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Solitic   Soli			Name of organization (	Check box if name of	hanged	and see in	struction	15.)	-		D Empl	oyer ide: loyees' t	ntification number trust, see
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Enter the number of the organization's unrelated trades or businesses.   1	529(a)						ode	U			523	000	
Henter the number of the organization's unrelated trades of businesses. In Describe the only one, complete Parts IV. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. His complete Parts III.    During the tax year, was the corporation a subsidiary in an affiniated group or a parent-subsidiary controlled group?	C Book value of all assets at end of year		F Group exemption numb	per (See instructions.)	<b>&gt;</b>								
Henter the number of the organization's unrelated trades of businesses. In Describe the only one, complete Parts IV. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. His complete Parts III.    During the tax year, was the corporation a subsidiary in an affiniated group or a parent-subsidiary controlled group?	162,257,0	<u>82.  </u>	G Check organization type	e ► X 501(c) corp	poration								Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If Yes, enter the name and identifying number of the parent corporation.  If Yes, enter the name and identifying number of the parent corporation.  If I the posts are in care of ▶ THE FOUNDATION Telephone number ▶ (415) 284-8689    Part III	H Enter the number of the o	organizati	ion's unrelated trades or b	usinesses.	Τ								
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Ves  No    If Yes, enter the name and identifying number of the parent corporation.			•	is sentence, complete Pa	irts i an	a II, compi	iete a Scr	reaure	IVI TOT EACI	1 addition	аі тгаое	or	
If Yes, enter the name and denthying number of the parent corporation. ▶  J The books are in case of ▶ THE FOUNDATION  1 Gross receipts or sales 1 Gross receipts or sales 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1 c 4 Capital gain ent encone (facts Schedule B) 4 Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1 c 4 Capital gain ent encone (facts Schedule B) 4 Less returns and allowance for mine 1 c 5 Capital loss deduction for trusts 5 Income (loss) from 7977, Part II, line 17) (attach form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 For 3, 242. STMT 200 € 673, 242.  6 Rent income (Schedule C) 7 Unrelated debt-franced income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Advertising income (Schedule J) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and vages 16 Repairs (Interest) (Schedule Schedule K) 17 Cantralate contributions (Schedule Schedule K) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitate contributions (See instructions) 21 Deplection (State from 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 SEE STATEMENT 21 20 Total contributions to deferred compensation plans 25 Employee benefit programs 26 Excess readership costs (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions Additions (See instructions) 29 Catalactions. Additions (Schedule I) 29 Catalactions. Additions (See instructions) 30 S91,943. 31 Unrelated business taxable income. Sothicat line 3 from line 3 31 Unrelated business taxable income. Sothicat line 3 from line 3 32 Unrelated business taxable income. Sothicat line	<del></del>			offiliated group or a parer	nt-subsi	diany conti	rolled ara	un2		<b></b>		۰۰۰ ۲	X No
The books are in care of   THE FOUNDATION   Telephone umber   (415) 284-8689			·		*	olary conti	onca gro	Jup.			۰۰ لــــــ	, [	<u></u> , ,
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b Net gain (loss) (Form 4797, Part II), line 17) (attach Form 4797) c Capital loss deduction for trusts 4	•		***	4.7	3			Ö	~ , I ( U ) }				
Capital loss deduction for trusts   4c									OCE		242	卢트	
Solution   Compensation   Compensa	- , , ,			14797)						* / P//4 AY	XX 9 //*		
Rent income (Schedule C)	•			tach statement)		67	13 24	12				<del> </del>	673 242
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Compensation of officers, directors, and trustees (Schedule K)   14   15   15   16   16   17   18   16   17   18   18   19   10   376 . 20   21   22a   22b   22	·		•		12							<u> </u>	
(Except for contributions, deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 Interest (attach schedule) (see instructions)  17 Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  10 Charitable contributions (See instructions for limitation rules)  10 Expericiation (attach Form 4562)  11 Less depreciation claimed on Schedule A and elsewhere on return  11 Expericiation claimed on Schedule A and elsewhere on return  12 Employee benefit programs  12 Excess exempt expenses (Schedule I)  13 Excess readership costs (Schedule J)  14 Contributions (attach Schedule)  15 Interest (attach Schedule)  16 Interest (attach Schedule)  19 10,376.  20 70,923.  21   22   22   22   22   22    22   22													673,242.
Salaries and wages  Repairs and maintenance  Repairs and liceses  Repairs and repairs and liceses  Repairs and repairs a	(Except for o	ns Not contribut	tions, deductions must	<ul> <li>(See instructions for be directly connected</li> </ul>	or limita I with t	itions on he unrela	deduction ted busi	ons ) Iness	ıncome )				
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17 Bad debts	15 Salaries and wages		·	·							15		
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Taxes and licenses  Charitable contributions (See instructions for limitation rules)  STATEMENT 22 SEE STATEMENT 21  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  19 10,376. 20 70,923.  21 22 22b  22b  22c  22b  22c  22c  22d  22c  22d  22d				•							$\vdash$	<u> </u>	
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Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  22b  22c  22c  22d  22d  22d  22d  22d		(0		· · · · · · · · · · · · · · · · · · ·	23.703	22 (1)		mam	TONCTONIO	. 21		<del></del>	
Less depreciation claimed on Schedule A and elsewhere on return  22		•		rules) STATEME	ZIA.I.	44 5		I TAT	EMEN.	. ZI			_ /0,923.
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 591, 943.													
	•	_		<del>-</del>	ry 1, 20	18 (see ins	structions	s)				No Dayyo	## "ACTON CONTRACTOR OF THE OWN
											32		

