	٠,	990-T	1 10	: עשעמשדגש ivamnt ∩ranizati					av Ret	urn	- 1	OMB No 1545-0687
	Form	ลลัก-์ เ	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							·		
(4		•	For calendar year 2018 or other tax year beginning DEC 1, 2018 and ending NOV 30, 2019						ا و	2018		
1		r	'""								-	LUIU
		nent of the Treasury Revenue Service	I ▶		www.irs.gov/Form990T for instructions and the latest information. umbers on this form as it may be made public if your organization is a 501(c)(3).						Open to Public Inspection for 501(c)(3) Organizations Only	
7	\ _	Check box if Name of organization (Check box if name changed and see instructions.) One of the changed Instruction One of the changed Instruction One of the changed One of the cha								Empl)	oyer identification number loyees' trust, see ctions)	
i	F F Y	empt under section	Print HESS FOUNDATION, INC.							2	2-1713046	
•		501(a)(0)	or	Number, street, and room or suite no		x. see ir	structions.				E Unrek	ated business activity code
	=	408(e) 220(e)	Type	4 BECKER FARM RO		•					(000.	india dollorio y
	=	408A 530(a)		City or town, state or province, coun ROSELAND, NJ 07	try, and ZIP o	r foreig	n postal code			۲	523	000
-		529(a) value of all assets		F Group exemption number (See ins		_					525	
,	aten	98,911,3	ΩN	G Check organization type ► X		noration		01(c) trust		401(a)	trust	Other trust
i				tion's unrelated trades or businesses.		1	'		the only (or f			
				EE STATEMENT 15				_	, complete Par			than one
				ce at the end of the previous sentence	complete P	arte I an		-				•
		ness, then complete			, complete ra	ווט ו מוו	u II, cumpieu	s a Scheduk	o IVI IOI CACII A	daition	ar trauc	OI .
- 1			_	oration a subsidiary in an affiliated gr	nun or a nare	nt-subs	diary control	led aroun?			Ye	s X No
				tifying number of the parent corporation		111-3403	idially condition	ica group				[] 110
-	The	hooks are in care of	IIIU IUGII	MARTIN PICINICH, H	RSS FO	ממוז	ATTON.	TN Telenh	none number	▶ 9	73-	403-7997
Ġ	Par	tils Unrelated	d Trac	le or Business Income		011.01	(A) In			penses		(C) Net
Ľ	~ ~~~	Gross receipts or sale		1					2 33		* - / 30	10 Apr 10 Apr 10
		ess returns and allov		c Balance		1c						
		Cost of goods sold (S				2						
		Gross profit. Subtract		•		3			13.00 PM		1 0 (4	Charles Annual Control of Control
		Capital gain net incon				4a	108	,405.			2.78	108,405.
			•	art II, line 17) (attach Form 4797)		4b		7	2.225.23	33 × 33	\$13.3%	
		Capital loss deduction			4c				ACC N	25.2		
		•		ship or an S corporation (attach staten	-29	,214.	STI	MT.	L 6	-29,214.		
		Rent income (Schedu		simple and desposation (attach states)		<u>, </u>						
		Jnrelated debt-financ	•	me (Schedule F)		7			<u> </u>			
				nd rents from a controlled organization	1 (Schedule F)	8			<u> </u>			
		•		on 501(c)(7), (9), or (17) organization				<u> </u>				
		Exploited exempt activ			10							
		Advertising income (S	-	,		11						
		Other income (See in:		•		12			27 - 28 T. T.	NO.	AL I	
	13 1	Total Combine lines	3 throu	ah 12		13	79	,191.				79,191.
ſ	Par	t III Deductio	ns No	ot Taken Elsewhere (See in	structions f	or limit	ations on de	eductions)		_		
١		(Except for a	contribi	utions, deductions must be direct	ly connecte	a Win	Hè ynrelate	d business	s income)			
-	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				SC			14	
	15	Salaries and wages			00	T 2	6 2020	Ö			15	
	16	Repairs and mainten	nance	• •		~	0 2020	0-5			16	
	17	Bad debts		•		 • • • • •		765			17	
	18	Interest (attach sche	dule) (s	ee instructions)	$\bigcup_{i \in \mathcal{O}(i)} \mathcal{O}(i)$	عالح	N, UT				18	
ĭ, .	19	Taxes and licenses		*							19	261.
٦	20	Charitable contributi	ons (Se	e instructions for limitation rules)	STATEM	ENT	18 SE	E STAT	TEMENT	17	20	942.
•	21	Depreciation (attach	Form 4	562)				21				
4	22	Less depreciation cla	aimed oi	n Schedule A and elsewhere on return				22a			22b	
	23	Depletion		•							23	
3	24	Contributions to defe	erred co	mpensation plans							24	
,	25	Employee benefit pro	ograms								25	
	26	Excess exempt expe	nses (S	chedule I)							26	
	27	Excess readership co	osts (Sc	hedule J)							27	
	28	Other deductions (at	ttach scl	nedule)						∕\range	28	4 000
ζ:	29	Total deductions. A								20	29	1,203.
ָ מ	30			ncome before net operating loss dedu						20	30	77,988.
	31	Deduction for net op	erating	loss arising in tax years beginning on	or after Janua	ary 1, 20)18 (see instr	uctions)		30 31	31	
_	32	Unrelated business t	taxable <u>ı</u>	ncome. Subtract line 31 from line 30		_				<u> </u>	32	77,988.
	323701	01-09-19 LHA Fo	or Paper	work Reduction Act Notice, see instr	uctions.						^	Form 990-T (2018)

