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Form 990-T	E	Exempt Orga					ax Return	Ĺ	OMB No	1545-0687
		•	nd proxy tax und	er se					20	118
	For ca	lendar year 2018 or other tax ye.	ar beginning	etruatio	, and end		ation	- 1	ZU	10
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbe							Open to Publi 501(c)(3) Orga	ic Inspection for anizations Only
A Check box if address changed		Name of organization (THE SIDNEY		-		ctions.)		(Emp	loyer identifica iloyees' trust, s uctions)	
B Exempt under section									0-638	
	Tune								lated business instructions)	activity code
408(e) 220(e)	1,760	665 FIFTH A					 	-		
408A530(a) 529(a)		City or town, state or pro	Y 10022	r foreig	n postal code			525	990	
C Book value of all assets at end of year	2.5	F Group exemption num		<u> </u>	[an]					
		G Check organization typ		_	X 501	(c) trust	401(a)			Other trust
H Enter the number of the	•		· · · · · · · · · · · · · · · · · · ·	1			the only (or first) ur			
=		EE STATEMENT					complete Parts I-V.			
business, then complete	•	ice at the end of the previo	us sentence, complete Pa	ırts ı an	d II, complete a	Schedule	M for each addition	ai trade	; or	
		oration a subsidiary in an	affiliated aroun or a parer	nt-cube	diany controller	l group?		TY6	es X	No.
		tifying number of the parer		เเรอนบอ	idiai y corili dilet	group			55 [21]	INU
J The books are in care of				P		Teleph	one number 🕨 2	12	286-2	600
		le or Business Inc			(A) Inco		(B) Expenses) Net
1a Gross receipts or sale	es								·	<u></u>
b Less returns and allo			c Balance	1c						
2 Cost of goods sold (S	Schedule	A, line 7)	•	2						
3 Gross profit. Subtract	t line 2 fr	rom line 1c		3						
4a Capital gain net incon	ne (attac	h Schedule D)		4a				•	.05.	
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	า 4797)	4b	9,	392.			ļ	9,392.
c Capital loss deduction				4c	4.0	-7.			<u> </u>	-7.
		ship or an S corporation (a	ttach statement)	5	12,	609.	STMT 3	19 -	. 1	2,609.
6 Rent income (Schedu		(0.1.1.5)		6				** **	~###	
7 Unrelated debt-finance		•		7					Market .	
		nd rents from a controlled on 501(c)(7), (9), or (17) o	•	9					Mari	
10 Exploited exempt acti			rganization (Schedule G)	10				_	III III	
11 Advertising income (-	•		11					رجيت.	
12 Other income (See in		· · ·		12					 	
13 Total. Combine lines				13	21,	994.			2	1,994.
Part II Deduction	ns No	t Taken Elsewher		or limita	ations on dedi	uctions)				
(Except for	contribu	utions, deductions must			he un related l	business	income)			
14 Compensation of off	ficers, di	rectors, and trustees (Sche	dule K) RECEIV	EU				14		
15 Salaries and wages			g _	_	RS-OSC			15	<u> </u>	
16 Repairs and mainter	nance		E NOV 2 5 2	019				16	<u> </u>	
17 Bad debts						am		_17		0.600
18 Interest (attach sche	edule) (se	ee instructions)	OGDEN,	UT	SEE	STAT	EMENT 20	18		$\frac{2,609}{2,633}$
19 Taxes and licenses	(0					CMAR	EMENT 21	19	 	2,633.
		e instructions for limitation	rules) SIAIEME	21A T			EMENI 21	20	 	
21 Depreciation (attach22 Less depreciation di		ooz) o Schedule A and elsewher	e on return			21 22a		22b	1	
23 Depletion	aiilieu oi	1 Schedule A and elsewher	e on return		L	224		23		
24 Contributions to defi	erred co	moensation plans						24	†	
25 Employee benefit pro		ponoanon piano						25	<u> </u>	
26 Excess exempt expe	•	chedule ()						26		
27 Excess readership of		•	•					27		
28 Other deductions (at		•			SEE	STAT	EMENT 22	28	2	9,936.
29 Total deductions A		•						29		5,178.
30 Unrelated business t	taxable ır	ncome before net operating	loss deduction. Subtrac	t line 29	from line 13			30		3,184.
		oss arısıng ın tax years be				tions)	\	31		
		ncome. Subtract line 31 fro		_				32		3,184.
823701 01-09-19 LHA FO	or Paper	work Reduction Act Notice	e, see instructions.						Form 9	90-T (2018)

