | ns No | ot Taken Elsewhere (See instructions fo | r lımıta | ations on deductions) | | | |
| | | | be directly connected with the unrelated business. | ess in | come) | | | • |
| 14 | • | | rectors, and trustees (Schedule (K) RECE | IVE | D | | 14 | |
| 15 | Salaries and wages | • | 1 11202 | | | | 15 | ` |
| 16 | Repairs and mainten Bad debts | iance | ·/ lel | F 00 | 8S-0SO | | 16 17 | |
| 17 [.] 18 | Interest (attach sche | dula) (c | NOV.1 | 7 ZU | 20 0 | | 18 | |
| 19 | Taxes and licenses | anne) (a | ·/ L | | - - | | 19 | |
| 20 | Depreciation (attach | Form 45 | ogde | <u>N, l</u> | 20 | | | |
| 21 | | | n Schedule A and elsewhere on return | | 21a | • | 21b | |
| 22 | Depletion | | | | | | 22 | |
| 23 | Contributions to defe | erred co | pripensation plans | | | | 23 | |
| 24 | Employee benefit pro | - / | | | | | 24 | - |
| 25 | Excess exempt expe | , | | | | | 25 | |
| 26 | Excess readership c | | | | ann an | 000 C | 26 | 01 600 |
| 27 | Other deductions (at | | · | | SEE STAT | TEMENT 20 | 27 · | 21,688. |
| 28 | Total deductions A | | | t line O | 0 from line 40 - | | 28 | 21,688. |
| 2 9 30 | <i>,</i> | | ncome before net operating loss deduction. Subtract loss arising in tax years beginning on or after Janual | | | • | | 140,314. |
| 30 | (see instructions) | orauny 1 | ross arising in lax years beginning on or after Janual | این ایڈ ا | ,10 | | 30 | 0. |
| 31 | | | ncome. Subtract line 30 from line 29 | | | | 31 | 128,512. |
| 9237 | 01 01-27-20 LHA F | or Paper | work Reduction Act Notice, see instructions | | • | | | Form 990-T (2019) |

| | - (2019) DIANA DAVIS SPENCER FOUNDATION, INC. | 20-3672969 Page 2 |
|----------|---|--|
| Part | Total Unrelated Business Taxable Income | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 128,512. |
| √33 | Amounts paid for disallowed fringes | 38 |
| 34 | Charitable contributions (see instructions for limitation rules) STMT 21 STMT 22 | 12,751. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 | 35 115,761. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 115,761. |
| 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, enter the smaller of zero or line 37 | 39 114,761. |
| | Tax Computation | 39 11-1,701. |
| | } | 24 100 |
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 24,100. |
| 41 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from: | <u> </u> |
| | Tax rate schedule or Schedule D (Form 1041) | 41 |
| 42 | Proxy tax. See instructions | 42 |
| 43 | Alternative minimum tax (trusts only) | 43 |
| 44 | Tax on Noncompliant Facility Income. See instructions | |
| 45(1) | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 24,100. |
| Part | | |
| 46 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | |
| b | Other credits (see instructions) 46b | |
| | General business credit. Attach Form 3800 | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) |] |
| | Total credits Add lines 46a through 46d | 46e |
| | Subtract line 46e from line 45 | 47 24,100. |
| | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 |
| | Total tax. Add lines 47 and 48 (see instructions) | 9 24,100. |
| | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 0. |
| | | 30 0: |
| | Payments: A 2018 overpayment credited to 2019 | 1 |
| | 2019 estimated tax payments 10,000. | 1 |
| | Tax deposited with Form 8868 15,000. | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 51d | |
| | Backup withholding (see instructions) 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | |
| g | Other credits, adjustments, and payments: Form 2439 | |
| | Form 4136 Other Total ▶ 51g | <u> </u> |
| 52 | Total payments. Add lines 51a through 51g | \$2 25,000. |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 682. |
| 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 | 55 218. |
| t | Enter the amount of line 55 you want: Credited to 2020 estimated tax 218. Refunded | 56 0. |
| Part | | |
| | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | Yes No |
| ٠. | 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 | |
| | | X |
| EO | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | $\frac{1}{x}$ |
| 58 | | |
| 50 | 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 > \$ | doe and helief ut to the o |
| Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge. | age and belief, it is true, |
| Here | N/(NVI / N/HA) /N/12/20 > 270 | ay the IRS discuss this return with |
| Here | | e preparer shown below (see |
| | | structions)? X Yes No |
| | | f PTIN |
| Paid | KIMBERLY ANDERSON, KIMBERLY ANDERSON, self-employed | |
| | parer CPA CPA [11/12/20] | P00188889 |
| - | Only Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► | 41-0746749 |
| | 8215 GREENWAY BOULEVARD, SUITE 600 | |
| | | |
| | | 08-662-8600 Form 990-T (2019) |

