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			_		DED TO NOVI						
•	Form	990-T	E	xempt Orgai				ax Return)	OMB No 1545-0047	N
•				(ar	nd proxy tax und	er se	ction 6033(e))		•	0040	9
0			For cal	endar year 2019 or other tax yea			, and ending		_	ZU 19	66
2020	Depart	ment of the Treasury			-		ons and the latest inform		F	Open to Public Inspection for	Ç
8	Interna	Revenue Service		Do not enter SSN number				tion is a 501(c)(3).		501(c)(3) Organizations Only over identification number	ರು
_	A L	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		_ (Emp	oyees' trust, see ctions)	S
>			D-1-4	RICHARD KING MELI	ON FOUNDATION					25-1127705	*
NOV		empt under section] 501(c (1) 3)	Print or	Number, street, and room						ated business activity code	0
	=	408(e) 220(e)	Туре	500 GRANT STREET		K, 566 II	istructions.		(See ı	nstructions)	©
e Date		408A 530(a)		City or town, state or prov		r foreia	n postal code	·	1		60
65.54	į.]529(a)		PITTSBURGH, PA 1	•				90009	9	80
国国	СВоо	k value of all assets		F Group exemption numb	er (See instructions.)		N/A		•		$\widetilde{\mathcal{O}}$
ENVELOR STRIARK	1 at e	nd of year 2,296,746,	311.	G Check organization type		oration	501(c) trust	401(a) trust	Other trust	4
	H Ent	er the number of the o	organiza	tion's unrelated trades or b	usinesses. 🕨	1	Describe	the only (or first) ur	related		່ ຕິ
	trac	de or business here 🕨	SESE	E STATEMENT 20			If only one,	complete Parts I-V.	If more	than one,	
	des	cribe the first in the b	ank spa	ce at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or	
		iness, then complete l									
				oration a subsidiary in an a		it-subs	diary controlled group?	▶ l	Ye	s X No	
				ifying number of the paren	t corporation.				10 20		
		books are in care of		le or Business Inc	ome		(A) Income	one number 4 (B) Expenses		(C) Net	
		Gross receipts or sale		le of Business mo	ome , ·	·	(A) IIICOIIIC	(b) Expense:	•	(0) Net	7
		Less returns and allov			c Balance	1c					•
		Cost of goods sold (S		Δ line 7)	Codiance	2					
		Gross profit. Subtract		•		3			1		
		Capital gain net incom				4a	13,115,899.	de	-	13,115,899.	
	Ь	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b			'		
	C	Capital loss deduction	for trus	its		4c					
	5	Income (loss) from a	partners	thip or an S corporation (at	tach statement)	5	-5,480,738.	STMT 21		-5,480,738.	
7		Rent income (Schedu	•			6	·				
Z02		Unrelated debt-finance		, ,		7					
3 9				nd rents from a controlled o	•	8					
-		investment income of Exploited exempt activ		n 501(c)(7), (9), or (17) or me (Schedule I)	ganization (Schedule G)	10					
NA.		Advertising income (S				11					
→		Other income (See ins		•		12					
2		Total. Combine lines		•		13	7,635,161.			7,635,161.	
	Par			t Taken Elsewher							
SCANNED		(Deductions	must b	e directly connected with	th the unrelated busin	ess inc	come)				
3	14	Compensation of offi	cers, dii	ectors, and trustees (Sche	dule K)				14		
Ø	15	Salaries and wages		,			RECEIV	Part of	15		
	16	Repairs and mainten	ance				Manager minimate as age		16		
	17	Bad debts	ما دماری				S NOV 19;	2020	17		
	18 19	Interest (attach sche Taxes and licenses	aule) (se	ee instructions)			8 100 13	(0/0 (6)	18	242,481.	
	20	Depreciation (attach	Form 45	i62)			OG20EN,	ו דיט	19	212,101.	
	21	•		i Schedule A and elsewhere	on return		21a		21b		
	22	Depletion Size					[2,2]		22		
	23	Contributions to defe	rred cor	mpensation plans					23		
	24	Employee benefit pro							24		
	25	Excess exempt exper	ises (Sc	hedule I)					25		
	26	Excess readership co	sts (Sch	nedule J)					26		
	27	Other deductions (at		•			SEE STATEMEN	T 22	27	99,225.	
	28	Total deductions. Ad		<u> </u>					28	341,706.	
	29			come before net operating					29	7,293,455.	
	30		erating I	oss arising in tax years beg	inning on or after Januar	y 1, 20	18			0.	
	24	(see instructions)	avahla ra	nome Subtract line 20 free	m lina 20				30 31	7,293,455.	
	<u>31</u>	Officialed Dusiness L	MANIE II	come. Subtract line 30 froi	n mic 23				<u> </u>	7,255,255.	





