∝ 990-T Š	E	xempt Orga		sine	ss Income T	ax Return	1	OMB No 1545-0047
	For cal	endar year 2019 or other tax ye			, and ending	1917	_	2019
partment of the Treasury ernal Revenue Service		•	•		ons and the latest inform ade public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed		Emp	oyer identification number loyees' trust, see ictions)					
Exempt under section	Print	S.D. BECHTE	L, JR. FOUN	DAT	ION		2	0-375920 <u>8</u>
501(d/(3) 408(e) 220(e)	or Type	Number, street, and room P.O. BOX 19	m or suite no. If a P.O. bo	x, see i	nstructions.			ated business activity code nstructions)
408A 530(a)		City or town, state or pro	ovince, country, and ZIP o	r foreig	gn postal code 3809		523	000
look value of all assets t end of year		F Group exemption num		>				
67,419,6		G Check organization type		poratio) trust	Other trust
rade or business here lescribe the first in the business, then complete	► <u>INV</u> ank space Parts III-	v. ·	PARTNERSHIP ous sentence, complete Pa	arts I ar	. If only one, nd II, complete a Schedule	the only (or first) ui , complete Parts I-V. e M for each addition	If more	or
		oration a subsidiary in an ifying number of the pare		nt-subs	sidiary controlled group?	▶ 1	Ye	s X No
The books are in care of	▶ T	HE FOUNDATI	ON		Teleph	one number 🕨 (415) 284-8689
art I Unrelated	Trad	e or Business Inc	come		(A) Income	(B) Expense	S	(C) Net
a Gross receipts or sale			·					
b Less returns and allow		A line 7)	c Balance ►	10		Part of the control o		1 2 3 3 4
Cost of goods sold (S Gross profit. Subtract		•		3				
Capital gain net incom				48	645,336.	70 . 15 . 4t . St		645,330
. •	•	art II, line 17) (attach Fore	n 4797)	4b				
: Capital loss deduction	for trus	ts	·	4c			/ 7	
ecome (loss) (roms	gartners	hip or an S corporation (a	ittach statement)	5	-1,515.	STMT	1,7	-1,515.
				6_				
Unrelated debt-finance				7		/		
luterest apprilities (15%)	alties, er	d rents from a controlled 501(c)(7), (9), or (17) (organization (Schedule F)	8				
Exploited exempt activ	a section	ne (Schedule I)	nganization (Schedule d)	10		-		
Advertising income S	chedule)		11				
Other income (See ins		7		12			W/W	
Total. Combine lines				13_	643,821.			643,821.
		t Taken Elsewhe r e directly connected w			ations on deductions)			
				1622 111	corne)	 	1 44 1	
Salaries and wages	çers, air	ectors, and trustees (Sch	edule K)				14 15	
Repairs and mainten	ance						16	
Bad debts							17	
Interest (attach sche	dule) (se	e instructions)					18	
Taxes and licenses							19	1,489.
Depreciation (attach					20	<u> </u>	7.5-28% - 7.5-28%	
•	imed on	Schedule A and elsewhe	re on return		21a		21b 22	
Depletion Contributions to defe	rrad car	anancation plans					23	
Employee benefit pro		ilperisation plans					24	
Excess exempt exper	-	hedule I)		-			25	
Excess readership co							26	
Other deductions (af							27	
Total deductions. A	id lines	14 through 27					28	1,489.
		come before net operatin oss arising in tax years be					29	642,332.
							30	0.
Deduction for net op (see instructions)								
(see instructions) Unrelated business to		come. Subtract line 30 fr		•			31	642,332. Form 990-T (2019

