30

(see instructions)

		rīnis	NDED TO NOV	rio M t	מסס 16	3				29	
Form <b>990-T</b>	[ F	Exempt Orga	nization Bus	sine	ess Inco	nme T	ax Retur	n l	OM8 No 1545-0047	ಹ	
Form 330-1	•		nd proxy tax und	ler se	ection 603	3(e))	ax Hotal	' 1	00.40	9	
	For ca	lendar year 2019 or other tax y		2019	<b>ು</b>						
O the state of the Toron	ļ	► Go to www	_		3						
Department of the Treasury Internal Revenue Service	<b></b>	Do not enter SSN numb	ers on this form as it ma	y be m	ade public if y	our organiza	ation is a 501(c)(3	).	Open to Public Inspection 501(c)(3) Organizations Or	4	
A Check box if		Name of organization (	Check box if name of	change	d and see instr	ructions.)		D Emp	oloyer identification number ployees' trust, see	0 0	
address changed		DARLA MOORE	AND RICHAR	D F	TAWNIAS	ER			instructions)		
B Exempt under section	Print	FOUNDATION				_			<u>27-3130736</u>	ુ સ	
$\boxed{\mathbf{X}}$ 501(c $9$ 3)	Type	Number, street, and roor		x, see	instructions.			E Unre (See	elated business activity cod- instructions)	Õ	
408(e)220(e)	1,700	133-B E. MA				<del> </del>		_		4	
408A 530(a)		l .	ovince, country, and ZIP of	or forei	gn postal code					Ö	
529(a)	<u> </u>	LAKE CITY,					÷	523	3000		
C Book value of all assets at end of year	<i>-</i> -	F Group exemption num		<u> </u>						-4	
h ————————————————————————————————————		G Check organization typ			n 50	11(c) trust		) trust	Other trust	- 1	
H Enter the number of the	-			1			he only (or first) u			-	
		EE STATEMENT					complete Parts I-V.				
describe the first in the b		ice at the end of the previo	us sentence, complete Pa	arts i ai	na II, complete	a Schedule	M for each additio	nai trao	e or		
business, then complete		-V. poration a subsidiary in an	offiliated argue or a sec-	nt out	oldiary control	ad arcus?			es X No	_	
		oration a subsidiary in an tifying number of the pare		กเ-รขอ:	sidiary controli	ea group?	-	Y	es LA_ No		
J The books are in care of					·	Talanho	ne number 🕨 S	3/13_	-665-5900	_	
		de or Business Inc		·····	(A) Inc		(B) Expense		(C) Net	_	
1a Gross receipts or sale				Ι	(11)		(5) 2		(0)	_	
b Less returns and allow		·	c Balance	1c	}				!		
2 Cost of goods sold (S		A line 7)	, v buildings	2						_	
3 Gross profit. Subtract		•		3						_	
4 a Capital gain net incom				4a	432	,227.		•	432,227	-	
		a(t II, line 17) (attach Forn	ո 4797)	4b		/				_	
c Capital loss deduction		•	,	4c						_	
5 Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5	551	,372.	STMT 1	2	551,372	<u>-</u>	
6 Rent income (Schedu	le C)			6						_	
7 Unrelated debt-finance	ed incom	ne (Schedule E)		7							
8 Interest, annuities, roy	alties, a	nd rents from a controlled	organization (Schedule F)	8						_	
9 Investment income of	a sectio	n 501(c)(7), (9), or (17) o	rganization (Schedule G)	9						_	
10 Exploited exempt active	-	` '		10						_	
11 Advertising income (S		•		11						_	
12 Other income (See ins		•		12						_	
13 Total, Combine lines				13		<u>,599.</u>			983,599	<u>•</u>	
		ot Taken Elsewher be directly connected w				ductions)					
		-				·		1	24 176	_	
	cers, dir	ectors, and trustees (Sche	dule K)					14	24,176	<u>•</u>	
Salaries and wages								15		_	
Repairs and mainten	ance		REC	FIV	FD			16		-	
17 Bad debts	dula) /aa	a instructions)			70			17		_	
18 Interest (attach sched	Jule) (Se	e instructions)	9 101	9 2	18t			19	21,554	_	
Salaries and wages Repairs and mainten Repairs	Form 45	.62)	NON 2	6 9 7		20		13	21,334	<u>.</u>	
21 Less denreciation de		Schedule A and elsewher				20 21a		21b			
22 Depletion	cu UII	Concourt A and cisewild!		EN,	<u>, Ul</u>	~ ' "		22	<u> </u>	_	
Depletion Contributions to defe Employee benefit pro Excess exempt expen Excess readership co	rred con	nnensation plans	<u> </u>					23		_	
Employee benefit pro		nponouton plans						24		_	
25 Excess exempt expen	-	hedule I)						25		_	
26 Excess readership co		•						26		_	
27 Other deductions (att		•			SEE	STATE	MENT 13	27	563,331.	- •	
28 Total deductions Ad						<del>-</del>		28	609,061.		
		coma hafora nat operating	Ince deduction Subtract	line 2	R from line 12			20	374 538	-	