	III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	7,293,	455.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules) STMT 24 STMT 25	34	542,	973.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	6,750,	482.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 23	36	1,862,	730.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	4,887,	752.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,	000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
•	enter the smaller of zero or line 37	39	4,886,	752.
Part		1 00 1		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	▶ 40	1,026,	218.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	1 1		
71	Tax rate schedule or Schedule D (Form 1041)	► 41		
42	Proxy tax. See instructions	42		
	•	43		
43	Alternative minimum tax (trusts only)			
44	Tax on Noncompliant Facility Income See Instructions Tatal Add lines 42 42 and 44 to line 40 or 41 whichever applies	44	1,026,	218
45 Part	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies V Tax and Payments	45	1,020,	210.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	Other credits (see instructions) 46b	\dashv \vdash		
		-		
C		"		
d			5	993.
	Total credits. Add lines 46a through 46d	46e	1,020,	
47	Subtract line 46e from line 45 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	47	1,020,	223.
48		·	1,020,	225
49	Total tax. Add lines 47 and 48 (see instructions)	49	1,020,	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 Payments: A 2018 overpayment credited to 2019 1,142,96	, 50		
		'' 		
	2019 estimated tax payments 51b 51c 350,00	. 		
		<u>"</u> -		
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	\dashv \vdash		
	Backup withholding (see instructions) 51e	\dashv \vdash		
	Credit for small employer health insurance premiums (attach Form 8941) 51f	-		
9				
	Form 4136 Other Total ► 51g			
52			1 400	067
	Total payments. Add lines 51a through 51g	52	1,492,	967.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗓 🗓	53	1,492,	967.
54	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53 54		
54 55	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	53 54 55		742.
54 55 56	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded	53 54		
54 55 56 Part	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax VI Statements Regarding Certain Activities and Other Information (see instructions)	53 54 55	472,	742.
54 55 56	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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	53 54 55		742.
54 55 56 Part	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	53 54 55	472,	742.
54 55 56 Part	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	53 54 55	472,	742. 0.
54 55 56 Part 57	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	53 54 55	472,	742. 0. No
54 55 56 Part	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	53 54 55	472,	742. 0.
54 55 56 Part 57	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	53 54 55	472,	742. 0. No
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54 55 56 Part 57	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	53 54 55 55 56	472,	742. 0. No
54 55 56 Part 57 58 59 Sign	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of fer jury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of fer jury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	53 54 55 55 56 Wledge and belief, i	Yes Yes	742. 0. No X
54 55 56 Part 57	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of forms declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge DIRECTOR	state of the preparer shows the	Yes Yes t is true, uss this return wan below (see	742. 0. No X X
54 55 56 Part 57 58 59 Sign	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of foreign J declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct non-terms has Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge DIRECTOR Title	s3 54 55 55 56 May the IRS discutte preparer show instructions)?	Yes Yes t is true, uss this return win below (see	742. 0. No X
54 55 56 Part 57 58 59 Sign Here	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of foreign J declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct non-terms has Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge DIRECTOR Title	wiedge and belief, i May the IRS discrete the preparer show instructions)? X If PTIN	Yes Yes t is true, uss this return wan below (see	742. 0. No X X
54 55 56 Part 57 58 59 Sign Here	Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 472,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of foreign J declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct non-terms has Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge DIRECTOR Title	wiedge and belief, i May the IRS discrete the preparer show instructions)? If PTIN	Yes Yes Yes Yes Yes Yes Yes	742. 0. No X X
54 55 56 Part 57 58 59 Sign Here	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax At 2,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of for jury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct and compute Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Date Check Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check Self- employed Title	wiedge and belief, in the preparer show instructions)? X	Yes Yes Yes Yes Yes Yes Yes	742. 0. No X X
54 55 56 Part 57 58 59 Sign Here	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax At 2,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of foreign J declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of foreign and companying schedules and statements, and to the best of my knowledge Print/Type preparer's name Preparer's signature Date Check self- employed firm's name Preparer's signature Date Check self- employed firm's name Preparer's signature Print/Type preparer's name	wiedge and belief, in the preparer show instructions)? X	Yes Yes Yes Yes Yes Yes Yes	742. 0. No X X
54 55 56 Part 57 58 59 Sign Here	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax At 2,742. Refunded VI Statements Regarding Certain 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 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of for jury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct and compute Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Date Check Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check Self- employed Title	wiedge and belief, in the preparer show instructions)? X	Yes Yes Yes Yes Yes Yes Yes Yes	742. 0. No X X