| Schedule A - Cost of Goods | Sold. Enter | method of inver | ntory v | aluation > N/A | | | | | |
|--|----------------------|--|----------|---|---------------------------------------|--|------------------------|---|------|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of yea | r | | 6 | | |
| 2 Purchases | Purchases 2 | | | | 7 Cost of goods sold. Subtract line 6 | | | | |
| 3 Cost of labor | Cost of labor 3 | | | | and in F | Part I, | |] | |
| 4a Additional section 263A costs | | | | line 2 | | | | <u> </u> | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | ╛ | property produced or a | cquired | for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | . 5 | |] | the organization? | | | | | |
| Schedule C - Rent Income (I (see instructions) | From Real | Property and | d Per | sonal Property L | ease | d With Real Prop | erty | | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | | | | |
| (a) From personal property (if the percorent for personal property is more to 10% but not more than 50%) | entage of han | of rent for | personal | onal property (if the percentage property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) a | y connec ind 2(b) (| cted with the income in attach schedule) | 1 |
| (1) | | | | | | | | | |
| (2) | | | | | | _ | _ | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column | | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | . • | | 0. |
| Schedule E - Unrelated Debt | t-Financed | Income (see | ınstru | ctions) | | | | · | |
| | | | 2 | . Gross income from | | 3. Deductions directly cor to debt-finan | | | |
| 1. Description of debt-fina | inced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | S |
| (1) | | | 1 | | | | | · - | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | - | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property h schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deducti (column 6 x total of co 3(a) and 3(b)) | |
| (1) | | | 1 | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | ···· | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | F | nter here and on page 1, | | Enter here and on pag | e 1. |
| | | | | | | Part I, line 7, column (A) | | Part I, line 7, column (| |
| Totals | | | | • | | 0 | | | 0. |
| Total dividends-received deductions and | duded in column | 1 R | | | | | | | 0. |

| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 9, column (6) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) (resplay of explosive following in a substitution business income from trade or business income from page 1, Part I, Ine 9, column (6) (1) (2) (3) (4) 5. Explosited Exempt Activity Income, Other Than Advertising Income (seet) connected with production business income from trade or business income from trade or business income from page 1, Part I, Ine 9, column (7) (1) (2) (3) (4) 6. Expenses attributable to substitution business income from page 1, Part I, Ine 9, column (8) (1) (2) (3) (4) 6. Expenses attributable to column (8) (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, | Schedule F - Interest, A | Innuities | s, Royalt | ies, and | Rents | From Co | ntrolle | d Organiza | ntions | (see ins | truction | s) | |
|--|-------------------------------------|---------------------|----------------------|---|---------------------------|---|--|--|--------------------|-----------------------------|---------------------|---|--|
| Comparison of income Controlled Cyganizations Controlled Cyganization | | | | | Exempt (| Controlled O | rganızatı | ons | | | • | | |
| And columns and 10 Controlled Organizations 10 Part of severe table an including controlled organizations 11 Conditions described controlled organizations 12 Controlled organizations 13 Conditions described controlled organizations 14 Conditions described controlled organizations 15 Contro | Name of controlled organizate | on | identific | ation | | | | | | included in the controlling | | lling connected with income | |
| And columns and 10 Controlled Organizations 10 Part of severe table an including controlled organizations 11 Conditions described controlled organizations 12 Controlled organizations 13 Conditions described controlled organizations 14 Conditions described controlled organizations 15 Contro | (1) | | | | | | | | | | | | |
| Comparison of the controlled Deganizations Controlled Organizations C | | | | - 1 | | - | l | | | | | | |
| Money Controlled Organizations Section | | | | | | - | | | | - | | | |
| Totals Continued Companies Continued Continu | | | | | | | | | | | | • | |
| 8, Net service income (suss) (cen interctions) 9, Tolar of regional paymentality In the controlling paymentality In the column (a) In the column (a) In the column (a) In the column (a) In t | | zations | | | | | <u> </u> | | | | | | |
| (1) (2) (3) (4) Add columns 5 and 10 Enter here and on pips 1, Pert 1, line 8, column (8) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (1) (2) (3) (4) Add columns 5 and 10 Enter here and on pips 1, Pert 1, line 8, column (8) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (17) (9) (9) (9) (9) (17) (9) (9) (9) (9) (9) (17) (9) (9) (9) (9) (9) (17) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | nrelated income | e (loss) | 9 Total | of specified payr | nents | 10 Part of colu | mn 9 that is | ıncluded | 11 Dec | fuctions directly connected | |
| (d) Add columne 5 and 10 Enter here and on page 1, Part I, line 8, column (d) Column 5 and 10 Enter here and on page 1, Part I, line 8, column (d) Column 6 and 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | J. 13. | | | in the controll | ıng organızat | tion's | with | income in column 10 | |
| (d) Add columne 5 and 10 Enter here and on page 1, Part I, line 8, column (d) Column 5 and 10 Enter here and on page 1, Part I, line 8, column (d) Column 6 and 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (1) | | | | | | | | | | | · | |
| Add columns 5 and 10 Enter there and on page 1, Part 1, time 8, column (8) 1 Description of income 2, Amount of income 6 page 1, Part 1, time 8, column (9) (1) (2) (3) (4) 1 Description of income 2 2 Constantials 1 Description of income 3 3 Description of income 6 page 1, Part 1, time 8, column (9) (2) (3) (4) 1 Description of income 6 page 1, Part 1, time 8, column (9) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9 | | | | | | | | | | | - | | |
| Add columns 5 and 10 Enter here and on page 1, Part 1, the 6, column (0) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income 2. Amount of income 3. Chadusting (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, the 6, column (0) (attach schedule) (b) (c) (c) (d) Enter here and on page 1, Part 1, the 6, column (0) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | | | | 1 | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Add columns 6 and 11 - Errite here and on apps 1, Part I, line 8, column (8) 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 2, Amount of income 3, Deductions (each instructions) 4, Set-saides (cattach schedule) (c) (2) (3) (4) Enter here and on page 1, Part I, line 6, column (8) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4, No income ficials (column (8) Totals Constitution 1, Description of income (see instructions) 4, No income ficials (column (8) Totals Constitution 1, No income ficials (column (8) 5, Total includious field such schedule (col 3 plus col 4) (col 3 plus col 4) (col 3 plus col 4) Column (9) Fart I, line 6, column (8) 5, Total includious field such schedule (col 3 plus col 4) (col 3 plus col 4) Column (9) Column (9) Fart I, line 6, column (8) 7, Excess exempt field extensive field such schedule (col 3 plus col 4) Column (9) Totals 1, None of periodical 2, Gross anometer field schedule (column (8) Column (8) 5, Total includious field schedule (col 3 plus col 4) (col 4) Column (9) Column (9) Totals Column (9) Totals 1, None of periodical 2, Gross anometers (column (9) plus plus plus plus plus plus plus plus | | | • | | | | • | | | | | · · · · · · · · · · · · · · · · · · · | |
| Totals Totals | (4) | | - | | | | | | | | | | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 9, column (6) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) (resplay of explosive following in a substitution business income from trade or business income from page 1, Part I, Ine 9, column (6) (1) (2) (3) (4) 5. Explosited Exempt Activity Income, Other Than Advertising Income (seet) connected with production business income from trade or business income from trade or business income from page 1, Part I, Ine 9, column (7) (1) (2) (3) (4) 6. Expenses attributable to substitution business income from page 1, Part I, Ine 9, column (8) (1) (2) (3) (4) 6. Expenses attributable to column (8) (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, | | • | | | | | | Enter here and | on page 1, i | | Enter h | ere and on page 1, Part I, | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 9, column (6) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) (resplay of explosive following in a substitution business income from trade or business income from page 1, Part I, Ine 9, column (6) (1) (2) (3) (4) 5. Explosited Exempt Activity Income, Other Than Advertising Income (seet) connected with production business income from trade or business income from trade or business income from page 1, Part I, Ine 9, column (7) (1) (2) (3) (4) 6. Expenses attributable to substitution business income from page 1, Part I, Ine 9, column (8) (1) (2) (3) (4) 6. Expenses attributable to column (8) (1) (2) (3) (4) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, cot (A) Enter here and on page 1, Part I, Ine 10, | Totals | | | | | | • | | | 0. | | 0. | |
