				• •
AMENDED	RETURN -	SECTION	512(A)(7)	REPEAL
/ WILLIADED		CLOTION		

	Form.4	990-T	E	Exempt Organization Bus	ine	ss Income T	ax Return	ı þ	OMB No 1545-0687
ن			l	(and proxy tax und	er se		1012		2010
			Forca	lendar year 2018 or other tax year beginning		, and ending	, -	-	2018
		nent of the Treasury Revenue Service	•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
	A [Check box if address changed		Name of organization (Check box if name c	Emp!	oyer identification number loyees' trust, see ictions)			
	B Ex	empt under section	Print	S.D. BECHTEL, JR. FOUN	DAT	ION		2	0-3759208
	X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	k, see ir	structions.			ated business activity code nstructions)
		408(e) 220(e)	Туре	P.O. BOX 193809] ```			
		408A530(a)		City or town, state or province, country, and ZIP of				L	
	لِيل	529(a)		SAN FRANCISCO, CA 941	19-3	3809		523	000
		k value of all assets	01	F Group exemption number (See instructions.)	<u> </u>	F04/a) Ava	104(-)		Other truet
	U Ent	162,257,0		G Check organization type X 501(c) corp tion's unrelated trades or businesses.	oratior 1		401(a)		Other trust
			•	VESTMENT IN PARTNERSHIPS	-		the only (or first) un complete Parts I-V.		than one
				ce at the end of the previous sentence, complete Pa			•		
		iness, then complete I				a n, complete a concacio	TO TOO GOOD GOOD TO	ui (iuuu	0.
				oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ [Ye	es X No
				ifying number of the parent corporation.					
				THE FOUNDATION				415	
	Par			le or Business Income		(A) Income	(B) Expenses		(C) Net
		Gross receipts or sale		- Palana				A THE	
	_	Less returns and allov Cost of goods sold (S		△ line 7)	1c 2				
`		Gross profit. Subtract			3				1 car 1 care 1 care 2 care 1
		Capital gain net incom		1/1	48				
		· -	•	art II, line 17) (attach Form 4797)	4b_				
	c (Capital loss deduction	ı for trus	sts	4c				
	5	ncome (loss) from a	partners	thip or an S corporation (attach statement)	5	673,242.	STMT 2	2.0	673,242.
		Rent income (Schedu	•		6				
		Unrelated debt-financi		· ·	7				
		-		nd rents from a controlled organization (Schedule F)	<u>8</u> 9		 		
		Exploited exempt activ		in 501(c)(7), (9), or (17) organization (Schedule G)	10				
		Advertising income (S	-	•	11				
		Other income (See ins		,	12			V. X	
	13	Total. Combine lines	3 throu	gh 12	_13	673,242.			673,242.=
_	Par	<u>tiii</u> Deduction	ns No	t Taken Elsewhere (See instructions fo	r limita	ations on deductions)			
				itions, deductions must be directly connected		く こくしょくこじん ひまちらう	2	1	
	14	Salaries and wages	icers, di	rectors, and trustees (Schedule K)	vicoo	ed US Bank - USI	Š	14 15	-
	15 16	Repairs and mainten	ance			. 5 28		16	
	17	Bad debts	in in it		KJ (OV 30 2020		17	
_		Interest (attach sche	dule) (se	ee instructions)	1/1	JV 30 Z0Z0		18	
12N2	19	Taxes and licenses						19	10,376.
4	20		-	e instructions for limitation rules) STATEME	ENT (22 ₁₀ SEETSTAT	EMENT 21	20	66,187.
Š	21	Depreciation (attach		102)		21		<u> </u>	
=	22	·	aimed or	Schedule A and elsewhere on return		22a		22b	
E E	23 24	Depletion Contributions to defe	arrad aa	magaztian alans				23	
3	25	Employee benefit pro		riperisation plans				25	
	26	Excess exempt exper	-	hedule I)		í		26	
	27	Excess readership co	•	•				27	
Š	28	Other deductions (at	tach sch	edule)		,		28	
Ó	29	Total deductions. A	dd lines	14 through 28				29	76,563.
	30			ncome before net operating loss deduction. Subtract			•	30	596,679.
	31	•	•	oss arising in tax years beginning on or after Januar	ry 1, 20	18 (see instructions)		31	F06 679
	32			ncome. Subtract line 31 from line 30				32	596,679. Form 990-T (2018)
	823701	U1-U9-19 L□M F0	n raper	work Reduction Act Notice, see instructions.	00			Q	101111 000-1 (2010)