Form 890-T		20-3759208 Page 2
Part II	Total Unrelated Business Taxable Income	
32 Ma	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\begin{bmatrix} 32 \end{bmatrix} 642,332.$
33 Ar	mounts paid for disaflowed fringes	13
	har dable contributions (see instructions for limitation rules) STMT 21 STMT 22	64,133.
	otal unrelated business taxable income before pre 2018 NOLs and specific deduction. Subtrict line 34 from the sum of lines 32 and the	5 578,199.
	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	86
	olal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	578,199.
	pecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
1		1,000:
71	nrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, high the smaller of zero or line 37	577,199.
Part K		1 ts 3/1,133.
—		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	rganizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40 121,212.
41 <u>Tr</u>	rusts Taxable at Trust Rates See instructions for lax computation, Income tax on the amount on line 39 from:	[] [
l_	Tax rate schodule or Schedule D (Form 1041)	4
42 Pr	roxy tax See Instructions	42
43 Ah	iternative minimum tax (trusts only)	43
1 1 1 A 8	ex on Noncompliant Facility Income See instructions	44
45 To	Al Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 121,212.
Part y	Tax and Payments	
46 FO	overign fax crodit (corporations attach Form 1118, trusts attach Form 1116)	
-	ther credits (see instructions)	}
	eneral business credit. Attach Form 3800 46c	1
	redit for pnor year minimum tax (attach Form 8801 or 8827)	1
	otal credits. Add lines 46a through 46d	48e
_	ubtract line 46e from line 45	4 121,212.
	ther taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (atteen senertified)	48
	otal tax. Add lines 47 and 48 (see instructions)	19 121,212.
	, , , , , , , , , , , , , , , , , , , ,	50 0.
	D19 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 20
	Supposts A 2010 supremumost andited to 2010	: 1 i
	syments. A 2018 overpayment credited to 2019	\
p 20	119 esumaled tax payments	\
b 20 c Ta	19 esumaled tax payments 51b 65,000. ax deposited with Form 8863	
b 20 c Ta d Fo	2019 estimated tax payments at the payments are deposited with Form 8868 and an applications 1 ax paid or withheld at source (see instructions) and 51d and 51d	
b 20 c Ta d Fo e Ba	D19 estimated tax payments ax deposited with Form 8863 areign organizations 1 ax paid or withheld at source (see instructions) ackup withholding (see instructions) 51e	
b 20 c Ta d fo e Ba t Cr	and personaled tax payments and deposited with Form 8863 areign organizations. Tax paid or withheld at source (see instructions) ackup withholding (see instructions) feed for small employer health insurance premiums (attach Form 8941) 511	
b 20 c Ta d fo e Ba t Cr	and pesumated tax payments ax deposited with Form 8863 arough organizations 1 ax paid or withheld at source (see instructions) ackup withholding (see instructions) ackup withholding (see instructions) ackup withholding (see instructions) fredit for small employer health insurance premiums (attach Form 8941) their credits, adjustments, and payments Form 2439	
b 20 c Ta d fo e Ba t Cr	and personaled tax payments and deposited with Form 8863 areign organizations. Tax paid or withheld at source (see instructions) ackup withholding (see instructions) feed for small employer health insurance premiums (attach Form 8941) 511	
b 20 c Ta d fo e Ba f Cr g Ot	and payments and payments and payments and payments are conditionally and payments and payments are conditionally and payments are conditionally and payments and	t 99,513.
b 20 c Ta d fo e Ba f Cr g Ot	and deposited with Form 8863 areign organizations. Tax paid or withheld at source (see instructions). ackup withholding (see instructions). ackup withholding (see instructions). ackup withholding (see instructions). ackup withholding (see instructions). 516 510 511 511 511 511 511 511	1,804.
b 20 c Ta d fo e Ba t Cr g Ot 52 To	and payments and payments and payments and payments are conditionally and payments and payments are conditionally and payments are conditionally and payments and	
b 20 c Ta d fo e Ba f Cr g Ot 52 To 53 Es	and the payments and payments are deposited with Form 8863 and payments are deposited with Form 8863 and payments are predicted to small employer health insurance premiums (attach Form 8941) and payments Form 2439 and payments of the payments Add lines 51a through 51g summated tax penalty (see instructions) Check if Form 2220 is attached	1,804.
b 200 c Ta d fo e Ba f Cr g Ot 52 To 53 Es 54 Ta 55 Ov	and deposited with Form 8863 areign or ganuations. Tax paid or withheld at source (see instructions). ackup withholding (see instructions). 516 510 511 ther crodits, adjustments, and payments. Form 2439 Form 4136 Other Total 519 ata payments. Add lines 51a through 51g. sumated tax penalty (see instructions). Check if Form 2220 is attached X ax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. STATEMENT 18	1,804. 23,503.