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6		*
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,		_
4a Additional section 263A costs			7	line 2			_ 7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		1	the organization?				
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty	')
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)		-		•				
(4)								
- -	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income in (attach schedule)
(1)		i						
(2)								
(3)								
(4)				-				
Total	0.	Total			0.	·		· · · · ·
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ictions)		•		
			2	2. Gross income from		3. Deductions directly con to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							\top	
(2)							一	
(3)							\top	
(4)						•		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n 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)				%				
						nter 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		0.
Total dividends-received deductions in	ncluded in columi	n 8		· '			T	0.

Schodule E Interest				d Donto	Erom Co	ntrollo	d Organiza	dian	25-112		Page
Schedule F - Interest,	Annuities	s, Royai	ties, an					itions	s (see in:	struction	ns)
Name of controlled organization	tion	2. Em Identifi num	cation	3. Net un	Controlled O	4. Tot	ONS lal of specified ments made	includ	rt of column 4 ded in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
				 							
(1)				ļ						\rightarrow	
(2)											
(3)					 						
(4)											
Nonexempt Controlled Organi	zations									,	
7. Taxable Income		related incon se instruction		9. Total	of specified pays made	nents	10. Part of colur in the controlli gross	mn 9 tha ing orgai s income	nization's		eductions directly connected h income in column 10
(1)	1										
(2)	1										
(3)									-		
(4)											
						·	Add colum Enter here and line 8, c		9 1, Part I,	l	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see inst		ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
1. Desc	cription of incor	me			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	esides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)					<u> </u>						<u> </u>
(4)			_		ļ						
					Enter here and Part I, line 9, co	on page 1, lumn (A)	•			- • •	Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>		0.					0
Schedule I - Exploited (see instri	_	Activity	Incom	e, Other	Than Adv	rertisin	g Income		,		
1. Description of exploited activity	2. Gunrelated income trade or b	business from	directly of with pro of uni	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	Itrade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	1				1				<u> </u>		1
(3)	1										·
(4)	<u> </u>										-
	Enter here page 1, line 10, c	Part I,	page 1	re and on I, Part I, col (8)		- '	(<u>-</u> -		'		Enter here and on page 1, Part II, line 25
Totals -		0.		0.	4	<u> </u>					0
Schedule J - Advertisi		•	nstruction								
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c	ain, comput	5. Circulat		6. Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_						
(2)],
(3)].],
(4)	1 -						_				<u></u>
Totals (carry to Part II, line (5))	•		0.	(D.						0.
					•	_					

Form 990-T (2019) RICHARD KING 1					25-1127705	Page !
Part II Income From Perio columns 2 through 7 on a			ate Basis (For ea	ich periodical liste	d in Part II, fill in	
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.		- y		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)		Þ	•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	aparanas apara pada arawa	يد سيدد ج رجيع مير	ا محمد خيست جمع جمع ج	0.