Form **990-T** (2019)

30 31 374,538.

SEE STATEMENT 14

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

Unrelated business taxable income. Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form 99	90-T (2019) DARLA MOORE AND CHARD RAINWATER FOUNDATIO		27-313	30736 Page
Part	t III Total Unrelated Business Taxable Income			<del></del>
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	0.
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules) STMT 16 STMT 17		34	0.
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	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<u>_ :</u>	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<u> </u>	37	
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	0.
	t IV Tax Computation			
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	<b>▶</b> <u>'</u>	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1	Ì	
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> <u></u>	41	
	Proxy tax See instructions	<b>▶</b> <u></u>	12	
43	Alternative minimum tax (trusts only)	4	43	
44	Tax on Noncompliant Facility Income See Instructions		14	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part	Tax and Payments		<del></del>	
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a			
	Other credits (see instructions) SEE STATEMENT 15 46b	5,112.		
C	General business credit. Attach Form 3800 46c	70,449.		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 46a through 46d	4	6e	<u>75,561.</u>
47	Subtract line 46e from line 45	4	17	0.
48	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule) 4	18	
49	Total tax Add lines 47 and 48 (see instructions)		19	<u> </u>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	<del></del>	50	0.
51 a l		760,000.	1	
	· · · · · · · · · · · · · · · · · · ·	325,000.	J	
C	Tax deposited with Form 8868			
d i	Foreign organizations: Tax paid or withheld at source (see instructions) 51d			
	Backup withholding (see instructions) 51e			
f (	Credit for small employer health insurance premiums (attach Form 8941)  51f			
g (	Other credits, adjustments, and payments: Form 2439			
Ł	Form 4136 Other Total ▶ 51g			
	Total payments. Add lines 51a through 51g	5	$\frac{2}{1,5}$	<u>85,000.</u>
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	. —	3	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<u>▶ 5</u>		05 000
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<u>► 5</u>		<u>85,000.</u>
	<del></del>		6	0.
Part				<del></del>
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			.,
	here •			X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	gn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			1 1
	Enter the amount of tax-exempt interest received or accrued during the tax year   S  Under penalties of perjury 1 declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowledge	re and belief it	is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	dge	ge and belief, it	
Here	Nulsely DIDE		e IRS discuss t	
	Signature of officer    X     20   16     Signature of officer   Date		parer shown be	
	,		PTIN	Yes No
	Print/Type preparer's name Praparer's signature Date		PIN	
Paid	SHARON C. NORRIS	self- employed	P0010	6171
Prepa	In a standardonopologica tro	Furmin CIAL	57-07	
Use C		Firm's EIN ►	<u> </u>	1020T
		Phone no. 843	-66	5900
923711 0		Lanone no. 043		9 <b>90-T</b> (2019)
323111 0	1 1		Fun s	, (2019)