Form 990-1		20-375	9208	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	591,943.
34	Amounts paid for disallowed fringes		34	47,366.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	. <del></del>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1	
-	lines 33 and 34		36	639,309.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	638,309.
, Part I				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	134,045.
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)	<b>&gt;</b>	40	
41	Proxy tax. See instructions	<b>&gt;</b>	41	<del></del>
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	134,045.
Part V		<del></del>	(#&* 8#*s)	= :-
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a			
Ь	Other credits (see instructions) 45b		1752	
C	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d		45e	104 045
46	Subtract line 45e from line 44		46	134,045.
47		ttach schedule)	47	404 045
48	Total tax. Add lines 46 and 47 (see instructions)		48	134,045.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
		50,035.		
		75,000.		
	· · · · · · · · · · · · · · · · · · ·	35,000.	× 1 1,8	
	Foreign organizations. Tax paid or withheld at source (see instructions)  50d		, "	
	Backup withholding (see instructions)  50e		12 E	
	Credit for small employer health insurance premiums (attach Form 8941)  50f		و کی کرد	
g	Other credits, adjustments, and payments: Form 2439		7 d 7 d 20 7 d	3
	Form 4136 Other Total ▶ 50g			170 025
	Total payments. Add lines 50a through 50g		51	170,035.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached  \( \subseteq \textbf{X} \) <b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed <b>STATEMENT</b> 2	,	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 2.  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>&gt;</b>	53	35,990.
54 55			54 55	0.
Part V		inded	33	
<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			7.00
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			- 무슨감을
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ion trust?		— <del>X</del>
	If "Yes," see instructions for other forms the organization may have to file.	·g		3 25
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowled	ge and belie	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Ma	u the IDS di	scuss this return with
Here	James 11/12/19 PRESIDENT			nown below (see
	Signature of officer Date Title	ıns	tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature . Date C	heck if	PTIN	
Paid		elf- employed		
Prepa	rer SARAH REDDEN Sawn ledden 11/12/2019			0898534
Use O	nly Firm's name ▶ DELOITTE TAX LLP	Firm's EIN 🕨	86-	-1065772
	50 SOUTH SIXTH STREET			
		Phone no. 6		
823711 01-	09-19		F	orm <b>990-T</b> (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invei	ntory va	luation ► N/A	Ā	· · · · · · · · · · · · · · · · · · ·	·
1 Inventory at beginning of year	1			Inventory at end of ye	ear		6
2 Purchases	2		7	Cost of goods sold. S	Subtract	line 6	
3 Cost of labor	3			from line 5. Enter here			
4a Additional section 263A costs			7	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		<b>7</b>	property produced or			
5 Total. Add lines 1 through 4b	5		7	the organization?	•	, , , ,	
Schedule C - Rent Income	From Real	Property and	d Pers		Lease	d With Real Prop	erty)
(see instructions)							
1. Description of property							
(1)				-			<u>-</u>
(2)							
(3)							
(4)							
		ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	nal property (if the percent property exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected with the income in ad 2(b) (attach schedule)
(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		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b> 0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	ctions)		•	•
· · · · · · · · · · · · · · · · · · ·				Gross income from		<ol><li>Deductions directly control to debt-finance</li></ol>	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			+		+		
(2)			+		+		
(3)			<del></del>	<u> </u>	+		
(4)			+-		+		
4_ Amount of average acquisition	5 Average	adjusted basis	+ -	Column 4 divided	†	7. Gross income	8. Allocable deductions
debt on or ellocable to debt-financed property (attach schedule)	of or a debt-fina	illocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)			1	%			
(3)				%			
				0/	1		
(4)			1	%	1		
(4)			1 .			inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<u> </u>			. • .	Part I, line 7, column (B)
	icluded in column	18	<u>l</u> .	<b>√</b> 6		Part I, line 7, column (A)	Part I, line 7, column (B)