Form 990-Y (2		20-375	9208	Page 2
Part III	Total Unrelated Business Taxable Income	·····		
33 T	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	596,679.
34 A	mounts paid for disallowed fringes		34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	.,	35	
	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	• ••		
	·		36	596,679.
		•		
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
	Inrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		1 1	
	nter the smaller of zero or line 36		38	595,679.
Part IV	Tax Computation			
39 (Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	125,093.
40 7	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from			
ſ	Tax rate schedule or Schedule D (Form 1041)	•	40	
41 1	Proxy tax. See instructions		41	*, *, *,
	Allegants and administration for the state of the state o		42	
	Conference on the state of the Australian of the State of			
	Fax on Noncompliant Facility Income. See instructions		43	105 003
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	125,093.
Part V	Tax and Payments		· -	
45a l	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		1 1	
ъ (Other credits (see instructions)		1 1	
c l	General business credit, Attach Form 3860			
d (Credit for prior year mınımum tax (attach Form 8801 or 8827)		7	
	Fotel credits. Add lines 45a through 45d		45e	
	Cubtrart line AFR from tine AA	• •	46	125,093.
	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta		47	12370331
		ch Schedule)		125 002
	Total tax. Add lines 46 and 47 (see instructions)		48	125,093.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a		0,035		
b	2018 estimated tax payments	5,000.		
c ·	Tax deposited with Form 8868 50c 3!	5,000.	.]	
đ l	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e		7	
	Credit for small employer health insurance premiums (attach Form 8941) 501		7	
	Other credits, adjustments, and payments. Form 2439		1 1	
v	Form 4136 Other Total 50g		1 1	
			7	170,035.
	Total payments. Add lines 50a through 50g		51	110,033.
	Estimated tax penalty (see instructions). Check If Form 2220 is attached 🕨 🗵		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<u>, </u>	53	44 040
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶	54	44,942.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 🕨 35,990 🚶 Refun		55	8,952.
Part V	Statements Regarding Certain Activities and Other Information (see instruction	ns)		
58	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1 1
				x
	here > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n truct?		$ +$ $\frac{\pi}{x}$
		II uusti	· · · ·	··
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	a of multipoord	arlen and ball	ef B estrue
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the observed, and complete. Doctaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		Ac and new	
Sign	Coulect mid posibilities nocessariou of bachetta (one), et al. (onbolies) et processoria as successoria on processoria (one) et al. (onbolies) et processoria as successoria on processoria (one) et al.			
Horo			May the IRS d	iscuss this return with
Here	Rawey & Dachs 111/13/2020 PRESIDENT			hown below (see
Here				hown below (see
Here	Signature of officer Date PRESIDENT		he preparer s	hown helow (see
	Name Preparer s signature Date Ch	eck	he preparer st restructions(? if PTIN	hown helow (see
Paid	Print/Type preparer's name Print/Type preparer's name Preparer s signature Preparer s signature Date Ch Se Sa Park PRODENT Title		the preparer st restructions)? If PTIN	hown below (see No No
	Print/Type preparer's name Preparer s SARAH REDDEN Print/Type Date Preparer s signature Preparer s signatu	eck []	the preparer st nestructions)? if PTIN i PO	hown below (see X Yes No No 0898534
Paid	Print/Type preparer's name Print/Type preparer's name Preparer s signature Preparer s	eck	the preparer st nestructions)? if PTIN i PO	hown below (see No No
Paid Prepa	Print/Type preparer's name Print/Type preparer's name Preparer s signature Print/Type preparer's name Preparer s signature Preparer s signature Date 1/12/2020 Firm's name DELOITTE TAX LLP 50 SOUTH SIXTH STREET	eck if- employed irm's EIN	the preparer sinestructions if PTIN PO PTIN	0898534
Paid Prepa	Print/Type preparer's name Preparer s signature Date 1/12/2020 Firm's name DELOITTE TAX LLP 50 SOUTH SIXTH STREET	eck if- employed irm's EIN	the preparer strestructions of PTIN PTIN PO 86	hown below (see X Yes No No 0898534