27-3130736

Page 3

DARLA MOORE A RICHARD RAINWATER Form 990-7 (2019) FOUNDATION

Schedule A - Cost of Good	ds Sold. Enter	method of inve	entory valuation   N/2					
1 Inventory at beginning of year	1		6 Inventory at end of ye			6		
2 Purchases	2		7 Cost of goods sold S		ine 6			
3 Cost of labor	3		from line 5. Enter her					
4 a Additional section 263A costs			line 2			7		
(attach schedule)	_4a		8 Do the rules of section	n 263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					<u></u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	y)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			and personal property (if the percen personal property exceeds 50% or i int is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) ai		cted with the income in attach schedule)	n
(1)								
(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)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)					
			2 Gross income from or allocable to debt-	(2)	3 Deductions directly con to debt-finance		perty	
Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	S
(1)			<del>                                     </del>	<b> </b>				
(2)							<del></del>	
(3)								
(4)						1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8 Allocable deductions of x total of column 6 x total of column 3(a) and 3(b))	
(1)		<del></del>	%	<b> </b>				
(2)			%	<del>                                     </del>				
(3)			%					
(4)			%			1		
					ter here and on page 1, art I, line 7, column (A)		nter here and on page Part I, line 7, column (E	
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	8	•		<u> </u>	1		0.

Schedule F - Interest,		<u>, ,,</u>		Controlled O		<u>-</u> -		_ 1300 111		,	
1 Name of controlled organize	ation 2	. Employer lentification number		nrelated income e instructions)		otal of specified iments made	ınclu	art of column 4 ded in the con ization s gross	tralling	6. Deductions directly connected with income in column 5	
			1	<del></del> -							
(2)											
_(3)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income	8. Net unrelated (see instru		9. Tota	of specified payi made	nents	in the controll		ig organization's with		eductions directly connected th income in column 10	
(1)				<del></del>							
(2)											
(3)											
(4)											
						Add colum Enter here and line 8, c	on pag	e 1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					<b></b>			0.		0	
Schedule G - Investme		a Section	n 501(c)(	7), (9), or (	17) Oı	rganization	)				
(see inst	ructions)					3 Deduction				5 Total deductions	
<del></del>	cription of income			2. Amount of	income	directly conne (attach sched	cted	ted 4. Set-asides		and set-asides (col 3 plus col 4)	
(1)			<u> </u>								
(2)					_					<del></del>	
(3)	·					<u>.                                      </u>		-		<del> </del>	
(4)	<u> </u>			Enter here and o Part I, line 9, col			L		Enter here and on page 1 Part I, line 9, column (B)		
Totals			•		0.					0.	
Schedule I - Exploited (see instri		ity Incom	ne, Othe	r Than Ad		ng Income	)				
		2.5		4 Net incom	e (loss)					7.5	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	spenses connected roduction related ss income	from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	page '	re and on 1, Part I, , col (B)					•		Enter here and on page 1 Part II line 25	
otals <b>•</b>		) ,	0.							0.	
Schedule J - Advertisi											
Part I Income From I	Periodicals R	eported o	n a Con	solidated	Basis						
1 Name of periodical	2 Gros advertisi income	ng adv	3 Direct ertising costs	4 Advertis or (loss) (co col 3) If a gai cols 5 thr	2 minus n, comput	5 Circulati e income	on	6. Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					-					.,,-	
(2)											
(3)											
(4)											
otals (carry to Part II, line (5))	▶	0.	0	_}		ł			}	0.	

Form 990-T (2019) FOUNDATION 27-31307

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)				<del></del>		
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) DARLA D. MOORE	TRUSTEE/CHAIR	20.00%	6,896.
(2) MARION S. FOWLER, III	PRESIDENT/CEO	20.00%	17,280.
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	24,176.