20-	-6383779	Pag

1 01111 000	tess, C/O TRP O COMNOR BAVIBB, BBP		20-0.	303773	, -g- i
Part	III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instruct	tions)	33	-23,184.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	STMT 24	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of			
	lines 33 and 34			36	-23,184.
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	-23,184.
Part	V Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			▶ 39	· · · · · · · · · · · · · · · · · · ·
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38	3 from:		
	X Tax rate schedule or Schedule D (Form 1041)		ì	▶ 40	0.
41	Proxy tax See instructions		i	▶ 41	
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	0.
Part '					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		□∷. [
b	Other credits (see instructions)	45b		7	
c	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		\neg . \bot	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	866 🔲	Other (attach schedule		
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a	200,000	\bigcap	
b	2018 estimated tax payments	50b		7	
	Tax deposited with Form 8868	50c		7	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
е	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
a	Other credits, adjustments, and payments: Form 2439			7	
·	☐ Form 4136 ☐ Other ☐ Total ►	50g			
51	Total payments. Add lines 50a through 50g			51	200,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			▶ 54	200,000.
55		000.		55	0.
Part \	✓ Statements Regarding Certain Activities and Other Information ✓ Property of the Proper	n (see	instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other a	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may hav	e to file		,
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign co	ountry		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	o, a foreign trust?		X
	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 >\$				
0:	Under penalties of perjury, Leeclare that have examined this return, including accompanying schedules and sta correct, and gomplete Declaration of preparer (other than taxpayer) is based on all information of which preparer	itements, ar r has anv kr	nd to the best of my knowledge.	wledge and be	ellef, it is true,
Sign	1/				discuss this return with
Here	TRUSTEE	<u> </u>		the preparer	shown below (see
	Signature of officer Date/ Title			instructions)	7 X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	ıf PTIN	
Paid	THOMAS F. BLANEY,	dial	self- employ	ed	
Prepa	rer CPA, CFE	1/01/			00234022
Use C	Inly Firm's name ► PKF O'CONNOR DAVIES, LEP		Firm's EIN	▶ 27	7-1728945
	665 FIFTH AVENUE				
	Firm's address ► NEW YORK, NY 10022		Phone no.	212-2	86-2600
823711 01	09-19				Form 990-T (2018)

Schedule A - Cost of Goods Sold.	nter method of inve	ntory valuation N/A		
1 Inventory at beginning of year 1	The method of mye	6 Inventory at end of ver	· · · · · · · · · · · · · · · · · · ·	6
2 Purchases 2		7 Cost of goods sold. S		
3 Cost of labor 3	- 4	from line 5. Enter here		
4a Additional section 263A costs		line 2	, and in rait i,	7
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule) 4b			acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5	·	the organization?	andan on tooming apply to	
Schedule C - Rent Income (From Re	eal Property and		eased With Real Prop	erty)
(see instructions)			·	••
1. Description of property				
(1)			· <u>···</u>	
(2)		·,		
(3)				- ·
(4)			· · · ·	·- <u>-</u>
2. Rent	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 nt is based on profit or income)		or connected with the income in and 2(b) (attach schedule)
(1)			·	
(2)				
(3)				
(4)		····		·
Total) . Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b here and on page 1, Part I, line 6, column (A)). Enter		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Debt-Finance	ed Income (see	instructions)	T art, into 0, column (b)	
	<u> </u>	2. Gross income from	3 Deductions directly con to debt-finance	
Description of debt-financed propert	у	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		 .		
(2)				-
(3)		***		_
(4)		-		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Av	erage adjusted basis of or allocable to it-financed property attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	 _	%		_
(2)		%	-	
(3)	·	%	·	
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		_	0	
	lumn 8		<u> </u>	0.