Schedule A - Cost of Goods Sold.	Enter method of inve	ntory valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of year	ar	6	
2 Purchases 2		7 Cost of goods sold. S			
3 Cost of labor 3		from line 5. Enter here			
4a Additional section 263A costs		line 2	•	7	
(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	acquired for resale) apply to		
5 Total. Add lines 1 through 4b 5		the organization?	, , , , ,		
Schedule C - Rent Income (From (see instructions)	Real Property and	d Personal Property L	eased With Real Pro	operty)	
1. Description of property					
(1)					
(2)					
(3)					
(4)					
	int received or accrued	·			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for	and personal property (if the percenta personal property exceeds 50% or if ant is based on profit or income)		ctly connected with th a) and 2(b) (attach sche	
(1)					
(2)					
(3)					
(4)					
Total	O . Total		0.		
(c) Total income. Add totals of columns 2(a) and a here and on page 1, Part I, line 6, column (A)	· ·		(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated Debt-Fina	nced Income (see	e instructions)	1		
		2. Gross income from	3. Deductions directly of to debt-fin	connected with or allocanced property	cable
Description of debt-financed prop	perty	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		r deductions schedule)
(1)				-	
(2)					
(3)					,
(4)					
debt on or allocable to debt-finenced	Average adjusted basis of a allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(column 6 x	ble déductions total of columns and 3(b))
(1)		%			
(2)		%			
(3)		%			
(4)		%			
·			Enter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totals		•		0.	0.
Total dividends-received deductions included in	column 8	•		▶	0.

Form 990-T (2018)

Schedule F - Interest, A	Annuities	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	ations	s (see ins	struction	s)
				Exempt (Controlled O	rganızatı	ons				
Name of controlled organizat	ion	2. Emp identific numl	cation		elated income instructions)	4. To pay	otal of specified tyments made 5. Part of column 4 th included in the control organization's gross in		rolling	Deductions directly connected with income in column 5	
<u></u>		<u>-</u>						1			
(1)	-							 			
(3)								 			
								1			
(4) Nonexempt Controlled Organii	zations		L		-	,		Ь			
7. Taxable Income	ı	nrelated incom	a (loss)	0 Total	of specified payr	nente	10. Part of colu	mn Q tha	t is included	11 Da	ductions directly connected
7. Taxasio incomo		ee instructions		3. 10m	made	incinia	in the control	ling organ	nization's		income in column 10
(1)					_						-
(2)											
(3)											
(4)			<u> </u>								
	l		<u></u>		•		Add colur Enter here and				d columns 6 and 11 ere and on page 1, Part I,
							line 8,	column (A)		line 8, column (B)
Totals						•			0.		0.
Schedule G - Investme (see insti		ne of a S	Section 5	501(c)(7), (9), or (17) Org	ganization				
1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connected (attach schedule)	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)				-							
(4)											
Totals			`	•	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	. •	Activity	Income,	Other	Than Adv		ig Income	ALC. ANT.	+ s T.E. () (7	o James	: 1
(see instru	2. G unrelated incom-	business	3. Expedirectly conwith prod	nnected luction lated	4. Net incom from unrelated business (co minus colum = gan, compute	I trade or lumn 2 n 3) If a	5. Gross income from activity is not unrelated business income.	that ted	6. Exp attribut		7. Excess exempt expenses (column 6 minus column 5, but not more than
			business	income	through						column 4)
(1)											
(2)								•			
(3)											
(4)	Enter her page 1	Part I,	Enter here page 1, i	Part I,							Enter here and on page 1, Part II, line 26
w	line 10,	0.	line 10, c	0.				12/27			0.
Totals ► Schedule J - Advertising	na Incon						A L		and the second	////20 42 ///20	<u>* U.</u>
Part Income From I					solidated	Basis					
1. Name of periodical		2. Gross advertising income		. Direct					6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-		Cois 3 ti	Joseph /	逾		 		32300
(1)			_				ryr rri		 		
(2) (3) (4)											
Totals (carry to Part II, line (5))	•	().	0	•	· · · · · · · · · · · · · · · · · · ·					
											Form 990-T (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.			· - 1988 1983	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, fine 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