Form 9920-1		NC.		22-17	13046	Pege Z
Part I	I Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income comput		(see instructions)		83	77,988.
84	Amounts paid for disallowed tringes				84	
35	Deduction for net operating loss ansing in tax years		structions) S	TMT 19	35	68,511.
36	Total of unrelated business taxable income before a					
	lines 33 and 34				26	9,477.
37	Specific deduction (Generally \$1,000, but see line 3			236	8/	1,000.
38	Unrelated business taxable income. Subtract line		 ime 36		, // - 	
~	enter the smaller of zero or line 36	•	•	△ '	$^{\prime\prime}$ $^{\prime\prime}$	8,477.
Part I	/ Tax Computation				2	0,47,7
39		Inno 20 hu 244/ (0 24)		<i></i>	1 26	1,780.
	Organizations Taxable as Corporations. Multiply				33	1,700.
40	Trusts Taxable at Trust Rates. See instructions to					
	Tax rate schedule or Schedule D (Fo			🟲	40	
	Proxy tax. See instructions			•	• 41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru			11	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies		45	94	1,780.
Part V	Tax and Payments				 	
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	. 45a		⊣	
b	Other credits (see instructions)		45b		_	
ε	General business credit. Attach Form 3800				_	
đ	Credit for prior year minimum tax (attach Form 88)	01 or 8827)	45d			
	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44			• •	46	1,780.
	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8966 1 Other	(attach achedule)		
48	Total tax. Add fines 46 and 47 (see instructions)			W	1 48	1,780.
	2018 net 965 tax hability paid from Form 965-A or	Form 065-D Chat II actions (b) Fine 2			49	0.
50 -	Payments: A 2017 overpayment credited to 2018	TOTAL SOUTH, COLUMN (K), MIC 2	A 50a 1	.84,505		
				.04, .00	4 `	
	2018 estimated tax payments		1 . 1		-	
	Tax deposited with Form 8868				-	
	Foreign organizations: Tax paid or withheld at sour				-	
	Backup withholding (see instructions)				-l	
	Credit for small employer health insurance premiu		501		-	
9	Other credits, adjustments, and payments: F				1 1	
	Form 4136	Other Total	► 50g		4	
51	Total payments. Add lines 50a through 50g 🔝	<u></u>	** * ** . ***		\$1	184,505.
52	Estimated tax penalty (see instructions). Check if F				52	
53	Tax due. If line 51 is less than the total of lines 48,	, 49, and 52, enter amount owed 🚬 📜	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	>	53 /	
SO 54	Overpayment. If line 51 is larger than the total of I	lines 48, 49, and 52, enter amount overpaid	١	, >	445	182,725.
√ 55	Enter the amount of line 54 you want: Credited to	2019 estimated tax > 18.	2,725. Re	tunded >	\$5	0.
Part V	1 Statements Regarding Certain	Activities and Other Informa	tion (see instru	ctions)		
	At any time during the 2018 calendar year, did the					Yes No
	over a financial account (bank, securities, or other)					
	FinCEN Form 114, Report of Foreign Bank and Fina	•	•			1 1
	· · · · · · · · · · · · · · · · · · ·	prices recounts in test, criss the name of	are resempt country			l v
	here >	Astributes from a command the second				$-\frac{x}{x}$
	During the tax year, did the organization receive a		a resisteror to, a fo	ragn Busi?		├
	If "Yes," see instructions for other forms the organi					
58	Enter the amount of tax-exempt interest received o					
Ci	Under paralles of partify 1 declars that I have examined correctiond rempital Declaration of preparational foliar than	d this return, including accompanying echedules an in tempayer) is based on all information of which pre			helps and beled	C & TUA
Sign	1. 1/ K W		•	ſ	May the IRS dec	ours this return with
Here	Alella	11-14-22 PRESI	DENT	I	the preparer also	
	Symptone of Officer	Date Title		1	Protructions)?	X Yes · No
	Print/Type preparer's name	Preparer's signature	Date	Check	ii PTIN	
On: 4	Control of the formation on a security			self- employe	i i	
Paid	MARTIN PICINICH	MARTIN PICINICH	10/06/20	on nidenia		083333
Prepa	COUNTREPARTOR		EU/ 00/ AU	Comb man		1478099
Use O	nty Firm's name > COHNREZNICK			Firm's EIN	- 44-	14/0033
	4 BECKER F				^~~	0 3505
	Firm's address ► ROSELAND,	M1 0.4098		Phone no.	973-22	
\$23711 GLd	A.10				E.	m 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	aluation > N/A		 		
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases 2 7 Cost			Cost of goods sold. Su	ıbtract l	ine 6	* · [
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,	4	
4a Additional section 263A costs			1	line 2		·	7	
(attach schedule)	4a		l 8	Do the rules of section	263A (v	with respect to	Yes	No No
b Other costs (attach schedule)	4b		1	property produced or a	•	•	K-**	3, 1
5 Total. Add lines 1 through 4b	5	-	1	the organization?		,,	*	_
Schedule C - Rent Income (From Real	Property and	Pers		ease	d With Real Proper	rty)	
(see instructions)							<u>-</u>	
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued				0/2) D. d t d		
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		Deductions directly connect to debt-financed		
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deducti (attach schedul	
(1)								
(2)	_							
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	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 dedu (column 6 x total of 3(a) and 3(b)	columns
(1)				%		,		
(2)				%				
(3)			1	%				
(4)				%				
			4.—.			nter here and on page 1, Part I, line 7, column (A).	Enter here and on pa Part I, line 7, colum	•
Totals				.	1	0.		0.
Total dividends-received deductions in	cluded in column	n 8			L	<u> </u>		0.
Total dividends received deductions in	C.SGGG III GOIGIIII						Form 000	