Schedule F - Interest, A	Annuides, Roya				ILIONS (see in:	structions	s)
1. Name of controlled organizat	ıdentı	nployer 3 Net un	Controlled Organiza related income e instructions) 4. T	otal of specified yments made	5. Part of column 4 included in the cont organization's gross	trolling	6. Deductions directly connected with income in column 5
					<u>'</u>		
(1)					}		
(2)					}	+	
(3)					 	' +	
(4)					<u> </u>		
Ionexempt Controlled Organi				T		T 44 -	
7 Taxable Income	8. Net unrelated incolumnation (see instruction		of specified payments made	in the controll	mn 9 that is included ing organization's s income	11. Ded with	fuctions directly connected income in column 10
(1)							
(2)						ļ	
(3)	<u> </u>			<u> </u>		 	
(4)	<u> </u>						
				Enter here and	nns 5 and 10 I on page 1, Part I, column (A)	Enter he	d columns 6 and 11 are and on page 1, Part I, une 8, column (B)
Totals				,	0.		
Schedule G - Investme		Section 501(c)(7	7), (9), or (17) Or	ganization			
(see insti	ructions)		г				т
	cription of income		2. Amount of income	3. Deductro directly conne (attach sched	ected 4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			<u> </u>	ļ			
(2)			 		·		
(3)			 -	 			 -
(4)			Enter here and on page 1	 			Enter here and on page
		_	Part I, line 9, column (A)				Part I, line 9, column (B)
otals Schedule I - Exploited	Exempt Activity	Income, Other	Than Advertisi	ng Income			0
(see instru	uctions)	· · · · · · · · · · · · · · · · · · ·	,	,			· · · · · · · · · · · · · · · · · · ·
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross inco from activity to is not unrelate business inco	that attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 			<u> </u>
(2)			 	 			1
(3)	ļ			†			
(4)				†			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)					Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisir	O.	0.	<u> </u>		· · · · · ·		0
	Periodicals Rep		solidated Basis			<u> </u>	
<u>rarti</u> income i fom i	renouicais nep	orted on a Con	solidated 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, compt cols 5 through 7	5. Circulat			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)]	
(3)							
(4)							
. Fotals (carry to Part II, line (5))	•	0. 0					0
							Form 990-T (201

Form 990-T (2018) C/O PKF O'CONNOR DAVIES, LLP

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.)

3		···· , ···· ·	<u></u>				
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)		1					
Totals from Part I	▶	0.	0.		· · · · · · · · · · · · · · · · · · ·	*	0.
t		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 - Compens	sation	of Officers	lirectors and	Trustees /see in	eta ictione)		•

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 (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 17 BUSINESS ACTIVITY

THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO INTERNAL REVENUE CODE ("CODE") SECTION 501(C)(3). THE FOUNDATION IS, HOWEVER SUBJECT TO THE UNRELATED BUSINESS INCOME TAX IMPOSED UNDER CODE SECTION 512 ON ANY UNRELATED TRADE OR BUSINESS INCOME. THE UNRELATED BUSINESS INCOME ("UBI") OF THE FOUNDATION WAS GENERATED FROM SEVERAL INVESTMENTS IN LIMITED PARTNERSHIPS. UBI IS ALLOCATED TO EACH STATE BASED UPON AMOUNTS DIRECTLY REPORTED ON THE SCHEDULE K-1'S RECEIVED FROM EACH LIMITED PARTNER. NOTICE 2018-67

UNDER CODE SECTION 512(A)(6), A TAX-EXEMPT

ORGANIZATION WITH MULTIPLE UNRELATED BUSINESS ACTIVITIES MUST SEPARATELY COMPUTE (OR "SILO") NET UNRELATED BUSINESS INCOME ON AN ACTIVITY BY ACTIVITY BASIS.

THE FOUNDATION HAS PREPARED ITS TAX RETURN IN ACCORDANCE WITH THE INTERIM GUIDANCE AVAILABLE AT THE TIME OF FILING, USING A REASONABLE AND GOOD-FAITH INTERPRETATION OF NOTICE 2018-67.