b 200 c Ta d fo e Ba f Cr g Ot 52 To 53 Es 54 Ta 55 Ov	and deposited with Form 8863 areign or ganizations. Tax paid or withheld at source (see instructions). ackup withholding (see instructions). 51d 51d 51l ther credits, adjustments, and payments. Form 2439 Form 4136 Other Total 51g but 51g but 51g Contait payments. Add lines 51a through 51g sumated tax penalty (see instructions). Check if Form 2220 is attached X ax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 18 werpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Anter the amount of line 55 you want; Credited to 2020 estimated tax. Refunded.	1,804. 4 23,503.
b 200 c Ta d fo e Ba f Cr g Or 52 To 53 Es 54 Ta 55 Or 56 En	State Stat	1,804. 4 23,503.
b 200 c Ta d fo e Ba e t Cr C	and deposited with Form 8863 areign organizations. Tax paid or withheld at source (see instructions). ackup withholding (see instructions). 516 510 511 ther credits, adjustments, and payments: Form 2439 and form 4136 Other Total 51g but payments. Add lines 51a through 51g submated tax penalty (see instructions). Check if Form 2220 is attached X ax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. STATEMENT 18 werpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. atter the amount of line 55 you want; Credited to 2020 estimated tax. Refunded. Total 510 STATEMENT 18 Refunded.	1,804. 4 23,503.
b 200 c Ta d fo e Ba f Cr g Ot 52 To 53 Es 54 Ta 55 Oo 56 Er Part V	and deposited with Form 8863 areign organizations. Tax paid or withheld at source (see instructions). State programments are paid or withheld at source (see instructions). State programments are premiums (attach Form 8941). Form 4136. Form 4136. Other Total State programments Add lines 51a through 51g. Sistenated tax penalty (see instructions). Check if Form 2220 is attached. Ext due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. STATEMENT 18. Activities and Other Information. Refunded. Refunded. Refunded. Total Statements Regarding Certain Activities and Other Information. (see instructions). The programment is line 55 you want: Credited to 2020 estimated tax. Refunded.	1,804. 4 23,503.
b 200 c Ta d for e Ba e Ba e t Cr G o Ot C Ta e S 53 Es 54 Ta 55 O Cr E C Ta e C Ta e Cr E C Ta e	and deposited with Form 8863 areign organizations. 1 ax paid or withheld at source (see instructions). Steeping organizations. 1 ax paid or withheld at source (see instructions). Steeping organizations. 1 ax paid or withheld at source (see instructions). Steeping organizations. 1 ax paid or withheld at source (see instructions). Steeping organizations. 1 ax paid or withheld at source (see instructions). Steeping organizations. 1 ax paid or withheld at source (see instructions). Steeping organizations. 1 ax paid or withheld at source (see instructions). Steeping organization and payments. Steeping organization and steeping organization have an interest in or a signature or other authority were a financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file incent or other foreign country.	1,804. 4 23,503. 5 8 Yes No
b 200 c Tad d for e Bad f Cr G g Ot C Tad Es Tad Es Tad	and deposited with Form 8863 areign organizations. 1 ax paid or withheld at source (see instructions). ackup withholding (see instructions). feed for small employer health insurance premiums (attach Form 8941). form 4136 form 4136 Other Total Stage than the total of lines 49, 50, and 53, enter amount owed. STATEMENT 18 Actually a see instructions. The stage than the total of lines 49, 50, and 53, enter amount overpaid. form the amount of line 55 you want; Credited to 2020 estimated tax. Refunded Total Refunded Refunded Total Total Total Statements Regarding Certain Activities and Other Information. (see instructions) It any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority wer a financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file incention.	1,804. 4 23,503.
b 200 c Tad d for e Bad f Cr G g Ot C Tad Es S Ta S S C C Tad C Ta	and deposited with Form 8863 areign organizations. 1 ax paid or withheld at source (see instructions). State programments. State paid or withheld at source (see instructions). State programments. 1 ax paid or withheld at source (see instructions). State programments. 1 ax paid or withheld at source (see instructions). State programments. 2 state programments. State programment. State program	1,804. 4 23,503. 5 8 Yes No
b 200 c Tad d for e Bad f Cr G g Ot C Tad Es S Ta S S C C Tad C Ta	and deposited with Form 8863 are composited with Form 8863 but of the composited with Form 8863 are composited with Form 8863 but of the composited with Form 8941) are composited with Form 8863 but of the composited with Form 8941) but of the composite	1,804. 4 23,503. 5 8 Yes No
