OMB No. 1545 0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number (Employees' trust, see instructions)

Unrelated business activity code (See instructions)

26-1380672

28

29

30

3

TFFA0201L 1/31/19

2,453

2,453

-820,407

-820,407.

Form 990-T (2018)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Tom T East Sr and Alice K East and Alice

H East and Robert C East Wildlife Fnd

► Go to www irs.gov/Form990T for instructions and the latest information.

Check box if name changed and see instructions)

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending

200 Concord Plaza Drive #410

San Antonio, TX 78216

Form **990-T**

Department of the Treasury Internal Revenue Service

408(e)

Check box if

B Exempt under section Sol(c) 3)

address changed

220(e)

Total deductions. Add lines 14 through 28.

BAA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income Subtract line 31 from line 30

29

Print

or

	-	(2018) Tom T East Sr and	Alice K East and Ali	ce	26-13	80672 Page 2
Par	t/M	Total Unrelated Business Tax	able Income			
33		of unrelated business taxable income octions)	computed from all unrelated trade	es or businesses (se	ee / 33	-820,407.
34	Amou	ints paid for disallowed fringes			34	
35		ction for net operating loss arising in ta			.]	
		ctions)		See Statement		
36		of unrelated business taxable income t es 33 and 34	pefore specific deduction. Subtra-	ct line 35 from the s	um 36	-820,407.
27					37	020,407.
		fic deduction (Generally \$1,000, but se ated business taxable income. Subtract			<u> </u>	
30		the smaller of zero or line 36	t little 37 from little 30 fr fille 37 f	s greater than line s	0, 11 25 1 38	-820,407.
IP 37		Tax Computation			1, / 1	020/1011
		nizations Taxable as Corporations. Mu	Itiply line 38 by 21% (0.21)		<u> </u>	1 0.
	-	s Taxable at Trust Rates. See instruction		tax on the amount		÷
		e 38 from Tax rate schedule or	Schedule D (Form 1041)		► 40	4
4 1		tax. See instructions	concadio 5 (i cimi fo fi)		► 4i	
	-	native minimum tax (trusts only)			42	
		n Noncompliant Facility Income. See	nstructions		43	
		Add lines 41, 42, and 43 to line 39 or			44	0.
			40; Whichever applies			
		Tax and Payments in tax credit (corporations attach Form	1119 trusts attach Form 1116)	45a		·
		credits (see instructions)	1116, trusts attach Form 1116)	45 b		i
		ral business credit Attach Form 3800 (see instructions)	45 c		i
		t for prior year minimum tax (attach Foi	•	45d		
		credits. Add lines 45a through 45d	3331 01 3327)	134	45 e	0.
		act line 45e from line 44		1	46	0.
		taxes Check if from Form 4255	Form 8611 Form 8697 Fo	orm 8866		
		ther (attach schedule)			47	
48		tax. Add lines 46 and 47 (see instruction	ons)		481	0.
49	2018	net 965 tax liability paid from Form 965	-A or Form 965-B, Part II, colum	n (k), line 2	49	
50 a	Pavm	ents A 2017 overpayment credited to 2	2018	50 a		<u></u>
	-	estimated tax payments		50b		
		eposited with Form 8868		50 c		
ď	Foreig	n organizations Tax paid or withheld a	at source (see instructions)	50 d		
е	Backu	ip withholding (see instructions)		50 e		
f	Credit	for small employer health insurance p	remiums (attach Form 8941)	50 f		
g	Other	credits, adjustments, and payments	Form 2439			
	F	orm 4136 Othe	er Total	► 50 g		j
51	Total	payments. Add lines 50a through 50g			51	0.
52	Estim	ated tax penalty (see instructions) Che	eck if Form 2220 is attached		▶	
53	Tax d	ue. If line 51 is less than the total of lin	es 48, 49, and 52, enter amount	owed	▶ 53	
54	Overp	ayment. If line 51 is larger than the tot	al of lines 48, 49, and 52, enter a	amount overpaid	▶ 54	
55	Enter	the amount of line 54 you want Credit	ed to 2019 estimated tax 🟲		Refunded ► 55	_
Part	WI.	Statements Regarding Certain	Activities and Other Infor	mation (see instru	ctions)	
		time during the 2018 calendar year, did the				Yes No
	financ	ial account (bank, securities, or other) in a fo	oreign country? If 'Yes,' the orgai	nization may have to	file FinCEN Form	n 114,
	Report	of Foreign Bank and Financial Accounts	If 'Yes,' enter the name of the forei	gn country here	-	X
57	During	the tax year, did the organization rece	eive a distribution from, or was it	the grantor of, or tra	ansferor to, a fore	eign trust? X
	If 'Yes	,' see instructions for other forms the orga	nızatıon may have to file			
58	Enter	the amount of tax-exempt interest received	d or accrued during the tax year	\$	0.	
		Under penalties of perjury, I declare that I have expelief, it is true, por ect, and complete Declaration	mined this return, including accompanying s	chedules and statements, a	and to the best of my knowle	nowledge and
Sign	1		108.22.20W	President &	CEO May th	e IRS discuss this return with
Here	•	Signature of officer	Date	Title		eparer shown below (see tions)? X Yes No
		Duratifican assessed	Oceaning areas	I Date		
Paid		· · ·	Breparer's signature	Date	Cineck "	PTIN
Pre-		Jody Blazek	THE COL	9 6.18.20		200072674
pare	r	Firm's name Blazek & Vetter			Firm's EIN 76-	0269860
Use Only	,	Firm's address 2900 Weslayan,	•			110) 400 550
	'	Houston, TX 770)27-5132	 -	Phone no (7	13) 439-5739
BAA			TEEA0202L 01/24/19			Form 990-T (2018)