NOTICE 2018-67 ESTABLISHES INTERIM GUIDANCE FOR AGGREGATING INCOME FROM PARTNERSHIPS WHICH REQUIRES ORGANIZATIONS TO USE A REASONABLE, GOOD-FAITH INTERPRETATION OF IRC SECTIONS 511 AND 514 TO IDENTIFY SEPARATE TRADES OR BUSINESSES. THE NOTICE PROVIDES THAT "AN EXEMPT ORGANIZATION MAY AGGREGATE ITS UBTI FROM ITS INTEREST IN A SINGLE PARTNERSHIP WITH MULTIPLE TRADES OR BUSINESSES, INCLUDING TRADES OR BUSINESSES CONDUCTED BY LOWER-TIER PARTNERSHIPS, AS LONG AS THE DIRECTLY-HELD INTEREST IN THE PARTNERSHIP MEETS THE REQUIREMENTS OF EITHER THE INTERIM RULE OR THE TRANSITION RULE. THE INTERIM RULE APPLIES IF THE PARTNERSHIP INVESTMENT MEETS THE DE MINIMIS TEST OR A CONTROL TEST. THE DE MINIMIS TEST APPLIES IF THE ORGANIZATION DOES NOT DIRECTLY HOLD MORE THAN A 2% PROFITS INTEREST AND NO MORE THAN 2% OF THE CAPITAL INTEREST IN THE PARTNERSHIP. IN ORDER TO MEET THE CONTROL TEST, THE EXEMPT ORGANIZATION CANNOT DIRECTLY HOLD MORE THAN 20% OF THE CAPITAL INTEREST; AND DOES NOT HAVE CONTROL OR INFLUENCE OVER THE PARTNERSHIP. IF NEITHER THE DE MINIMIS NOR THE CONTROL TEST APPLIES THE ORGANIZATION MAY RELY ON THE TRANSITION RULE. THE TRANSITION RULE STATES THAT THE ACTIVITIES OF A PARTNERSHIP ACQUIRED PRIOR TO AUGUST 21, 2018 MAY BE TREATED AS A SINGLE TRADE OR BUSINESS FOR IRC SECTION 512(A)(6) WHETHER OR NOT THERE IS MORE THAN ONE TRADE OR BUSINESS CONDUCTED BY THE PARTNERSHIP.

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT 18
FORM 990-T, PART II, LINE 19 - TAXES AND LICENSES	
STATE TAXES	
ALABAMA	25.
ARIZONA	30.
CONNECTICUT	324.
ILLINOIS	31.
INDIANA	335.
MARYLAND	481.
MASSACHUSSETTS	84.
MICHIGAN	528.
MINNESOTA	67.
NEW JERSEY	263.
NORTH CAROLINA	2.
SOUTH CAROLINA	99.
UTAH .	57.
TOTAL STATE TAXES	2,326.
FOREIGN TAXES H.I.G. BAYSIDE II AIV, L.P. (SERIES B)	307.
W.I.G. DAIDIDE II AIV, H.F. (BEKIED D)	
TOTAL TAXES AND LICENSES	2,633

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION	NET INCOME OR (LOSS)
ABRAMS CAPITAL PARTNERS II, L.P ORDINARY BUSINESS	
INCOME (LOSS)	1,687.
ABRAMS CAPITAL PARTNERS II, L.P NET RENTAL REAL ESTATE	•
INCOME	-30,827.
ABRAMS CAPITAL PARTNERS II, L.P INTEREST INCOME	1.
ABRAMS CAPITAL PARTNERS II, L.P OTHER PORTFOLIO INCOME	
(LOSS)	. 110.
ABRAMS CAPITAL PARTNERS II, L.P OTHER INCOME (LOSS)	-1.
FR XII-A BRAVO AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,046.
FR XII-A ALPHA AIV, LP - NET RENTAL REAL ESTATE INCOME	156.
HIG BAYSIDE II AIV, LP (SERIES A) - DIVIDEND INCOME	437.
HIG BAYSIDE II AIV, LP (SERIES B) - ORDINARY BUSINESS	
INCOME (LOSS)	-2,382.
HIG BAYSIDE II AIV, LP (SERIES B) - INTEREST INCOME	77.
HIG BAYSIDE II AIV, LP (SERIES B) - DIVIDEND INCOME	525.
HIG BAYSIDE II AIV, LP (SERIES C) - ORDINARY BUSINESS	
INCOME (LOSS)	676.
HIG BAYSIDE II AIV, LP (SERIES C) - INTEREST INCOME	76.
RCH ENERGY MLP FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	13,156.
OCA EAGLE GLOBAL MLP, LLC - ORDINARY BUSINESS INCOME	•
(LOSS)	-169,063.
THE RESOLUTE FUND III, LP - INTEREST INCOME	558.
TRF III INVO HOLDINGS (ONSHORE), LP - ORDINARY BUSINESS	
INCOME (LOSS)	-284.
FIELD STREET PARTNERS, LP - ORDINARY BUSINESS INCOME	
(LOSS)	102,347.
FR XII-A CHARLIE AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	
FR XII-A CHARLIE AIV, LP - INTEREST INCOME	12.
FR XII-A CHARLIE AIV, LP - DIVIDEND INCOME	8.
FR XII-A CHARLIE AIV, LP - ROYALTIES	520.
FR XII-A CHARLIE AIV, LP - OTHER PORTFOLIO INCOME (LOSS)	2.
PROVIDENCE STRATEGIC GROWTH III-A, LP - INTEREST INCOME	10,283.
LIMITATION OF PASSIVE ACTIVITY LOSSES FORM 8582 - OTHER	•
INCOME (LOSS)	57,926.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	12,609.