Schedule F - Interest, A	Annuities, Roya	lties, an					tions	(see ins	structions	s)
			Exempt (	Controlled O	rganızatı	ons				
Name of controlled organization	ıdeni	mployer incation imber		elated income instructions)		tal of specified ments made	ınclud	t of column 4 ed in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)		··-·	1						-	
			1				<del>                                     </del>	<del>-</del> ,		· · · · · · · · · · · · · · · · · · ·
(2)		_	<del> </del>				$\vdash$			
_(3)			<u> </u>			<u> </u>				<del> </del>
(4)					<u> </u>		L			<del> </del>
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross		ıızatıon's	11. Dec with	fuctions directly connected income in column 10
42)	•		<del>                                     </del>	<u> </u>						
			<del> </del>	<del></del>						
(2)			ļ							
(3)			<u>.</u>							
(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, one 8, column (B)
Totals					<b>&gt;</b>			0.		0.
Schedule G - Investmei (see instr		Section	501(c)(7	), (9), or (	17) Org	_				,
1. Descr	ription of income			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)			1	1		,				
(3)		, ,								
(4)		· · · · · · · · · · · · · · · · · · ·								<del> </del>
				Enter here and o Part I, line 9, co	umn (A)			#11.7 -4		Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I	Exempt Activity	y Income	e, Other	Than Adv	ertisin	g Income			37 14.	0.
(see instru	ctions) .	Ι.		4. Net incom	o (foss)					<u> </u>
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction related s income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	<ol><li>Gross inco from activity to is not unrelate business inco</li></ol>	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	_									1
(2)	-	1				· · · · · · · · · · · · · · · · · · ·				1
(3)		<del>                                     </del>	-				1			<del> </del>
(4)		+				····				<del> </del>
Totals	Enter here and on page 1, Part I, line 10, col (A)		re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertisin		Instruction		economic (##h)	u madata 403kTo	5-10-2 <b>0-0</b> 0-02-2	000000000000000000000000000000000000000	SCHOOL STATE OF SALES		<u>*1                                    </u>
Part Income From F				solidated	Basis	1				
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<del></del>			<b>建</b>	7				, i	ar est
(2)		_								with the second
(4)				Perinsi.		Ž			E A	
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0			•				0 . Form <b>990-T</b> (2018)

## Form 990-T (2018) S.D. BECHTEL, JR. FOUNDATION 20-37592 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)				- "	,		
(4)							
Totals from Part I	▶	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	<ol> <li>Percent of time devoted to business</li> </ol>	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)

## 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

Employer identification number

S.D. BECHTEL, JR.				20-	3759208
Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts 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 gail or loss from Form(s) 894 Part I, line 2, column (g	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(sales price)	(di other basis)	rari, ine 2, columny	,	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					ı
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> 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					
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	•			5	
6 Unused capital loss carryover (attach computa	•			6	(
7 Net short-term capital gain or (loss). Combine	•	h		7	
Rart II Long-Term Capital Gain					
See instructions for how to figure the amounts	(4)	(0)	(2)		(1)
to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	( <b>d</b> ) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(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	(	,		100	`
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					-71,340.
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 37	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824	,		13	
14 Capital gain distributions		,		14	\ 
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		15	-71,340.
Part III Summary of Parts I and					· · · · · · · · · · · · · · · · · · ·
16 Enter excess of net short-term capital gain (lin				16	
17 Net capital gain. Enter excess of net long-term			ne 7)	17	
18 Add lines 16 and 17. Enter here and on Form		pper line on other returns.	l	18	0.
Note: If losses exceed gains,-see Capital loss	es in the instructions.		,		

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

Schedule D (Form 1120) 2018

JWA

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 20
DESCRIPTION	NET INCOME OR (LOSS)
YORKTOWN ENERGY PARTNERS VII, LP - OTHER INCOME (LOSS) YORKTOWN ENERGY PARTNERS VI, LP - OTHER INCOME (LOSS) MAKENA CAPITAL ASSOCIATES U.S. LP - OTHER INCOME (LOSS)	-18,975. 624. -135,781.
MADISON DEARBORN CAPITAL PARTNERS V-B, LP - OTHER INCOME (LOSS)	804,384.
MADISON DEARBORN CAPITAL PARTNERS VI-B, LP - OTHER INCOME (LOSS) HIGHFIELDS CAPITAL IV LP - OTHER INCOME (LOSS)	24,333. -266.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS LP - OTHER INCOME (LOSS)	-1,077.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	673,242.

FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	113,488,457.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	113,488,457.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 22
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		
	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013	•	)
FOR TAX	YEAR 2014 YEAR 2015		· ·
FOR TAX	YEAR 2016 YEAR 2017		
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	113,488,457	
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	113,488,457 70,923	_
	CONTRIBUTIONS CONTRIBUTIONS	113,417,534	<del></del>
	ESS CONTRIBUTIONS	113,417,534	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		
TOTAL CONT	TRIBUTION DEDUCTION		70,923