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b 200 c Tad d for e Bad f Cr G G G G G G G G G G G G G G G G G G	and deposited with Form 8863 are to prough or ganuations 1 ax paid or withheld at source (see instructions) ackup withholding (see instructions) ackup withholding (see instructions) fredit for small employer health insurance premiums (attach Form 8941) ther credits, adjustments, and payments Form 2439 Total Form 4136 Other Total Statements Add lines 51a through 51g Statements Add lines 51a through 51g As due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 18 Are repayment if line 52 is less than the total of lines 49, 50, and 53, enter amount over paid inter the amount of line 55 you want: Credited to 2020 estimated tax Refunded Total Activities and Other Information (see instructions) at any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority were a financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file in CEN Form 114, Report of Foreign Bank and Financial Accounts If Yes, enter the name of the foreign country ere uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Yes, see instructions for other forms the organization may have to file noter the amount of tax-exempt interest received or accrued during the tax year Uniter perfective of perfery, i declare used that year was any large to fire year or	\$3
b 200 c Ta d for e Ba e Ba e f Cr G e G e Ba e S e S e S e S e Cr E e Cr E e F e E E E E E E E E E E E E E E E E	and deposited with Form 8863 areign organizations. Tax paid or withheld at source (see instructions). areign organizations. Tax paid or withheld at source (see instructions). areign organizations. Tax paid or withheld at source (see instructions). 516 areign organizations. Tax paid or withheld at source (see instructions). 517 areign organizations. Tax paid or withheld at source (see instructions). 518 areign organizations. Tax paid or withheld at source (see instructions). 519 510 510 511 511 511 511 511	Yes No Yes No X X X X A proparer shown below use
b 200 c Ta d for e Ba e Ba e f Cr G e G e Ba e S e S e S e S e Cr E e Cr E e F e E E E E E E E E E E E E E E E E	state position of the state of	Yes No Yes No X X X A X Yes No X X X X X X X X X X X X X
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b 200 c Ta d for e Ba f Cr G g Ot 52 To 53 Es 54 Ta 55 Ot 56 En Part V 57 At 68 Dt 16 Es 59 Er Sign Here	and deposited with Form 8863 Areign organizations 1 ax paid or withheld at source (see instructions) Ackup withholding (see instructions) Form 2439 Form 4136 Dotter Total Form 2439 Jetual for small employer health insurance premiums (attach Form 8941) Inter credits, adjustments, and payments Form 2439 Jetual payments Add lines 51a through 51g Submated tax penalty (see instructions) Check if Form 2220 is attached X studie. If line 52 is less than the total of lines 49, 50, and 53, enter amount overed STATEMENT 18 Refunded X statements Regarding Certain Activities and Other Information (see instructions) It any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority were a financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file Inform 114, Report of Foreign Bank and Financial Accounts If Yes, enter the name of the foreign country Better the amount of itax-exempt interest incover a distribution from, or was if the grantor of, or transferor to, a foreign trust? Yes, see instructions for other forms the organization may have to file Inter the amount of itax-exempt interest incovered or accrued during the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust? Yes, see instructions for other forms the organization may have to file Inter the amount of itax-exempt interest received or accrued during the tax year Uniter penalties of perfact, idealized used the return including accompanying collectains and public trust of the prepare forms the organization of which prepare to be a primary forms the organization of which prepare to be a primary forms the organization of prepare forms the organization of which prepare to be a primary forms the organization of which prepare to be a primary forms the organization of which prepare to be a primary forms the organization of which prepare to be a primary forms the organization of wh	Yes No Yes No X X X A X A X A X A X A X A X
b 200 c Ta d for e Ba f Cr G g Ot Cr Ta S S S S S S S S S S S S S S S S S S	Statements Regarding Certain Activities and Other Information (soc instructions)	1,804. 23,503. 5
b 200 c Ta d for e Ba f Cr G g Ot Cr Ta S S S S S S S S S S S S S S S S S S	ackup withholding (see instructions) Site Site	Yes No Yes No Yes No X X X X Yes No PTIN P00898534