Schedule K - Compensation of Officers, Dir	ectors, and 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

Nar	18				Empl	oyer identification number
	RICHARD KING MELLON FOUNDAT	ION			25-	-1127705
Diq	the corporation dispose of any investmen		ty fund during the tax year	?		Yes X No
	es." attach Form 8949 and see its instruc					
	art I Short-Term Capital Gai					
	instructions for how to figure the amounts nter on the lines below.	(d)	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	<u> </u>	(h) Gain or (loss) Subtract
This rou	form may be easier to complete if you id off cents to whole dollars.	Proceeds (sales price)	(or other basis)	Part I, line 2, column (g	9,)	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			-		
16	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 Box C checked	16,718,235.	5,866,808.			11,050,018.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	<u></u>
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach computa	ition)			6	(
	Net short-term capital gain or (loss). Combine				7	11,050,018.
7.P	art II 📗 Long-Term Capital Gair	ns and Losses (See in	nstructions)			
to e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you do off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g		combine the result with column (g)
8a 	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
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					215,960.
	Enter gain from Form 4797, line 7 or 9				11	1,849,921.
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13	Long-term capital gain or (loss) from like-kind	l exchanges from Form 8824			13	
14	Capital gain distributions				14	
15	Net long-term capital gain or (loss). Combine		<u>h</u>		15	2,065,881.
□R	art III Summary of Parts I and	<u> </u>		 , ,		
16	Enter excess of net short-term capital gain (lin	e 7) over net long-term capital	loss (line 15)		_16	11,050,018.
17	Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line 7))	17	2,065,881.
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns		18	13,115,899.
	Note: If losses exceed gains, see Capital Loss	ses in the instructions.				

LHA

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 20
	BUSINESS ACTIVITY	

THE FOUNDATION IS A PASSIVE INVESTOR IN VARIOUS PARTNERSHIPS WHICH REPORT THE AMOUNT OF PASS-THROUGH INCOME THAT IS SUBJECT TO UNRELATED BUSINESS INCOME.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 21
DESCRIPTION	CRIPTION PASS-THROUGH UBTI FROM PARTNERSHIPS - ORDINARY INESS INCOME (LOSS)	NET INCOME OR (LOSS)
	•	-5,480,738.
TOTAL INCLUDED ON F	ORM 990-T, PAGE 1, LINE 5	-5,480,738.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 22
FORM 990-T DESCRIPTION	OTHER DEDUCTIONS	STATEMENT 22
	OTHER DEDUCTIONS	

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 23
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	1,862,730.	0.	1,862,730.	1,862,730.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,862,730.	1,862,730.

25-1127705

RICHARD KING MELLON FOUNDATION

FORM 990-T	CONTRIBUTIONS	STATEMENT 24
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TRUOMA
CASH ONLY	N/A	86,415,191.
TOTAL TO FORM 990-T, PAGE 2, I	INE 34	86,415,191.

RICHARD KING MELLON FOUNDATION

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 25
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 105,292,182 YEAR 2015 87,886,969 YEAR 2016 92,675,194 YEAR 2017 86,655,883 YEAR 2018 102,085,569		
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	474,595,797 86,415,191	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	561,010,988 542,973	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	560,468,015 0 560,468,015	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		 542,973
TOTAL CONT	RIBUTION DEDUCTION		542,973

Form **3800**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

2019 Attachment 22

dentifying number

RIC	HARD KING MELLON FOUNDATION	1	25-1127705
Pa	rt I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)	•	
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2 5,993.		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	5,993.
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C		
	checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box D		
	checked	5	
6	Add lines 1, 3, 4, and 5	6	5,993.
	rt II Allowable Credit		
7	Regular tax before credits	-	
	• Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and	l	
	Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form	1	
	1040-NR, lines 42 and 44	Ĺ,	
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	7	1,026,218.
	applicable line of your return		
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return		
8	Alternative minimum tax		
	● Individuals Enter the amount from Form 6251, line 11		
	• Corporations Enter -0-	8	0.
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	1	
	,	<u> </u>	
9	Add lines 7 and 8	9	1,026,218.
10 a	Foreign tax credit 10a		
b	Certain allowable credits (see instructions)	<u> </u>	
С	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	1,026,218.
		- **	
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	١,	
	" - i	ļ.,	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See	[]	
	instructions 13 250,305.	. *	
14	Tentative minimum tax	l: :	
	Individuals. Enter the amount from Form 6251, line 9	1	
	Corporations Enter -0- 14	'	
	Estates and trusts Enter the amount from Schedule I (Form 1041), .	. 🕦	
	line 52	٠٠٠ ــــــــــــــــــــــــــــــــــ	
15	Enter the greater of line 13 or line 14	15	250,305.
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	775,913.
17	Enter the smaller of line 6 or line 16	17	5,993.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization	نــــا	