Schedule F - Interest, A	nnuities, Royal					tions	(see ins	tructions	s)
		Exempt	Controlled O	rganızatı	ons				
Name of controlled organization	ıdentıf		nrelated income se instructions)		tal of specified ments made	ınclude	of column 4 t d in the contr tion's gross i	olling	6. Deductions directly connected with income in column 5
(1)								$ \dagger$	
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable Income	8. Net unrelated incom (see instruction		al of specified pay made	ments	10. Part of colu in the controll gross				luctions directly connected income in column 10
(1)	. ,								
(2)									
(3)									
(4)									
					Add colun Enter here and line 8,		1, Part I,).	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals			<u> </u>	<u> </u>			0.		0.
Schedule G - Investmen		Section 501(c)((7), (9), or (17) Org	ganization				
(see instr	uctions)		2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)			 						
(2)									
(3)									
(4)									
Totals			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I	-	Income, Othe	r Than Ad	vertisir	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of urrelated business income	4. Net incor from unrelate business (cominus colum gain, comput through	d trade or olumn 2 in 3), If a ie cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					-	Î			
(2)									
(3)									
(4)									
Totals •	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				4.7			Enter here and on page 1, Part II, line 26
Schedule J - Advertisir		instructions)							· · · · · · · · · · · · · · · · · · ·
Partil Income From F			nsolidated	Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising cost	or (loss) (o s col 3) If a g	tising gain of 2 minus jain, compu hrough 7	5. Crcula		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			10.00	W.	#				
(2)				4.1					
(3)									
(4)			3						一种
Totals (carry to Part II, line (5))	>	0.	0.						0.
, \ \ //		•					-		Form 990-T (2018)

823731 01-09-19

%

▶

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.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 6. Readership 3. Direct 5. Coculation 1. Name of periodical advertising costs (1) (2) (3) (4) 0. 0. Totals from Part I 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title Name (1) % % (2) (3) %

Form 990-T (2018)

0.