| (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3 Description of income 4 A Set-aardes directly connected (attach schedule) (attach schedule | | nt Incon | ne of a S | ection 5 | 01(c)(7 |). (9). or (| 17) Orc | anization | | | | | |
| 1 Description of income 2. Amount of income directly connected (aftach schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Coss unreaded Income (see instructions) 1 Income From Periodical Reported on a Consolidated Basis 1 Name of periodical Reported on a Consolidated Basis 1 Name of periodical Reported on a Consolidated Basis 1 Name of periodical Reported On a Consolidated Basis 1 Name of periodical Reported On a Consolidated Basis 1 Name of periodical Reported On a Consolidated Basis 1 Name of periodical Reported On a Consolidated Basis 1 Name of periodical Reported On a Consolidated Basis 1 Name of periodical Reported On a Consolidated Basis 1 Name of periodical Reported On a Consolid | | | | | (-)(. | ,, (-), (| , | , | | | | | |
| (2) (3) (4) Enter here and on page 1 Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity incomes unreliated business income business unreliated business income unreliated business income business income business income business income unreliated business income b | 1 Descr | ription of incor | me | | | 2. Amount of | ıncome | directly conne | cted | | | and set-asides | |
| (2) (3) (4) Enter here and on page 1 Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity incomes unreliated business income business unreliated business income unreliated business income business income business income business income unreliated business income b | (1) | | | | | | | | | | | - | |
| (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross urrelated business income or character of business (column 2 minus column 3 or 3 minus column 4 o | | | • | , | | | | | | | | 7 | |
| Contails Enter here and on page 1 Part 1, line 9, column (N) Fart 1, line 10, col | | | • | | | | | | | | | · | |
| Enter here and on page 1, Part I, ine 9, column (A) Part I, ine 9, column (B) | | • | | | | | | | | | | - | |
| (see instructions) 1 Description of exploited activity unrelated business unrelated business income from trade or business showing trade or business income from trade or business income from unrelated trade or business (column 2 from unrelated trade or business (column 3 from unrelated trade or business income from activity that is not unrelated business income from activity tha | Totals | | - | | > | Part I, line 9, co | 0 • | | | | | | |
| 1 Description of exploited activity 2. Gross unrelated business income from trade or business (column 2 minus column 3) in from activity that is not unrelated business income from trade or business (column 2 minus column 4) 5. Gross income from activity that is not unrelated business income from activity to part it. I the free related to the free and on page 1, part is intended to the free and on page 1, part is intended to the free activity to part it is not unrelated business income from activity to part in page 1, part is intended to the free activity to part it is not unrela | · | - | Activity | Income, | Other | Than Adv | ertisin/ | g Income | | | • | , | |
| (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) O O O O O O O O O O O O O O O O O O O | | unrelated income | business e from | directly con with prodi of unrela | nnected uction ated | from unrelated business (co minus colum gain, comput | trade or olumn 2 n 3) If a e cols 5 | from activity is not unrela | ome that ted | 6. Exp | able to | expenses (column 6 minus column 5, but not more than | |
| (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) O O O O O O O O O O O O O O O O O O O | (1) | | | | | | ··········· | | | | | | |
| (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Checked Lagrange Totals O. O. O. O. O. O. O. O. O. O | (2) | | | | | | | | <u> </u> | | | | |
| (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part II, line 25 1. Name of periodical 2 Gross advertising income 1. Name of periodical 2 Gross advertising costs 3 Direct advertising costs (col 2 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. O. O. O. O. O. O. O. O. | (3) | | | | | | | | 1 | | | | |
| Enter here and on page 1, Part I, line 10, col (A) Totals O O O Check I and in page 1, Part I, line 10, col (B) O Check I and in page 1, Part I, line 25 O Check I and in page 1, Part II, li | (4) | | | | | <u> </u> | | | | | | - | |
| Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 3 Direct advertising costs 0 Color 0 Cost 0 Cost | | page 1, | , Part I, col (A) | page 1, F | Parti, pi(B) | | | | | | | on page 1, Part II, line 25 | |
| 1. Name of periodical 2 Gross advertising income 1. Name of periodical 2 Gross advertising costs advertising costs 3 Direct advertising costs collaborated 3 Direct advertising costs collaborated 4. Advertising gain or (loss) (col 2 minus collaborated) 3 Direct advertising costs (collumn 6 minus collumn 5, but not more than collumn 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0 . 0 . 0 . 0 . 0 . | | ng Incon | | netri ictions | | Tax interstation, dept. | SEARCH SEARCH | www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | more faire fair | . 'pari' pakka fin | CONTRACTOR PROPERTY | <u> </u> | |
| 1. Name of periodical advertising advertising costs brough 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) | | | | | | solidated | Basis | | <u>-</u> | | | | |
| Totals (carry to Part II, line (5)) ► 0. 0. | Name of periodical | | advertising | | | or (loss) (c col 3) If a g cols 5 ti | ol 2 minus ain, comput hrough 7 | te income | | | s | costs (column 6 minus column 5, but not more than column 4) | |
| Totals (carry to Part II, line (5)) ► 0. 0. | (1) | | | | | 1/3/3/2/ | | Æ | | | | | |
| Totals (carry to Part II, line (5)) ► 0. 0. | | | | - - | | | | | | | | | |
| Totals (carry to Part II, line (5)) ► 0. 0. | | | | | | | | 24 | | | | | |
| Totals (carry to Part II, line (5)) ► 0. 0. | | -+ | | - - | | | | | | | _ , | | |
| | | | | | | | | | | | | | |
| | Totals (carry to Part II, line (5)) | · ▶ | (| <u>!• </u> | 0 | • | | | | | | 0 • Form 990-T (2019) | |