Form 990-T (2018) Tom T E	ast Sr an	d Alice K E	Cast and Alie	ce		26-13	80672	Р	age :
Schedule A - Cost of Goo					***				
1 Inventory at beginning of ye		1			at end of year	6			
2 Purchases			oods sold. Subtract						
3 Cost of labor		3			m line 5 Enter here	-	-		
4 a Additional section 263A costs (attac	:h schedule)			and in Part I, line 2			<u>. </u>	Yes	N.
		4 a		Da Aba w	des of section 262A	طاء		res	No
b Other costs (attach sch)		4 b		8 Do the rules of property prod					
5 Total. Add lines 1 through 4	b	5			ganization?		,,		Х
Schedule C - Rent Income	e (From Rea	l Property an	d Personal Pro	perty L	eased With Real	Prop	erty) (see II	nstructi	ions)
1 Description of property					-	_			
(1)			•					-	
(2)	-								
(3)			•						
(4)									
	2 Rent receiv	ed or accrued			3(a) Doduot	one dir	aatlu sannas	otod wyt	·h
(if the percentage of rent for personal (if the			eal and personal pentage of rent for pentage of rent for pentage of the following serious profit or incomposition of the following pentage of the	personal e rent is	(attach cahadula)				
(1)									
(2)									
(3)							•		
(4)	···								
Total		Total							
(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)				(b) Total deductions Enter here and on page 1, Part i, line 6, column (B)					
Schedule E - Unrelated De	ebt-Finance	d Income (see	instructions)						
1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property		3 Deductions directly connected with or alloca debt-financed property			allocabl	le to
							(b) Other de (attach sc		
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5		7 Gross income reportable (column 2 column 6)	2 x	Allocable d (column 6 x columns 3(a)	x total o	of	

Totals
Total dividends-received deductions included in column 8

(1)

(2)

(3)

BAA

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

Form 990-T (2018)