For	rm 3800 (2019)		Page 2
Pi	art II Allowable Credit (continued)		
Not	te: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 20	6	
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
	0.141117/100.1/10		
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
22	Combine the amounts from line 3 of all Parts III with box A, O, or D checked	-22	<u> </u>
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24		24	
25	•	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21		
	or line 25	26	0.
	•		
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	775,913.
28	Add lines 17 and 26	28	5,993.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	769,920.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
24	Reserved	_, -	
31	neserved	31	
		'	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked		
	and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked		
	See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
~~	Fater the annual transfer of the CO as the CO		
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return		
	• Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51		
	Corporations Form 1120, Schedule J, Part I, line 5c		
	● Estates and trusts Form 1041, Schedule G, line 2b	38	5,993.

Form	3800 (2019)			Page 3
	s) shown on return		l	dentifying number
RICE	MARD KING MELLON FOUNDATION			25-1127705
Pa	rt III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	plete a separate Part III for each box checked below See instructions	-		
Α	General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	l Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv	ed		
ı	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combinin	g amounts from all
	Parts III with box A or B checked Check here if this is the consolidated Part III			X
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for e	e: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity	-	pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		5,993.
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	<u>1i</u>		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1)_		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	<u>1n</u>		 -
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa		1aa		 .
bb		1bb		<u> </u>
ZZ				
_	credits (see instructions)	1zz		5,993.
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		3,333.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a_	<u> </u>	
b	Work opportunity (Form 5884)	4b_	-	
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
9	Qualified railroad track maintenance (Form 8900)	49		
h	Small employer health insurance premiums (Form 8941)	4h		
1	Increasing research activities (Form 6765)	4i		
j -	Employer credit for paid family and medical leave (Form 8994)	4 <u>i</u>		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5 6		5,993.
6	ADD TIDES Z. 3. AND 3 AND EDIET DETE AND ON THE ADDITIONE LINE OF MAIT II	ו ח	l !	1 2,733,

	3800 (2019)		- I.	Page 3
Name(s) shown on return			dentifying number
_	ARD KING MELLON FOUNDATION			25-1127705
Pa	rt III General Business Credits or Eligible Small Business Credits	s (se	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	Il Business Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserv	ed		
ı	If you are filing more than one Part III with box A or B checked, complete and attach fil	st an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked Check here if this is the consolidated Part III			▶
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
	ach pass-through entity		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b	26-4289591	15.
c	Increasing research activities (Form 6765)	1c	20-4203331	15.
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e 1f		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)			
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h	<u></u>	
	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>		
k	Employer-provided child care facilities and services (Form 8882) (see instructions	a1.		
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11	-	
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
Р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		· · · · · · · · · · · · · · · · · · ·
V	Agricultural chemicals security (carryforward only)	_1v_		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		<u> </u>
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		<u> </u>
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other	4		
_	credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		15.
2				15.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		<u> </u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		_
С.	Biofuel producer (Form 6478)	4c		·
d	Low-income housing (Form 8586, Part II)	4d_		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
_	Qualified railroad track maintenance (Form 8900)			
g	·	4g		
h :	Small employer health insurance premiums (Form 8941)	4h	 	-
i	Increasing research activities (Form 6765)	4i		
J	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		15.
_6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		15,

	3800 (2019)			Page 3
Name(s	s) shown on return		t.	dentifying number
	ARD KING MELLON FOUNDATION			25-1127705
Par	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	olete a separate Part III for each box checked below See instructions			
Α	General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F Reserv	ed .		
С			II Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv			
	lf you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combining	ig amounts from all
	Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit			_
Note for ea	: On any line where the credit is from more than one source, a separate Part III is need ich pass-through entity	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	46-1148684	82.
ď	Low-income housing (Form 8586, Part I only)	1d	_	
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
ı	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	11		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1 q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		2.2
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		82.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	-	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	 	
b	Work opportunity (Form 5884)	4b		
С.	Biofuel producer (Form 6478)	4c	<u> </u>	<u> </u>
d	Low-income housing (Form 8586, Part II)	4d	 	·
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<u>4e</u>		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h :	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	41		
z	Other Add lines 4a through 47 and enter here and on the applicable line of Part II	4z	<u> </u>	
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5 6		82.