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 | Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---------|--|--|--|-----------------------|---------------------|--|
| (1) | \cdot | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | | | | 0 . |
| • | | Enter here and on page 1, Part I, tine 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |
| 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) | | ٠ % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | > | 0. |

Form 990-T (2019)

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 19 |
|--|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| ATLAS POINT OPPORTUNITY FUND, LLC - ORDINARY BUSINESS | |
| INCOME (LOSS) | 1,173. |
| ATLAS POINT OPPORTUNITY FUND, LLC - NET RENTAL REAL ESTATE | 2. |
| INCOME ATLAS POINT OPPORTUNITY FUND, LLC - ROYALTIES | 2. |
| ATLAS POINT OPPORTUNITY FUND, LLC - OTHER INCOME (LOSS) ENERGY CAPITAL INVESTORS FUND II - ORDINARY BUSINESS | -246. |
| INCOME (LOSS) | -4,637. |
| ENERGY CAPITAL INVESTORS FUND II - OTHER INCOME (LOSS) LANDMARK INVESTORS XIV FUND - ORDINARY BUSINESS INCOME | 241. |
| (LOSS) | 444. |
| LANDMARK INVESTORS XIV FUND - NET RENTAL REAL ESTATE INCOME | -3. |
| LANDMARK INVESTORS XIV FUND - INTEREST INCOME | -3. 5. |
| LANDMARK INVESTORS XIV FUND - OTHER INCOME (LOSS) | -966. |
| ATLAS POINT PRIVATE CREDIT OPPORTUNITIES FUND, L - | |
| ORDINARY BUSINESS INCOME | -1,265. |
| ATLAS POINT PRIVATE CREDIT OPPORTUNITIES FUND, L - NET RENTAL REAL ESTATE IN | -731. |
| ATLAS POINT PRIVATE CREDIT OPPORTUNITIES FUND, L - | 751 |
| INTEREST INCOME | 50 |
| ATLAS POINT PRIVATE CREDIT OPPORTUNITIES FUND, L - OTHER | |
| INCOME (LOSS) | -122 |
| PINE BROOK CAPITAL PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS) | 13,020 |
| PINE BROOK CAPITAL PARTNERS II, LP - INTEREST INCOME | 49. |
| PINE BROOK CAPITAL PARTNERS II, LP - DIVIDEND INCOME | 13 |
| PINE BROOK CAPITAL PARTNERS II, LP - ROYALTIES | 17. |
| PINE BROOK CAPITAL PARTNERS II, LP - OTHER INCOME (LOSS) BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMEN), L.P | -37,408 |
| INTEREST INCOME | 8,308 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMEN), L.P | 0,300 |
| DIVIDEND INCOME | 37 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMEN), L.P | |
| OTHER INCOME (LOS BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ LP | -382 |
| - ORDINARY BUSINE | 10,666 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ LP | 20,000 |
| - NET RENTAL REAL | -24,780 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ LP | 20.040 |
| - INTEREST INCOME BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ LP | 38,842 |
| - DIVIDEND INCOME | 14 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ LP | |
| - OTHER INCOME (L | -723 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ II | E 400 |
| - ORDINARY BUSINE BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ II | -5,180 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) - NQ II - NET RENTAL REAL | 864 |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - NQ, - ORDINARY | 301 |
| BUSINESS INCOME (| 78,012 |