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory va	luation ► N/A			-		
1 Inventory at beginning of year	1			Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6			line 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,]	
4a Additional section 263A costs		•	line 2				7_	<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	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real I	Property and	d Pers	onal Property L	.ease	d With Real Prop	erty		
(see instructions)						_			
1. Description of property								_	
(1)								_	
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly		ated with the income in	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for	personal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	ge	columns 2(a) ar	nd 2(b)	attach schedule)	
(1)									
(2)									
(3)									
(4)								- <u>-</u>	
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstruc	tions)					
			,	Gross income from		Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(attach schedule)	s
(1)	· · · · · · · · · · · · · · · · · · ·					<u> </u>	+		
(2)							1		
(3)								• • •	
(4)			1	•					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)	<u> </u>	-		%				· -	
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (i	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in column	18				>			0.

Form 990-T (2019)

orm 990-T (2019) S.D. B Schedule F - Interest, A	ECHT Annuit	TEL, JR. ties. Rovaltie	FOUNDATI	ON From Co	ntrolle	d Organiza	itions	20-37	5920	
, , , , , , , , , , , , , , , , , , ,				Controlled O				(000		-,
Name of controlled organization	tion	2. Employ identificati number	rer 3. Net ur	nrelated income se instructions)	4. To	tal of specified ments made	includ	rt of column 4 ed in the contration's gross	rolling	6. Deductions directly connected with income in column 5
(1)		_						·-		
(2)								_		
(3)										
(4)										
Ionexempt Controlled Organi	zations									
7. Taxable income	8. ^	let unrelated income (le (see instructions)	g. Tota	ıl of specified payı made	nents	10. Part of colur in the controlli gross		uzation's		ductions directly connected income in column 10
(1)				_						
(2)										
(3)				_						
(4)										
			•	<u> </u>		Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals'					▶			0.		0.
Schedule G - Investme			ction 501(c)(7), (9), or (17) Org	ganization				·
_	ription of			2. Amount of	ıncome	3. Deduction	cted	4. Set-	asides chedule)	5. Total deductions and set-asides
(1)				1		(attach sched	iule)			(col 3 plus col 4)
(1) (2)						-				
(3)				 						
(4)				 				L		
(*)				Enter here and			· 12. 2			Enter here and on page 1,
				Part I, line 9, co	lumn (A)				94	Part I, line 9, column (B)
otals				<u></u>	0.					0.
Schedule I - Exploited (see instru		pt Activity In	come, Othei	r Than Adv	ertisin/	ig Income		,		
,,,	Ī		2 5	4. Net incom	ne (loss)					7. Excess exempt
1. Description of exploited activity	unrela	2. Gross ated business come from a or business	3. Expenses directly connected with production of unrelated business income	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut . colur	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)	L									
(2)										
(3)	<u> </u>									
(4)							461		5.7. (900 - 1 00	
otals	pa _l line	r here and on ge 1, Part I, 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				*			Enter here and on page 1, Part II, line 25
Schedule J - Advertisii					<u> </u>					
Rant I Income From	Period	dicals Report	ed on a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	or (loss) (c		5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				11. 14.		%				
/A)	1				. Mr . Mr	21				a esca como sacionado de la como como como como como como como com

Form **990-T** (2019)

0.

0.