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 15
BUSINESS ACTIVITY

DEBT FINANCED INCOME FROM INVESTMENTS IN PARTNERSHIPS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION		NET INCOME OR (LOSS)
GS CAPITAL PARTNERS VI PARALLE	L, LP - ORDINARY BUSINESS	
INCOME (LOSS)		-2
KKR NORTH AMERICA FUND XI LP -		-257
HOLOWESKO GLOBAL EQUITY FUND -		1
HOLOWESKO GLOBAL EQUITY FUND -		109
HOLOWESKO GLOBAL EQUITY FUND -		15
KKR REPA AIV-2 FEEDER L.P - OR	DINARY BUSINESS INCOME	
(LOSS)		1,294
KKR REPA AIV-2 FEEDER L.P - NE		-12,498
KKR REPA AIV-2 FEEDER L.P - IN		24
KKR REPA AIV-2 FEEDER L.P - OT		-1,640
KKR REPA AIV-3 FEEDER L.P - OR	DINARY BUSINESS INCOME	
(LOSS)		-17,656
KKR REPA AIV-3 FEEDER L.P - NE		-2,405
KKR REPA AIV-3 FEEDER L.P - IN		226
KKR REPA AIV-3 FEEDER L.P - OT		-10
KKR EUROPEAN FUND IV LP - OTHE		3,761
DAVIDSON KEMPNER INSTITUTIONAL	PARTNERS - ORDINARY	
BUSINESS INCOME (LOSS)		-176
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	-29,214
FORM 990-T	CONTRIBUTIONS	STATEMENT 17
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	34,733,753
TOTAL TO FORM 990-T, PAGE 1, L	TNG 20	34,733,753

FORM 990-T	CONTRI	BUTIONS SUMMARY		STATEMENT	18
QUALIFIED C	ONTRIBUTIONS SUBJECT	TO 100% LIMIT			
CARRYOVER OF FOR TAX YOU FOR TAX Y	EAR 2014 EAR 2015 EAR 2016	CONTRIBUTIONS 34,730,402 44,147,065 36,275,658 33,841,219 27,950,770			
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUT	IONS	176,945,114 34,733,753		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJ	USTED	211,678,867 942		
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	-	211,677,925 0 211,677,925	_	
ALLOWABLE C	ONTRIBUTIONS DEDUCTIO	n			942
TOTAL CONTR	IBUTION DEDUCTION				942

FORM 990-T	NET	NET OPERATING LOSS DEDUCTION				
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
11/30/18	68,511.	0.	68,511.	68,511.		
NOL CARRYO	VER AVAILABLE THIS	YEAR	68,511.	68,511.		

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

22-1713046

HESS FOUNDATION, IN	22-	1713046				
Rart;I 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 gair or loss from Form(s) 894 Part I, line 2, column (g)	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	115,086.	6,681.			108,405.	
2 Totals for all transactions reported on Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on Form(s) 8949 with Box C checked						
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	-	4		
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5		
6 Unused capital loss carryover (attach computa			ĺ	6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	108,405.	
Part II* Long-Term Capital Gain						
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 gair or loss from Form(s) 894 Part II, line 2, column (g	9, a)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
9a Totale for all long-term transactions reported				200	1	

36.	·	1000				
to e	e instructions for how to figure the amounts enter on the lines below. Is form may be easier to complete if you not off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
_	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on					
_	Form(s) 8949 with Box F checked			<u> </u>	,	
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	
ž.	Part:III Summary of Parts I and	1 []				
16	Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	108,405.

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

Note: If losses exceed gains, see Capital losses in the instructions.

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

Schedule D (Form 1120) 2018

108,405.

17

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

22-1713046 HESS FOUNDATION, INC. Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your proker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (b) (d) (e) (c) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of lf combine the result see Column (e) Ir Code(s) with column (g) the instructions adjustment HOLOWESKO GLOBAL 30,895. 30,895. EQUITY FUND KKR REPA AIV-2 84,191. 84,191. FEEDER L.P KKR REPA AIV-3 6,681. <6,681.> FEEDER L.P 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 115,086. 6,681. 108,405.

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)