| DIANA DAVIS SPENCER FOUNDATION, INC. | 20-3672969 |
|---|------------------|
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - NQ, - NET | |
| RENTAL REAL ESTATE INC | 385. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - NQ, - INTEREST | |
| INCOME | 10,815. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - NQ, - DIVIDEND | |
| INCOME | 63. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - NQ, - | |
| ROYALTIES | 2. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - NQ, - OTHER | 71 710 |
| INCOME (LOSS) | -71,718. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - Q, L - ORDINARY BUSINESS INCOME | 27,863. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - Q, L - NET | 27,003. |
| RENTAL REAL ESTATE IN | 26,162. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - Q, L - | 20,202. |
| INTEREST INCOME | 24. |
| BLACKSTONE TACTICAL OPPORTUNITIES FUND II - Q, L - OTHER | |
| INCOME (LOSS) | -6,047. |
| PRIVATE ADVISORS SMALL COMPANE PEF VII, 82-2042371 - | |
| ORDINARY BUSINESS INCOM | 627. |
| PRIVATE ADVISORS SMALL COMPANE PEF VII, 82-2042371 - NET | |
| RENTAL REAL ESTATE | 26. |
| PRIVATE ADVISORS SMALL COMPANE PEF VII, 82-2042371 - | _ |
| INTEREST INCOME | 3. |
| PRIVATE ADVISORS SMALL COMPANE PEF VII, 82-2042371 - | 5 625 |
| ROYALTIES | 5,635. |
| PRIVATE ADVISORS SMALL COMPANE PEF VII, 82-2042371 - OTHER | -47,981. |
| INCOME (LOSS) BTO NINEZERO DC, LP - ORDINARY BUSINESS INCOME (LOSS) | -47,981. -47. |
| BTO NINEZERO DC, LP - ORDINARI BUSINESS INCOME (LUSS) BTO NINEZERO DC, LP - NET RENTAL REAL ESTATE INCOME | -47. -25. |
| PINE BROOK CAPITAL PARTNERS II (CAYMAN) AV HM-1, LP - | 23. |
| DIVIDEND INCOME | 2,059. |
| PINE BROOK CAPITAL PARTNERS II (CAYMAN) AV HM-1, LP - | _, |
| OTHER INCOME (LOSS) | -556. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | 22,606. |
| = | |

| FORM 990-T OTHER DEDU | CTIONS STATEMENT 20 |
|--|---------------------|
| DESCRIPTION | AMOUNT |
| TAX PREPARATION FEE | 1,200. |
| ATLAS POINT PRIVATE CREDIT OPPORTUNITIES FOR TAXES 46-3408281 | 21. |
| BLACKSTONE TACTICAL OPPORTUNITY FUND II (C. TAXES 98-1304167 | 6,160. |
| BLACKSTONE TACTICAL OPPORTUNITY FUND II - 1 TAXES 47-3329654 PRIVATE ADVISORS SMALL COMPANY PRIVATE EQUI | 57. |
| 82-2042371 | 83. |
| BOT NINEZERO DC, L.P. FOREIGN TAXES 47-477 | 6099 14,167. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 27 | 21,688. |

| FORM 990-T | CONTRIBUTIONS | STATEMENT 21 |
|--|------------------------------|--------------|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| 50% CASH ONLY | N/A | 100,000. |
| PINE BROOK CAPITAL PARTNERS II EIN 37-1699332 | N/A | 2. |
| BLACKSTONE TACTICAL | N/A | |
| OPPORTUNITIES FUND II CAYMAN EIN 98-1229170 | | 647. |
| BLACKSTONE TACTICAL | N/A | |
| OPPORTUNITIES FUND II NQ EIN 47-3329654 | | 676. |
| BLACKSTONE TACTICAL | N/A | |
| OPPORTUNITIES FUND II Q EIN 47-3320186 | | 203. |
| PRIVATE ADVISORS SMALL COMPANY | N/A | 1.68 |
| PRIVATE EQUITY EIN 82-2042371 | | 167. |
| TOTAL TO FORM 990-T, PAGE 2, LI | :NE 34 | 101,695. |