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Name(s) shown on return	le	Identifying number		
RICH	ARD KING MELLON FOUNDATION			25-1127705	
Pai	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)		
Com	plete a separate Part III for each box checked below See instructions		·-		
Α	General Business Credit From a Non-Passive Activity E Reserv	ed			
В	X General Business Credit From a Passive Activity F Reserv	ed			
С	General Business Credit Carryforwards G Eligible	Smal	l Business Credit Carryforv	vards	
D	General Business Credit Carrybacks H Reserv	ed .			
ı	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	addıtıonal Part III combının	g amounts from all	
	Parts III with box A or B checked. Check here if this is the consolidated Part III		 	<u> </u>	
Note	(a) Description of credit : On any line where the credit is from more than one source, a separate Part III is need	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)	
for ea	ach pass-through entity		pass-through entity, enter the EIN	Enter the appropriate amount	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
b	Reserved	1b			
C	Increasing research activities (Form 6765)	1c	61-1860827	492.	
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g			
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i		· -	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u> 1j</u>			
k	Employer-provided child care facilities and services (Form 8882) (see instructions	۱			
	for limitation)	1k			
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n 1o			
0	Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908)	1p			
P	Energy efficient nome (corm 6906) Energy efficient appliance (carryforward only)	1g			
q	Alternative motor vehicle (Form 8910)	1r			
r s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	Mine rescue team training (Form 8923)	1u			
v	Agricultural chemicals security (carryforward only)	10			
w	Employer differential wage payments (Form 8932)	1w			
x	Carbon oxide sequestration (Form 8933)	1x			
v	Qualified plug-in electric drive motor vehicle (Form 8936)	10			
z	Qualified plug-in electric vehicle (carryforward only)	1z			
aa	Employee retention (Form 5884-A)	1aa			
bb	General credits from an electing large partnership (carryforward only)	1bb			
zz	Other Oil and gas production from marginal wells (Form 8904) and certain other				
	credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		492.	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
þ	Work opportunity (Form 5884)	4b			
c	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
f	Employer social security and Medicare taxes paid on certain employee				
	tips (Form 8846)	4f			
g	Qualified railroad track maintenance (Form 8900)	4g			
h	Small employer health insurance premiums (Form 8941)	4h		<u> </u>	
i	Increasing research activities (Form 6765)	4i		-	
j	Employer credit for paid family and medical leave (Form 8994)	<u>4j</u>	·		
Z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		400	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	I	492.	

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Name(s	shown on return		į te	dentifying number
	ARD KING MELLON FOUNDATION			25-1127705
Par		S (see	e instructions)	
Comp	olete a separate Part III for each box checked below. See instructions			
A	General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv	ed		
C	General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryforv	vards
D [General Business Credit Carrybacks H Reserv	ed		
1 1	f you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combinin	g amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			D
Note:	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ch pass-through entity	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	83-2233039	106.
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			-
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
zz	Other Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		106.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		·
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	1		
	tips (Form 8846)	4f		<u>-</u>
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
J	Employer credit for paid family and medical leave (Form 8994)	<u>4j</u>		
Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5_		
6	Add lines 2. 2, and 5 and enter here and on the conficeble line of Part II		1	106.