Form 990-T (2019)



FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 11 BUSINESS ACTIVITY

PASSTHROUGH INVESTMENTS (PLEASE SEE ATTACHED)

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION	NET INCOME OR (LOSS)
DAVIDSON KEMPNER - ORDINARY BUSINESS INCOME (LOSS)	937.
RWM CHAMBERS - ORDINARY BUSINESS INCOME (LOSS)	8,315.
RWM CHAMBERS - OTHER INCOME (LOSS)	-72,160.
LIME ROCK PARTNERS VIII - ORDINARY BUSINESS INCOME (LOSS)	-79,640.
LIME ROCK PARTNERS VIII - OTHER INCOME (LOSS)	-9,257.
TRIPOST CAPITAL HSR - ORDINARY BUSINESS INCOME (LOSS)	-140,636.
TRIPOST CAPITAL HSR - OTHER INCOME (LOSS)	-2,778.
TRIPOST CAPITAL RCG - ORDINARY BUSINESS INCOME (LOSS)	-69,968.
TRIPOST CAPITAL RCG - OTHER INCOME (LOSS)	-161,075.
BAYSWATER ELGIN - ORDINARY BUSINESS INCOME (LOSS)	-94,852.
RESERVOIR CAPITAL GROUP - ORDINARY BUSINESS INCOME (LOSS)	23.
RESERVOIR CAPITAL GROUP - OTHER INCOME (LOSS)	-28.
CRESTVIEW PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	-286,092.
CRESTVIEW PARTNERS - OTHER INCOME (LOSS)	-48,301.
PIER 39 - ORDINARY BUSINESS INCOME (LOSS)	498,086.
MOORE AND SOUTH PIER - ORDINARY BUSINESS INCOME (LOSS)	-209,170.
CRESTVIEW PARTNERS III - ORDINARY BUSINESS INCOME (LOSS)	236,586.
CRESTVIEW PARTNERS III - OTHER INCOME (LOSS)	-55,368.
CRESTVIEW PARTNERS II (FF) - ORDINARY BUSINESS INCOME	
(LOSS)	325,516.
CRESTVIEW PARTNERS II (FF) - OTHER INCOME (LOSS)	-114,526.
CRESTVIEW PARTNERS II - ORDINARY BUSINESS INCOME (LOSS)	1,088,930.
CRESTVIEW PARTNERS II - OTHER INCOME (LOSS)	-379,227.
SFF REALTY FUND II - OTHER INCOME (LOSS)	-23,958.
RESERVOIR CAPITAL PARTNERS (CAYMAN) - ORDINARY BUSINESS	
INCOME (LOSS)	144,545.
RESERVOIR CAPITAL PARTNERS (CAYMAN) - OTHER INCOME (LOSS)	459.
PAINE SCHWARTZ FOOD CHAIN FUND V - ORDINARY BUSINESS	
INCOME (LOSS)	-2,965.
PAINE SCHWARTZ FOOD CHAIN FUND V - OTHER INCOME (LOSS)	-323.
CPF LIVING COMMUNITIES II, LLC - ORDINARY BUSINESS INCOME	
(LOSS)	-1,701.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	551,372.

FORM 990-T		OTHER DEDUCTI	IONS	STATEMENT	13
DESCRIPTION				AMOUNT	
ACCOUNTING INVESTMENT				9,9	
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 27		563,3	31.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	14
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	582,790.	0.	582,790.	582,79	0.
NOL CARRYOVI	ER AVAILABLE THIS	YEAR	582,790.	582,79	0.
FORM 990-T		OTHER CREDIT	S	STATEMENT	15
DESCRIPTION				AMOUNT	
SEE ATTACHEI	CREDIT DETAIL			5,1	12.
TOTAL TO FOR	RM 990-T, PAGE 2,	PART V, LINE 46B		5,1	12.
FORM 990-T		CONTRIBUTIONS		STATEMENT	16
DESCRIPTION	KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT	
0% CASH ONI		N/A		39,003,2	71.
or onen one		11/11		00,000,0	