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

Schedule D (Form 1120) 2018

Name

Employer identification number

S.D. BECHTEL, JR. 1	FOUNDATION			<u> 20 – </u>	3759208
Part Short-Term Capital Gai	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 round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai 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)
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		<u> </u>			
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on			İ		
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	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6_	1
7 Net short-term capital gain or (loss). Combin				7	<u> </u>
Part II Long-Term Capital Gai	ns 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 gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	(dates price)	(d other basis)	Part II, fille 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	i.				
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	ومرف والعرادة والمعدد	د د د ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱		9	<u>محمد</u> مد ۱ دو <u>۱ د ا</u>
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked		<u>,</u>			-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 3	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	lines 8a through 14 in colum	n h		15	-71,340.
**Part III Summary of Parts I and	j				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over ne	t short-term capital loss (line	7)	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns.		18	0.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA

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

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. 20-3759208

S.D. BECHTEL, JR. FOUNDATION

(F) Long-term transactions not reported to you on Form 1099-B

Before you check Box D, E, or F 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.

broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions,

See page 1

Note: You may aggregate all long-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 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-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

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

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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 the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
DAVIDSON KEMPNER						aujustment	107
INSTITUTIONAL							
PARTNERS LP							7,069.
MADISON DEARBORN							.,,,,,,
CAPITAL PARTNERS					<u> </u>		
V-B, LP							<229512.>
MADISON DEARBORN	. == =			1			
CAPITAL PARTNERS			*			 	
VI-B, LP			***				108,912.
MAKENA CAPITAL							
ASSOCIATES U.S. LP							43,443.
YORKTOWN ENERGY							
PARTNERS VII, LP							<1,252.>
					,		
2 Totals. Add the amounts in columnegative amounts) Enter each total Schedule D, line 8b (if Box D above is checked), or line 10 (if E)	tal here and inclu ove is checked),	ide on your line 9 (if Box E					<71,340.>

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.

823012 11-28-18

Form 8949 (2018)

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) MADISON DEARBORN CAPITAL PARTNERS V-B, LP - OTHER INCOME	-18,975. 624. -135,781.
(LOSS) MADISON DEARBORN CAPITAL PARTNERS VI-B, LP - OTHER INCOME	804,384.
(LOSS) HIGHFIELDS CAPITAL IV LP - OTHER INCOME (LOSS) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS LP - OTHER INCOME	24,333. -266.
(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	113,488,607.	
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	113,488,607.	

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 22	
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	113,488,607		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	113,488,607 66,187	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	113,422,420 0 113,422,420	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		- 66,187	
TOTAL CONTRIBUTION DEDUCTION		66,187	

Taxpayer: S.D. BECHTEL, JR. FOUNDATION

EIN: 20-3759208 Tax Year: 2018

Amended Return Explanation

The Taxpayer is amending their 2018 Form 990-T due to the repeal of Section 512(a)(7). As a result, the following lines on the 2018 Form 990-T have changed:

Line 20 - Charitable contributions

This line has been adjusted from \$70,923 to \$66,187 or decrease of \$4,736. This is a result of the adjusted limitation resulting from the decrease to income for the disallowed fringes of \$47,366, which nets a decrease in taxable income before the charitable contribution deduction of \$47,366.

Line 34 - Amounts paid for disallowed fringes

This line has been adjusted from \$47,366 on the originally filed return to \$0.

Lines 44, 46, and 48 - Total tax

These lines have been adjusted from \$134,045 on the originally filed return to \$125,093.

Line 54 - Overpayment

This line has been adjusted from \$35,990 to \$44,942. The Taxpayers is requesting this additional overpayment of \$8,952 to be refunded.