Form	3800 (2019)			Page 3		
Name(s	shown on return		le	Identifying number		
RICH	ARD KING MELLON FOUNDATION			25-1127705		
Par	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)			
Com	olete a separate Part III for each box checked below See instructions					
A I	General Business Credit From a Non-Passive Activity E Reserv	ed				
в	General Business Credit From a Passive Activity F Reserv	ed				
c	General Business Credit Carryforwards G Eligible	Smal	l Business Credit Carryforv	vards		
D (General Business Credit Carrybacks H Reserv	ed				
I	f you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinin	g amounts from all		
	Parts III with box A or B checked. Check here if this is the consolidated Part III		T	▶		
Note for ea	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ich pass-through entity	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount		
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				
С	Increasing research activities (Form 6765)	1c	68-0683554	593.		
d	Low-income housing (Form 8586, Part I only)	1d				
e	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	11_				
k	Employer-provided child care facilities and services (Form 8882) (see instructions					
	for limitation)	1k				
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	<u>1n</u>				
0	Nonconventional source fuel (carryforward only)	10		<u> </u>		
Р	Energy efficient home (Form 8908)	1p_				
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910)	1r				
S	Alternative fuel vehicle refueling property (Form 8911)	1s_				
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				
٧	Agricultural chemicals security (carryforward only)	10				
w	Employer differential wage payments (Form 8932) Carbon oxide sequestration (Form 8933)	1w 1x				
х	Qualified plug-in electric drive motor vehicle (Form 8936)	1v		_		
y z	Qualified plug-in electric vehicle (carryforward only)	1z		-		
aa	Employee retention (Form 5884-A)	1aa				
bb	General credits from an electing large partnership (carryforward only)	1bb				
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other					
	credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		593.		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				
С	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee					
	tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	41				
j	Employer credit for paid family and medical leave (Form 8994)	<u>4j</u>				
z	Other	4z	<u> </u>			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5				
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6	l	593.		

	_	J (2019)		_ _	Identifying number
_		KING MELLON FOUNDATION Congress Rusiness Credits or Eligible Small Rusiness Credits			25-1127705
-	rt III	General Business Credits or Eligible Small Business Credits	s (see	e instructions)	
Com	plete	a separate Part III for each box checked below See instructions			
Α	닖	General Business Credit From a Non-Passive Activity			
В	X	General Business Credit From a Passive Activity F. Reserv			
С	\square	· · · · · · · · · · · · · · · · · · ·		I Business Credit Carryfor	wards
D	Ш	General Business Credit Carrybacks H Reserv			
l		are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combini	ng amounts from all
	Parts	Ill with box A or B checked Check here if this is the consolidated Part III			
Note for e	e: On ach p	(a) Description of credit any line where the credit is from more than one source, a separate Part III is need ass-through entity	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Inve	stment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Res	erved	1b		
С	Incr	easing research activities (Form 6765)	1c	81-4627370	154.
d	Low	r-income housing (Form 8586, Part I only)	1d		
е	Disa	ibled access (Form 8826) (see instructions for limitation)	1e		
f	Ren	ewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	India	an employment (Form 8845)	1g		
h	Orp	han drug (Form 8820)	1h		
i		markets (Form 8874)	11		
j		all employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k		oloyer-provided child care facilities and services (Form 8882) (see instructions			
	•	imitation)	1k		
1		diesel and renewable diesel fuels (attach Form 8864)	11	<u> </u>	-
m		sulfur diesel fuel production (Form 8896)	1m		
n		illed spirits (Form 8906)	1n		
0		conventional source fuel (carryforward only)	10		
р		rgy efficient home (Form 8908)	1p		
q		rgy efficient appliance (carryforward only)	1q		
r		mative motor vehicle (Form 8910)	1r		
s		rnative fuel vehicle refueling property (Form 8911)	1s		
t		anced oil recovery credit (Form 8830)	1t		
u		e rescue team training (Form 8923)	1u		
v		cultural chemicals security (carryforward only)	1v		
w	-	oloyer differential wage payments (Form 8932)	1w		
×	-	on oxide sequestration (Form 8933)	1x		
		lified plug-in electric drive motor vehicle (Form 8936)	1y		
y		lified plug-in electric drive motor verifice (commosco)			<u> </u>
z		ployee retention (Form 5884-A)	1z		
		· · · · · · · · · · · · · · · · · · ·	1aa		
		eral credits from an electing large partnership (carryforward only) er Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
~~		lits (see instructions)	4		
2		lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		154.
2			2		134.
3		er the amount from Form 8844 here and on the applicable line of Part II	3		,
4a		stment (Form 3468, Part III) (attach Form 3468)	4a		
b		k opportunity (Form 5884)	4b		
С		uel producer (Form 6478)	4c		
d		-income housing (Form 8586, Part II)	4d		
e		ewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f		oloyer social security and Medicare taxes paid on certain employee			
	-	(Form 8846)	4f		
g		lified railroad track maintenance (Form 8900)	4g		
h		Ill employer health insurance premiums (Form 8941)	4h		
1		easing research activities (Form 6765)	4i		ļ <u>.</u>
j	Emp	loyer credit for paid family and medical leave (Form 8994)	4j	=	
z	Othe	er	4z		
5	Add	lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add	lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		154.