FORM 990-T	INTEREST PAID	STATEMENT 20
DESCRIPTION	~	AMOUNT
HIG MIDDLE MARKET LBO FUND II,	LP	4,887.
MINUS: DISALLOWED INVESTMENT IN		-14,183
THE RESOLUTE FUND III, LP		377.
ALTOR FUND IV (NO. 1), AB		226
LEGACY VENTURE VIII, LLC		68.
PROVIDENCE STRATEGIC GROWTH III	I-A, LP	21,234.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 18	12,609.
FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ABRAMS CAPITAL PARTNERS II,	N/A	
L.P.		10.
HIG BAYSIDE II AIV, LP (SERIES	N/A	
В)		17.
HIG BAYSIDE II AIV, LP (SERIES	N/A	
C)		11.
OCA EAGLE GLOBAL MLP, LLC	N/A	77.
TRF III INVO HOLDINGS	N/A	•
(ONSHORE), LP	N/A	2. 13.
FR XII-A CHARLIE AIV, LP CHARITABLE CONTRIBUTIONS FROM	N/A N/A	13.
990-PF	N/A	16,083,257

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 22
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION FEES FR XII-A CHARLIE AIV, LP ABRAMS CAPITAL PARTNERS II, L.P. HIG BAYSIDE II AIV, LP (SERIES E TRF III INVO HOLDINGS (ONSHORE), HIG BAYSIDE II AIV, LP (SERIES A HIG BAYSIDE II AIV, LP (SERIES C LEGACY VENTURE VIII, LLC	LP	6,000. 23,232. 181. 3. 254. 2. 27. 237.
TOTAL TO FORM 990-T, PAGE 1, LIN	IE 28	29,936.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	23
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	5,839,681 6,296,809 33,588,435 33,778,178 15,974,946			
TOTAL CARRYOVER TOTAL CURRENT YEAR	50% CONTRIBUTIONS	95,478,049 16,083,387		
TOTAL CONTRIBUTIONS TAXABLE INCOME LIMIT		111,561,436	_	
EXCESS 50% CONTRIBUTOTAL EXCESS CONTRIBUTORY		111,561,436 111,561,436	_	<i>,</i> 1
ALLOWABLE CONTRIBUT	IONS DEDUCTION		_	0
TOTAL CONTRIBUTION	DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 24
TAX YEAR	LOSS SŲSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	192,581.	70,716.	121,865.	121,865.
12/31/15	384,117.	0.	384,117.	384,117.
12/31/17	56,543.	0.	56,543.	56,543.
NOL CARRYOV	ER AVAILABLE THIS	YEAR .	562,525.	562,525.

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

THE SIDNEY E. FRANK FOUNDATION C/O PKF O'CONNOR DAVIES, LLP

Note: Form 5227 filers need to complete Only Parts I and II.

Employer identification number

20-6383779

Pa	<u>rτι Snort-</u> rerm Capital Gains and Losses-Gene	erally Assets He	eid One Year or	Less (See	ınstr	uctions)
	structions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
11113 1	of in may be casion to complete if you round on conto to whole dollars.			line 2, columi		with column (g)
1 a	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					
1 b	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 Form(s) 8949 with					10
	Box C checked					18.
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	ļ			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and othe	r estates or trusts			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of					
	Carryover Worksheet				6	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	on line 17,			
	column (3) on page 2		Id Mana Than O	→	7	18.
	rt II Long-Term Capital Gains and Losses-Gene	· ·		T `	ee ir	nstructions)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, columi	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	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					
8 b	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					-25.
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	1 8824			_11_	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	f the 2017 Capital Loss				
	Carryover Worksheet	·			15	
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col	umn (h). Enter here and	d on line 18a,	,		/
	column (3) on page 2				16	<u>-</u> 25.