TOTAL CONTRIBUTION DEDUCTION

FORM 990-T C	ONTRIBUTIONS SUMMARY		STATEMENT	17
QUALIFIED CONTRIBUTIONS SUB QUALIFIED CONTRIBUTIONS SUB				
CARRYOVER OF PRIOR YEARS UN FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	10,823,911 14,589,947 6,115,681			
FOR TAX YEAR 2018  TOTAL CARRYOVER  TOTAL CURRENT YEAR 10% CONT	27,214,100 	58,743,639 39,003,271		
TOTAL CONTRIBUTIONS AVAILAB TAXABLE INCOME LIMITATION A		97,746,910		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	-	97,746,910 0 97,746,910		
ALLOWABLE CONTRIBUTIONS DED	UCTION			0

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Form(s) 8949 with Box C checked

Capital Gains and Losses

► Go to www irs gov/Form1120 for instructions and the latest information

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.

OMB No 1545-0123

Yes X No

102.

Name

DARLA MOORE AND RICHARD RAINWATER FOUNDATION

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital pain or (loss) from like-kind exchanges from Form 8824

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

Employer identification number

27-3130736

4

5 6 (

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (d) Proceeds (e) Cost (or other basis) (g) Adjustments to gain or loss from Form(s) 8949, Part I line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below This form may be easier to complete if you (sales price) round 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 adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on

6 Unused capital loss carryover (attach compu	tation)			6	
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	102.
Part II Long-Term Capital Ga	i <mark>ns and Losses</mark> (See II	nstructions)			
See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column (	19,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have 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	İ				
Form(s) 8949 with Box F checked					<u>-6,713.</u>
11 Enter gain from Form 4797, line 7 or 9				11	438,838.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13_	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	ı h		15	432,125.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capital	loss (line 15)		16	102.
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line	• 7)	17	432,125.
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	432,227,
Note If losses exceed gains, see Capital Los	ses in the instructions				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120 Schedule D (Form 1120) 2019

# Form **8949**

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

2019

Attachment 12A

Name(s) shown on return

# DARLA MOORE AND RICHARD RAINWATER FOUNDATION

Social security number or taxpayer identification no.

27-3130736

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.

Part I Short-Term. Transact transactions, see page 2	tions involving capi	tal assets you held	d 1 year or less are o	generally short-term (s	see instruct	ions) For long-term	
Note You may aggregate a codes are required Enter th	e totals directly on	Schedule D, line	1a, you aren't require	ed to report these tra	nsactions o	n Form 8949 (see in:	structions)
You must check Box A, B, or C below If you have more short-term transactions than w	Check only one b	Ox. If more than one	box applies for your sho	ort-term transactions, con	nplete a separ	rate Form 8949, page 1,	for each applicable box
(A) Short-term transactions re							
(B) Short-term transactions re	ported on Form(	s) 1099 B showi	ng basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	ot reported to yo	u on Form 1099	·B				
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh XYZ Co)	(Mo , day, yr.)	disposed of	(sales price)	Note below and	column (f	). See instructions.	Subtract column (e from column (d) &
		(Mo , day, yr )		see Column (e) ın	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
RESERVOIR CAPITAL							
PARTNERS (CAYMAN)							102.
						<u> </u>	
<del></del>							
		<u> </u>			<u> </u>		
						· 	
			<del></del>				
						<u> </u>	
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							<del></del> _
		-					
<del></del>							
			<del></del>				
	<del></del>					<del></del>	
		<del></del>				<del></del>	
							<del></del>
	<del></del>			<del></del>			
							<del>_</del>
	<u> </u>						<del></del>
			·				
2 Totals. Add the amounts in colun							
negative amounts) Enter each tot		-					
Schedule D, line 1b (if Box A abo		,				ĺ	102
above is checked) or line 2 lift De	av C about to ch	ookod)	l l	ı .			1117

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

FOUNDATION

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

#### DARLA MOORE AND RICHARD RAINWATER

Social security number or taxpayer identification no.