왕

%

Schedule F - Interest, A	nnuiti	es, Royalti	es, a	and Re	nts Fro	m (Controlled (Orga	nizations	(see ins	structions)	
			Exer	npt Cor	trolled O	rgan	ızatıons					. 7	
organization ' ident		Employer ntification number		Net un income ee instri			4 Total of specified payments made		5 Part of column of that is included in the controlling organization's gross income		n c	eductions directly onnected with ome in column 5	
(1)	-				1			•	-				
(2)	•		,			Ï					_		
(3)								•				- '	
(4)													
Nonexempt Controlled Organiza	ations							,					
7 Taxable Income	† inc	et unrelated come (loss) instructions)	9	9 Total of specified payments made			10 Part of colui included in the organization's g		controlling	, 0	11 Deductions directly connected with income in column 10		
(1)							•	_	• • •				
(2)												<u> </u>	
(3)		·										_ <u></u>	
(4)				<u> </u>						_			
Totals	• .			, `	·.		Add columns here and on p 8,*co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B)	
Schedule G - Investmen	t Inco	me of a Se	ctio	n 5016	c)(7) (9	<u> </u>	r (17) Orga	nizati	inn /saa ins	truction	(c)		
1 Description of income			ount of income di		3 dire	Ded ctly o	Deductions ctly connected ich schedule)		4 Set-asides (attach schedule		5 Total set-as	otal deductions and t-asides (column 3 plus column 4)	
(1) •					<u>`</u>		<u>,</u>						
(2)		<u> </u>								_	-		
(3)						4				7		15	
(4)					•				•				
Totals	>	Enter herè an Part I, line 9,	colui	mn (A)			A la trace				Part I, II	re and on page 1, ne 9, column (B)	
Schedule I — Exploited E	xemp	t Activity Ir	icon	ne, Oti	ner Tha	n A	dvertising	Incor	ne (see ins	tructions	5)		
1 Description of exploited a	tctivity	2 Gross unrelate busines income fro trade o busines	ed s om r	conne prod of u	ises directly acted with duction nrelated ass income	from or b 2 mi	et income (loss) of unrelated trade usiness (column anus column 3) of gain, compute this 5 through 7	' activi unrela	s income from ity that is not ated business income	attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		-											
(2)												٠ ه ١	
(3)			•					•	F				
(4)			-			,				•			
Totals		Enter here on page Part I, line column (1, 10,	on p	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26	
Schedule J – Advertising	Inco	me (see inst	ructio	ins)		A		;	1		. ,	٠,	
Part I Income From Per					nsolida	ted	Basis		,				
1 Name of periodical	`,	2 Gross advertisii income	;	3 D adve	Direct ertising osts	4 Ac (los	dvertising gain or iss) (col 2 minus ol 3) If a gain, ompute cols 5 through 7		rculation ncome		dership ists	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1) .		•					Fred Asi		•				
(2)			•		• •					•			
(3)	•	1.											
(4)		 -				289							
Totals (carry to Part II, line (5))	, ,				ħ				,a	<u> </u>	·• -		
DAA					E402041	12/21/	10 .				F	orm 990-T (2018)	

Form 990-T (2018)

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

BAA

26-1380672 Rantill 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 3 Direct advertising costs 7 Excess readership costs (col 6 minus col 5, but not more than col 4) 2 Gross advertising 5 Circulation 6 Readership income costs 1 Name of periodical income (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part II, line 27 on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business 3 Percent of 1 Name 2 Title time devoted to business 잏 읭 % 읭

TEEA0204 L 12/31/18

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 1120)

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

2018

Employer identification number

Tom T East Sr and Alice K East and Alice H East and Robert C East Wildlife Fnd 26-1380672 Partill Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to (g) Adjustments (h) Gain or (loss) (d) Proceeds (e) Cost enter on the lines below. to gain or loss from Sùbtract column (e) from Form(s) 8949, Part I, column (d) and combine the This form may be easier to complete if you round (sales price) (or other basis) line 2, column (g) result with column (g) off cents to whole dollars 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 adjust-ments (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 Totals for all transactions reported on Form(s) 8949 with **Box B** checked Totals for all transactions reported on Form(s) 8949 with Box C checked 9,590 9,590. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 6 Unused capital loss carryover (attach computation) 9,590. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Partil Long-Term Capital Gains and Losses (See instructions) (g) Adjustments (h) Gain or (loss) See instructions for how to figure the amounts to (e) to gain or loss from Form(s) 8949, Part II enter on the lines below. Subtract column (e) from Cost Proceeds column (d) and combine the result with column (g) (or other basis) This form may be easier to complete if you round (sales price) line 2, column (g) off cents to whole dollars 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 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with **Box F** checked 44,597 44,597. 11 147,861. 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 192,458. 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 Partilla Summary of Parts/I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 9,590. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 192,458. 18 202,048. 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital losses in the instructions