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

THE SIDNEY E. FRANK FOUNDATION

Schedule D (Form 1041) 2018 C/O PKF O'CONNOR DAVIES	, LLP		20-	6383	779 Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate	's	(3) Total
Caution: Read the instructions before completing this part.			or trust's		
17 Net short-term gain or (loss)	17			18.	18.
18 Net long-term gain or (loss):					
a Total for year	18a			25.	-25.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b				
c 28% rate gain	_18c				
19 Total net gain or (loss). Combine lines 17 and 18a	▶ 19			-7.	-7.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, Part IV Capital Loss Limitation					
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, I	ine 4c, if a trust), th	ne smaller of:			
a The loss on line 19, column (3) or b \$3,000			20	(7.)
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1047 Loss Carryover Worksheet in the instructions to figure your capital loss carryo	l, page 1, line 22 (over.	or Form 990-T, line 3	38), is a loss, c	omplete	the Capital
Part V Tax Computation Using Maximum Capital G	ains Rates				
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are	e gains, or an amou	nt is entered in Part I o	r Part II and the	re is an e	ntry on Form 1041,
line 2b(2), and Form 1041, line 22, is more than zero.					
Caution: Skip this part and complete the Schedule D Tax Worksheet in the in:	structions if				
• Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or					
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero		_			
Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qu				-	
38, is more than zero. Skip this part and complete the Schedule D Tax Worksheet	in the instructions i	f either line 18b, col. (2	e) or line 18c, co	l. (2) is r	nore than zero.
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)	21				
22 Enter the smaller of line 18a or 19 in column (2)	-	· ·			
but not less than zero			ł		
23 Enter the estate's or trust's qualified dividends from					
Form 1041, line 2b(2) (or enter the qualified dividends	İ		i		•
included in income in Part I of Form 990-T)					
24 Add lines 22 and 23 24					
25 If the estate or trust is filing Form 4952, enter the					
amount from line 4g; otherwise, enter -0-					
Subtract line 25 from line 24. If zero or less, enter -0-Subtract line 26 from line 21. If zero or less, enter -0-	<u> 26</u> 27				
28 Enter the smaller of the amount on line 21 or \$2,600	28				
29 Enter the smaller of the amount on line 27 or line 28	29		- 		
30 Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at		-	▶ 30	1	
31 Enter the smaller of line 21 or line 26	_31	r 1			
32 Subtract line 30 from line 26	32				
33 Enter the smaller of line 21 or \$12,700	33				
34 Add lines 27 and 30	34				
35 Subtract line 34 from line 33. If zero or less, enter -0-	35	3			
36 Enter the smaller of line 32 or line 35	36	;			
37 Multiply line 36 by 15% (0.15)			▶ 37		r
38 Enter the amount from line 31	38	<u> </u>			
39 Add lines 30 and 36	39)			
40 Subtract line 39 from line 38. If zero or less, enter -0-	40				
41 Multiply line 40 by 20% (0.20)			▶ 41		
42 Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for Es	states				
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	!			
43 Add lines 37, 41, and 42	43	1			
44 Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Es	states				
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44				
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on	Form 1041, Schedu	le			
G, line 1a (or Form 990-T, line 40)			> 45	<u> </u>	

810842 12-21-18

Schedule D (Form 1041) 2018

SCHEDULE I (Form 1041)