| FORM 990-T | CONTRIBUTIONS SUMMARY | | STATEMENT | 22 |
|--|--------------------------------|-------------------------|-----------|-----|
| QUALIFIED CONTRIBUTIONS QUALIFIED CONTRIBUTIONS | | | | |
| CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 | S UNUSED CONTRIBUTIONS 119,480 | | | |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 10% | CONTRIBUTIONS | 119,480 101,695 | | |
| TOTAL CONTRIBUTIONS AVAITAXABLE INCOME LIMITATION | | 221,175 12,751 | - | |
| EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTION TOTAL EXCESS CONTRIBUTION | | 208,424 0 208,424 | _ | |
| ALLOWABLE CONTRIBUTIONS | DEDUCTION | | 12, | 751 |
| TOTAL CONTRIBUTION DEDUC | CTION | | 12, | 751 |

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

| DIANA DAVIS SPENCE | R FOUNDATION, | INC. | | 20- | 3672969 |
|---|----------------------------------|---------------------------------|--|-----|---|
| Did the corporation dispose of any investme | nt(s) in a qualified opportur | nity fund during the tax y | year? | | Yes X No |
| If "Yes," attach Form 8949 and see its instru | | | | | |
| Rarti Short-Term Capital Ga | | | • | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) | (g) Adjustments to gair 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 I, line 2, column (g) |) | 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 | | | | | - |
| 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 | i i | | , | | |
| Form(s) 8949 with Box C checked | | | | | -1,381. |
| 4 Short-term capital gain from installment sales | s from Form 6252, line 26 or 3 | 7 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | . [| 5 | |
| 6 Unused capital loss carryover (attach comput | - | | Ì | 6 | () |
| 7 Net short-term capital gain or (loss). Combin | | ìh | | 7 | -1,381. |
| Part II Long-Term Capital Gai | ins and Losses (See | instructions.) | • | - | |
| See instructions for how to figure the amounts | | 1 | | | |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gair or loss from Form(s) 894t Part II, line 2, column (g | Θ, | (ħ) Gain or (loss) Subtract column (e) from column (d) and 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 | | | | | 14,885. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | | 114,090. |
| 12 Long-term capital gain from installment sales | s from Form 6252, line 26 or 3 | 7 | | 12 | |
| 13 Long-term capital gain or (loss) from like-kir | d exchanges from Form 8824 | • | | 13 | |
| 14 Capital gain distributions | | | | 14 | |
| 15 Net long-term capital gain or (loss). Combin | | u p ' | | 15 | 128,975. |
| Part III Summary of Parts I an | d II | | | | |
| 16 Enter excess of net short-term capital gain (li | ne 7) over net long-term capita | al loss (line 15) | Į | 16 | · |
| 17 Not capital gain. Enter excess of net long terr | n capital gain (line 15) over ne | t short term capital loss (lir | nc 7) | 17 | 127,594. |
| 18 Add lines 16 and 17. Enter here and on Form | 1120, page 1, line 8, or the pr | oper line on other returns | { | 18 | 127,594. |
| Note: If losses exceed gains, see Capital Lo. | | | | | |
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Form | 1120 | | s | chedule D (Form 1120) 2019 |

Form **8949**

Départment 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 **2019**

ZUT9
Attachment
Seguence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DIANA DAVIS SPENCER FOUNDATION, INC.

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. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

| (A) Short-term transactions rep | oorted on Form(s | i) 1099-B showin | g basis was repo | rted to the IRS (see | Note ab | ove) | |
|--|--|--|----------------------------------|--|--|--|--|
| (B) Short-term transactions rej | oorted on Form(s |) 1099-B showin | g basis wasn't r | eported to the IRS | | | |
| X (C) Short-term transactions no | t reported to you | u on Form 1099-l | 3 | | | | |
| 1 (a) Description of property (Example: 100 sh XYZ Co) | (b) Date acquired (Mo , day, yr) | (c) Date sold or disposed of (Mo, day, yr) | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see Column (e) in | loss If y in column column (f | nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| LANDMARK INVESTORS | | | | | | | |
| XIV FUND | | | | | | | <1.> |
| PINE BROOK CAPITAL | | | | | - | l | |
| PARTNERS II, LP | | | | 1 | | | 78. |
| BLACKSTONE | | | | <u> </u> | | | |
| TACTICAL | | | | | | | |
| OPPORTUNITIES FUND | | | | | | | |
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| TACTICAL | | | | <u> </u> | | | |
| OPPORTUNITIES FUND | | | | - | | | |
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| 2 Totals. Add the amounts in colur | nns (d) (e) (n) a | nd (h) (subtract | | | | | |
| negative amounts) Enter each to | | | | | | | |
| Schedule D, line 1b (If Box A abo | | - | | | | | |
| above is checked), or line 3 (if B | • • | • | : | | | | <1,381.> |
| assis is cheshod, of the o (ii b | | | | | <u>. </u> | | · · · · · · · · · · · · · · · · · · · |

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)

Attachment Sequence No 12A

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

Social security number or taxpayer identification no.