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Name(s) shown on return	-	le le	dentifying number
RICH	ARD KING MELLON FOUNDATION			25-1127705
Pai	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserv	ed		
В	X General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	l Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv	ed	•	
ı	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combinin	g amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			▶ □
Note	(a) Description of credit : On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	, ,	
b	Reserved	1b		
	Increasing research activities (Form 6765)	1c	47-1245315	4,549.
c d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e	<u>.</u>	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		-
	Indian employment (Form 8845)	1g		
9	Orphan drug (Form 8820)	1h		
h i	New markets (Form 8874)	1i		
•	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
J K	Employer-provided child care facilities and services (Form 8882) (see instructions	<u> </u>		
•	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1g		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	-	
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa		1aa		
bb		1bb		
zz				
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		4,549.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4i		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6		4.549.

Form	3800 (2019)			Page 3
Name(s) shown on return		le	dentifying number
RICE	ARD KING MELLON FOUNDATION			25-1127705
Pa	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	plete a separate Part III for each box checked below See instructions.			
Α	General Business Credit From a Non-Passive Activity E 🔲 Reserv	ed		
В	X General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv	ed		
1	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combinin	g amounts from all
	Parts III with box A or B checked Check here if this is the consolidated Part III		· · · · ·	
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for e	ach pass-through entity	ı	pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b	95-4521152	2
С	Increasing research activities (Form 6765)	1c	95-4521152	2.
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e_		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i	<u></u>	
]	Small employer pension plan startup costs (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions	<u>1j</u>		
k		1k		
	for limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	11		
' ~	Low sulfur diesel fuel production (Form 8896)	1m		
m n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb		1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		2.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	<u>4a</u>		
b	Work opportunity (Form 5884)	4b		-
c	Biofuel producer (Form 6478)	4c		
ď	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e_		
f	Employer social security and Medicare taxes paid on certain employee	1 44		
_	tips (Form 8846)	4f		· -
g	Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	4g 4h		
h :	Increasing research activities (Form 6765)	4n 4i		<u> </u>
i	Employer credit for paid family and medical leave (Form 8994)	4i 4j		
J Z	Other	4z		
5 5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6		2.

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. OMB No 1545-0074

Name(s) shown on return

RICHARD KING MELLON FOUNDATION

Social security number or taxpayer identification no.

25-1127705

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

broker and may even tell you which box to check [Partil | 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 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (h) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (f) (g) Amount of combine the result see Column (e) ır Code(s) with column (g) the instructions adjustment FROM SCHEDULE K-1: (FORM 196,161. 1065) FORM 6781, PART I 2,430. SALE OF OAKTREE CAPITAL GROUP HOLDING UNITS 08/23/19 09/30/19 16,718,235 5,866,808, 10 851 427.

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

16,718,235.

5,866,808.

11,050,018.

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

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

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

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RICHARD KING MELLON	25-1	25-1127705					
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ation as Form 10	you received any 99-B Either will s	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from ye r cost) was re	our broker A su eported to the IF	bstitute 3S by your
Part II Long-Term. Transact	ions involving capita						
Note You may aggregate a codes are required. Enter the							
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bo	X. If more than one b	ox applies for your long	term transactions, compl	ete a separate Fo	rm 8949, page 2, for	each applicable box
(D) Long-term transactions re	· -						
(E) Long-term transactions re	. ,	•	•	•		-,	
(F) Long-term transactions no	•		•				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss. If you in column (g	if any, to gain or enter an amount), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr.)	disposed of (Mo , day, yr)	, ,	Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
FROM SCHEDULE K-1: (FORM	 					adjustment	,
1065)							212,314.
FORM 6781, PART I	-			1			3,646.
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2 Totals. Add the amounts in colunegative amounts) Enter each to Schedule D, line 8b (if Box D ab	otal here and incluove is checked),	ide on your line 9 (if Box E					
above is checked), or line 10 (if	Box F above is ch	necked)					215,960.

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

above is checked), or line 10 (if Box F above is checked)