Totals (carry to Part II, line (5))

Form 990-T (2019) S.D. BECHTEL, JR. FOUNDATION 20-37592 Partill 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.			-45	0
	Р	er here and on age 1, Part I, se 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	d Trustees	(see instructions)
------------	-------------------------------------	--------------------------	------------	--------------------

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

Form 990-T (2019)

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

S.D. BECHTEL, JR.	FOUNDATION			20-	3759208
Did the corporation dispose of any investme	ent(s) in a qualified opportur	nity fund during the tax y	year?		Yes X No
If "Yes," attach Form 8949 and see its instri			ur gain or loss		
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	•		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) C∞st	(g) Adjustments to gair	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9,)	column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	· · · · · · · · · · · · · · · · · · ·		27455465266646666566657855	067. 1885	
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			NAME OF THE PROPERTY OF THE PARTY OF THE PAR	251	
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on	 				
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kii	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	tation)			6	()
7 Net short-term capital gain or (loss). Combin				7	
Part II Long-Term Capital Ga	ins and Losses (See I	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,)	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			44		
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				ا يواد	
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					645,336.
11 Enter gain from Form 4797, line 7 or 9	·			11	•
12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kii	nd exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	ne lines 8a through 14 in colum	n h	<u>_</u>	15	645,336.
Part: III Summary of Parts I an	<u>d II</u>				
16 Enter excess of net short-term capital gain (I				16	
17 Net capital gain. Enter excess of net long-term			ne 7)	17_	645,336.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	l	18	645,336.
Note: If losses exceed gains, see Capital Lo	sses in the instructions.				1
THE For Bonney of Deduction And No.		1100			abodulo D /Eor- 1400\ 0040
LHA For Paperwork Reduction Act Notice	, see the instructions for form	1120.	•	১	chedule D (Form 1120) 2019

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.

S.D. BECHTEL, JR. FOUNDATION

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

ſ	X	(F) Long-term transactions not reported to you on Form 1099-B
1	47	THE CONGRESSION GARAGESTONS THOU TEDOLLEG TO YOU OUT ONLY TOUS TO

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 you	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)
MADISON DEARBORN				·		uajaatiiia	
CAPITAL PARTNERS							
V-B, LP							43.
MADISON DEARBORN							
CAPITAL PARTNERS							
VI-B, LP							434,846.
MAKENA CAPITAL							
ASSOCIATES U.S. LP							211,639.
YORKTOWN ENERGY				1			
PARTNERS VI, LP			_				<76.
YORKTOWN ENERGY		•					
PARTNERS VII, LP			-				<1,116.
				Ĩ			
]			
				1			
-							
		-					
				1			
		-					
	-						
	-						
2 Totals. Add the amounts in colum	nns (d), (e), (d), au	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if B							645,336.

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

Form **8949** (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 17		
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 VI-B, LP - OTHER INCOME	-12,425. -618. -10,283.		
(LOSS) HIGHFIELDS CAPITAL IV LP - OTHER INCOME (LOSS) TIFF PARTNERS IV, LLC - OTHER INCOME (LOSS)	21,845. -31. -15.		
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP - OTHER INCOME (LOSS)	12.		
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,515.		

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 18
TAX FROM FORM 990-T, UNDERPAYMENT PENALT LATE PAYMENT INTERE LATE PAYMENT PENALT	ry St	21,699. 1,804. 234. 475.
TOTAL AMOUNT DUE		24,212.

FORM 990-T LATE PAYMENT INTEREST			STATEMENT 19			
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE PAYMENT DATE FILED	07/15/20 09/09/20 10/15/20	36,699. -15,000.	36,699. 21,868. 21,933.	.0300	56 36	169. 65.
TOTAL LATE PAYMENT	INTEREST					234.

FORM 990-T	LATE PA	YMENT PENALT	X.	STATEMENT 20		
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE PAYMENT DATE FILED	07/15/20 09/09/20 10/15/20	36,699. -15,000.	36,699. 21,699. 21,699.	2 1	367. 108.	
TOTAL LATE PAYMENT I	PENALTY				475.	

FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	100,352,799.
TOTAL TO FORM 990-T, PAGE 2, I	INE 34	100,352,799.

FORM 990-T CONTRIBUTIONS SUMMAR	Y	STATEMENT	22
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	100,352,799		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	100,352,799 64,133	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	100,288,666 0 100,288,666	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		_ 64,:	133
TOTAL CONTRIBUTION DEDUCTION		64,	133