DIANA DAVIS SPENCER FOUNDATION, INC.

20-3672969

| Before you check Box D, F, or F statement will have the same info | helow, see whether | you received any | Form(s) 1099-B o | r substitute statem | ent(s) from your broker. A su | bstitute |
|---|---------------------------------|----------------------|---------------------------|--------------------------|---|---------------------|
| | | 99-6 Citiler Will s | snow whether your | basis (usualiy you | r cost) was reported to the in | is by your |
| broker and may even tell you wh | | | | | | |
| Part II Long-Term. Trans | actions involving capita | al assets you held r | more than 1 year are | generally long-term (s | see instructions) For short-term t | ransactions, |
| see page 1 | | | | | | |
| Note: You may aggrega | te all long-term transact | tions reported on F | orm(s) 1099-B showing | ng basis was reporte | d to the IRS and for which no adj | justments or |
| codes are required Ente | r the totals directly on \$ | Schedule D, line 8a | a, you aren't required | to report these trans | actions on Form 8949 (see instru | ictions) |
| You must check Box D, E, or F beld | w. Check only one bo | x If more than one b | ox applies for your long- | term transactions, compl | ete a separate Form 8949, page 2, for | each applicable box |
| If you have more long term transactions tha | n will fit on this page for one | or more of the boxes | , complete as many form | s with the same box che | cked as you need. | |
| (D) Long-term transactions | reported on Form(s |) 1099-B showin | g basis was report | ed to the IRS (see | Note above) | |
| (E) Long-term transactions | reported on Form(s |) 1099-B showing | g basıs wasn't rej | ported to the IRS | | |
| X (F) Long-term transactions | not reported to you | on Form 1099-E | 3 | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustment, if any, to gain or | |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | loss. If you enter an amount in column (g), enter a code in | Gain or (loss). |
| (Example 100 ch XXZ Co.) | (Mo day vr) | disposed of | (sales price) | basis See the | actions (f) Considerations | Subtract column (e) |

| 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 Note below and | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | Gain or (loce) |
|--|-----------------------------------|------------------------------|----------------------------------|--|--|--------------------------------|---------------------------------------|
| | | (Mo , day, yr) | | see Column (e) In the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| ATLAS POINT | | | | | | | |
| OPPORTUNITY FUND, | | | | | | | |
| LLC | | | | | | | 5. |
| LANDMARK INVESTORS | | | | | | | |
| XIV FUND | | | | | | | 41. |
| ATLAS POINT | | | | | | l | |
| PRIVATE CREDIT | | | | | | | |
| OPPORTUNITIES | | | | | | | 104. |
| PINE BROOK CAPITAL | | | | 1 | | | |
| PARTNERS II, LP | | | | | | | <876. |
| BLACKSTONE | | | | | | | |
| TACTICAL | | | | | | | |
| OPPORTUNITIES FUND | | | | | | | |
| Ī | | | | | | | 7,898. |
| BLACKSTONE | | | | | | | |
| TACTICAL | | | | | | | |
| OPPORTUNITIES FUND | | | | | | | |
| I | | | | | | | 6,955. |
| PRIVATE ADVISORS | | | | - · · · · · · · · · · · · · · · · · · · | | | |
| SMALL COMPANE PEF | - | | | | | | |
| VII, | | | | · · · · · · · · · · · · · · · · · · · | | | 31. |
| BTO NINEZERO DC, | | | | · · · · · · · · · · · · · · · · · · · | | | |
| LP | | | | | - | | 727. |
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| | L | 1004 | | | - | | - |
| 2 Totals. Add the amounts in colur | | | | | | | |
| negative amounts) Enter each to | | • | | | | | |
| Schedule D, line 8b (if Box D abo | ove is checked), | line 9 (if Box E | | | ! | ! | |

above is checked), or line 10 (if Box F above is checked)

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