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545 0074

2018

Attachment Sequence No 12A

SSN or taxpaver identification number

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

Tom T East Sr and Alice K East and Alice

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

26-1380672

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

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

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	If you enter ar	If any, to gain or loss n amount in column (g) code in column (f) parate instructions	Gain or (loss) Subtract column (e)
		(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
UBTI - Sch K-1 (Fo	rm 1065) -	Carlyle Pow	er Partners 35.	II O.			35.
UBTI - Sch K-1 (Fo	rm 1065) -	CCAP Fund 6		0.			7.
UBTI - Sch K-1 (Fo	rm 1065) -	CF Cap Natu	ral Res Pti	s IX			
UDDI Cab V 1 /E	10(5)	Makana Cani	37.	0.			37.
UBTI - Sch K-1 (Fo	1065) -	макена сарі	9,502.	0.			9,502.
UBTI-Form 6781			9.	0.			9.
•			-				
					_		
							
							
			<u> </u>				
2 Totals. Add the amoun (subtract negative amounclude on your Schedichecked), line 2 (if Bosen C above is checked)	ounts) Enter each ule D, line 1b (if B x B above is check	total here and ox A above is	9,590.	0.		0.	9,590.

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

Form	8949	(201)	8)

Box F above is checked)

Attachment Sequence No 12A Page 2

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

SSN or taxpayer identification number

Tom T East Sr and Alice K East and Alice

26-1380672

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or Form 8949, page 2, for ea complete as many forms	ich applicable box	If you have more I	ong term transac				of the boxes,
·—	actions reported on Fo	•		ed to the IRS (see N	lote above)		
H'' *	sactions reported o	• •	•				
X (F) Long-term tran	sactions not report	ed to you on Form	1099-B				
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, i' If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
		(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
UBTI - Sch K-1 (Form 1065) -	CCAP Fund 6	-2015 LP 186.	0.			186
UBTI - Sch K-1 (Form 1065) -	CF Cap Natu	ral Res Pti 111.	s IX 0.			111
UBTI - Sch K-1 (Form 1065) -	Makena Capi		r X 0.			44,286
UBTI-Form 6781			14.	0.			14.
						-	
						. –	
							_
						_	
			_				
				-			
2 Totals. Add the amoun (subtract negative amoun include on your Schedi	unts) Enter each t ule D, line 8b (if B o	otal here and x D above is			And the second second		

44,597. 44,597. 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

0.1

2018

Federal Statements

Page 1

Tom T East Sr and Alice K East and Alice H East and Robert C East Wildlife Fnd

26-1380672

Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

<u>Name</u>	 Gross Income	<u>De</u>	ductions	 Income (Loss)
Black Stone Minerals LP (Comm units) Black Stone Minerals LP (Sub units) Carlyle Power Partners II CCAP Fund 6-2015 LP CCAP Fund 8-2015, LP CCAP Fund 8-2016, LP CF Capital Natural Resource Ptrs IX CP VI Bella LP CP VI Denver LP CP VI Evergreen LP CP VI Evergreen LP CP VI Raptor LP Makena Capital Splitter X, LP Reservoir Resource Partners TE LP	\$ 19,022. 31,76624,821. 5942,0634,769. 247,952. 11,78225,740. 2,5324795,863196,814. 1,280.		0. 0. 3,332. 1,537. 95,627. 400,915. 0. 0. 0. 757,209. 0. Total	19,022. 31,76628,1535933,600100,396152,963. 11,78225,740. 2,5324795,863954,023. 1,2801,204,242.

Statement 2 Form 990-T, Part II, Line 28 Other Deductions

Tax compliance

Total \$ 2,453.

Statement 3 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously <u>Used</u>	Loss Available
9/30/13 9/30/14 9/30/16 9/30/18 Net Operating Loss Ava Taxable Income Net Operating Loss Dec		0. 0. 0.	\$ 53,385. 106,232. 467,315. 138,416. \$ 765,348. \$ -820,407.