Department of the Treasury

Name of estate or trust

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2018

Employer identification number

TH	E SIDNEY E. FRANK FOUNDATION C/O PKF O	20-6383779		
Ŗā	rtll) Estate's or Trust's Share of Alternative Minimum Taxable Income			
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	-23,184.	
2	Interest	2		
3	Taxes	3	2,633.	
4	Reserved for future use	4		
5	Refund of taxes	5	()	
6	Depletion (difference between regular tax and AMT)	6		
7	Net operating loss deduction. Enter as a positive amount SEE STATEMENT 25	7		
8	Interest from specified private activity bonds exempt from the regular tax	8		
9	Qualified small business stock (see instructions)	9		
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10		
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11		
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12		
13	Disposition of property (difference between AMT and regular tax gain or loss)	13		
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14		
15	Passive activities (difference between AMT and regular tax income or loss)	15		
16	Loss limitations (difference between AMT and regular tax income or loss)	16		
17	Circulation costs (difference between regular tax and AMT)	17		
18	Long-term contracts (difference between AMT and regular tax income)	18		
19	Mining costs (difference between regular tax and AMT)	19		
20	Research and experimental costs (difference between regular tax and AMT)	20		
21	Income from certain installment sales before January 1, 1987	21	()	
22	Intangible drilling costs preference	22		
23	Other adjustments, including income-based related adjustments	23		
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) STATEMENT 26	24	()	
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24 STATEMENT 27	25	-20,551.	
	Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44 N/A 26			
27	Estate tax deduction (from Form 1041, line 19) N/A 27			
28	Add lines 26 and 27	28		
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	-20,551.	
	If line 29 is:			
	• \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the			
	alternative minimum tax.			
	• Over \$24,600, but less than \$180,300, go to line 45.			
IDS	\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52. FXIII Income Distribution Deduction on a Minimum Tox Region X / A			
	Ttill Income Distribution Deduction on a Minimum Tax Basis N/A	001		
30	Adjusted alternative minimum taxable income (see instructions) Adjusted tax-exempt interest (other than amounts included on line 8)	30		
31	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	31		
32 33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for	32		
J	oupling gains for this tax year allocates to corpus and paid or permanently set aside for	1 1		
	charitable purposes (from Form 1041, Schedule A, line 4)	33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Income required to be distributed currently (from Form 1041, Schedule B, line 9)

Tax-exempt income included on line 40 (other than amounts included on line 8)

36 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount

Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

37 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-

Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

35 Capital gains computed on a minimum tax basis included on line 25

Schedule I (Form 1041) (2018)

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Total distributions. Add lines 38 and 39

	edule (Form 1041) (2018) THE SIDNEY E. FRANK FOUNDATION					-6383779	Page 2
	art II Income Distribution Deduction on a Minimum Tax Basis	•	nue	z0	N/A	<u> </u>	
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line	37.					
44	If zero or less, enter -0-	- 40			43		
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	e 43.			,,		
Pa	Enter here and on line 26		•		 44		
45	Exemption amount			.	 45	\$24,600.	
46	Enter the amount from line 29	46	l		45	Φ24,000.	<u> </u>
47	Phase-out of exemption amount	47		\$81,900.00	1		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48		φο 1,000.00	1		
49	Multiply line 48 by 25% (0.25)				49		
50	Subtract line 49 from line 45. If zero or less, enter -0-				50		
51	Subtract line 50 from line 46				51		
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or h	ias a gair	ı on	lines 18a and 19			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwi	se, if line	51	s -			
	● \$191,100 or less, multiply line 51 by 26% (0.26).						
	● Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result				52		
53	Alternative minimum foreign tax credit (see instructions)				53		
54	Tentative minimum tax. Subtract line 53 from line 52				54		
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sched			1)	55		
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter her	e and on	1		Ш		
<u> </u>	Form 1041, Schedule G, line 1c				 56		
Pé	nrt IV Line 52 Computation Using Maximum Capital Gains Rat						
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Wor						
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruct	lions					
57	before completing this part. Enter the amount from line 51				_	_	
57 58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax	1 1	i		57		
50	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for						
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58					
59	· · · · · · · · · · · · · · · · · · ·	00			1		
•••	(as refigured for the AMT, if necessary). If you didn't complete				1 1		
	Schedule D for the regular tax or the AMT, enter -0-	59					
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the				1		
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter		ľ	•			
	the smaller of that result or the amount from line 10 of the Schedule D Tax						
	Worksheet (as refigured for the AMT, if necessary)	60			Ш		
61	Enter the smaller of line 57 or line 60				61		
62	Subtract line 61 from line 57				62		
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by						
	28% (0.28) and subtract \$3,822 from the result	1 1			63		
64	Maximum amount subject to the 0% rate	64		\$2,600 00			
65	, , , , , , , , , , , , , , , , , , ,						
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't						
	complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65					
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	-		 		
67	Enter the smaller of line 57 or line 58	67					
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68					
	Subtract line 68 from line 67	69					
	2 12-13-18			- :	Cab	edule I /Form 10	44) (0040)

Schedule I (Form 1041) (2018)

Pa	rt IV Line 52 Computation Using Maximum Capital Gains Rate	es (co	ntinued)		r ago o
70	Maximum amount subject to rates below 20%	70	\$12,700 00		
71	Enter the amount from line 66	71]	
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			1	•
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 22; if zero or less, enter -0-	72	_]	
73	Add line 71 and line 72	73]	'
74	Subtract line 73 from line 70. If zero or less, enter -0-	74]	
75	Enter the smaller of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)		•	76	
77	Add lines 68 and 75	77]	
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83 Otherwise, go	to line 7	78 .		
78	Subtract line 77 from line 67	`78			J
79	Multiply line 78 by 20% (0.20)		•	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	80.			,
80	Add lines 62, 77, and 78	80			•
81	Subtract line 80 from line 57	81	·	L	
82	Multiply line 81 by 25% (0.25)		•	82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is $$191,100$ or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2	28% (0.2	8)		
	and subtract \$3,822 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52	*****		85	

SCHEDULE 1	NET OF	PERATING LOSS CARRYOVER	STATEMENT 25
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/14	192,581.	70,716.	121,865.
12/31/15	384,117.	0.	384,117.
12/31/17	56,543.	0.	56,543.
TOTAL TO S	SCHEDULE I, LINE 7		562,525.

SCHEDULE I	ALTERNAT]	VE MINIMUM TAX NOL CARRYOV	VER STATEMENT 26
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
12/31/14	56,975.	56,975.	0
12/31/15	222,098.	54,071.	168,027
12/31/17	11,514.	0.	11,514
TOTAL TO S	SCHEDULE I, LINE 24		179,541

SCHEDULE I		X NET OPERATING I D COMPUTATION OF		STATEMENT 27
DESCRIPTION		TOTAL AMT NOL CARRYFORWARD	AMT NOL USED THIS YEAR	UNUSED AMT NOL CARRYFORWARD
AMT NOL CARRYFO	DRWARD	179,541.		179,541.
TOTAL TO SCHEDU	JLE I, LINE 24		_	179,541.

Form

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No 12A

Name(s) shown on return

THE SIDNEY E. FRANK FOUNDATION

C/O PKF O'CONNOR DAVIES, LLP

Social security number or taxpayer identification no.

OMB No 1545-0074

20-6383779

Before you check Box A, B, or C be statement will have the same inform	atıon as Form 10:	you received any 99-B. Either will s	y Form(s) 1099-B o show whether you	or substitute statem r basis (usually youi	ent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute IS by your
Part I Short-Term. Transac	box to check	tal accets you hald	4				
transactions, see page 2							
Note: You may aggregate a codes are required Enter the	e totals directly on	Schedule D, line 1a	i, you aren't required	to report these trans-	actions on F	orm 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than we							each applicable box
(A) Short-term transactions re			•		•		
(B) Short-term transactions re	•	•	•			,	
X (C) Short-term transactions no	•	•	•				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss).
(Example 100 sh. XYZ Co)	(Mo , day, yr.)	disposed of (Mo., day, yr)	(sales price)	basis See the Note below and	column (f). See instructions.	Subtract column (e) from column (d) &
		(w.o., day, y.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
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AIV, LP (SERIES B)	VARIOUS	VARIOUS					18.
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2 Totals. Add the amounts in colu	mns (d) (e) (o) a	nd (h) (subtract		· ·			
negative amounts) Enter each to	· · · · · · · · · · · · · · · · · · ·						
Schedule D, line 1b (if Box A ab		•					
above is checked), or line 3 (if E	· ·	-					18.
Note: If you checked Box A above to			vas incorrect, ente	er in column (e) the	basis as r	eported to the IRS	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment 823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

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

THE SIDNEY E. FRANK FOUNDATION

C/O PKF O'CONNOR DAVIES, LLP

Social security number or taxpayer identification no.

20-6383779

efore 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
atement 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
roker 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 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)

X (F) Long-term transactions not (a) Description of property (Example: 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) &
					(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ABRAMS CAPITAL				1			
	VARIOUS	VARIOUS					<42.
HIG BAYSIDE II							
AIV, LP (SERIES B)	VARIOUS	VARIOUS					17.
**-							

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	1						
			-				
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D above is checked) or line 10 (if E	tal here and incluove is checked),	ude on your line 9 (if Box E					~25

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 (2018)