27-3130736

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

Note You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099 B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (c) (d) (e) (h) (a) loss If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f). See instructions. Subtract column (e) (sales price) basis See the disposed of (Example 100 sh XYZ Co) (Mo, day, yr) Note below and from column (d) & (Mo, day, yr.) (q) combine the result see Column (e) in Amount of Code(s) with column (g) the instructions adjustment RESERVOIR CAPITAL GROUP RESERVOIR CAPITAL PARTNERS (CAYMAN) 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

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

<6,713.>

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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

#### **General Business Credit**

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

OMB No 1545-0895

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

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

Attachment Sequence No 22

Identifying number

DARL	_A MOORE AND RICHARD RAINWATER FOUNDATION		27-31307 <u>36</u>
Par		x (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	34,040
2	Passive activity credits from line 2 of all Parts III with box B checked   2	o	
3	Enter the applicable passive activity credits allowed for 2019. See instructions	3	
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III wit	h box C	
	checked. See instructions for statement to attach	4	36,409
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III wit	:h box D	
	checked. See instructions		<del></del>
6	Add lines 1, 3, 4, and 5	6	70,449
Par	Allowable Credit		
7	Regular tax before credits.		
	<ul> <li>Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44</li></ul>	7	
	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		
9	Add lines 7 and 8	9	0
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)		
С	Add lines 10a and 10b	100	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- or	n line 16 11	0
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000. See instructions		
14	Tentative minimum tax:		1
	Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	. 16	<del></del>
17	Enter the smaller of line 6 or line 16	. 17	<del></del>
	C corporations: See the line 17 instructions if there has been an ownership change, acquis	·	
	reorganization.	, J.	
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12392F		Form 3800 (2019)

Par	Allowable Credit (continued)		
Note	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter	-0- on l	ne 26
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	
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	
23	Passive activity credit from line 3 of all Parts III with box B checked . 23		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box 8 checked		
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	
37	Enter the smaller of line 29 or line 36	37	0
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  • The sum of Part II, line 50 in the sum of Part III, line 51 in the sum of Part III, lines 25 in	38	2000

Form 3800 (2019) Page 3						
Name(s) shown on return						
DARL	A MOORE AND RICHARD RAINWATER FOUNDATION		1_	27	-3130736	
Part	General Business Credits or Eligible Small Business Credits (see ins	tructi	ons)			
Comp	lete a separate Part III for each box checked below. See instructions					
A	General Business Credit From a Non-Passive Activity E 🖪 Reserved					
в □	General Business Credit From a Passive Activity F 📵 Reserved					
	General Business Credit Carryforwards G  Eligible Small Busin	ness C	Credit C	arryforward	ds	
_	General Business Credit Carrybacks H 🗷 Reserved			,		
_	you are filing more than one Part III with box A or B checked, complete and attach first an	additio	nnal Par	t III combini	ing amounts from	
all	Parts III with box A or B checked Check here if this is the consolidated Part III				<b>►</b> □	
	(a) Description of credit	_		(b)	(c)	
	On any line where the credit is from more than one source, a separate Part III is needed for each prough entity		from a p	ng the credit bass-through enter the EIN	appropriate	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	, , , ,			
b	Reserved	-				
c	Increasing research activities (Form 6765)	10		1116926	34,040	
d	Low-income housing (Form 8586, Part I only)	1d	98-1	1110920	34,040	
	The state of the s		<del></del>			
e	Disabled access (Form 8826) (see instructions for limitation)	1e	<del></del>			
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)	11				
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					
	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)	1g				
r	Alternative motor vehicle (Form 8910)	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				
		1t				
t	Enhanced oil recovery credit (Form 8830)					
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	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	,		-		24.040	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			34,040	
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				
ď	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)	4j				
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				
<u> </u>	Add inted 2, 0, and 0 and enter here and on the applicable line or rare in					

Form 3800 (2019)

For	m 380	00 (2019)	_				Page 3
Name(s) shown on return							
DARLA MOORE AND RICHARD RAINWATER FOUNDATION 27-3130736							
Part III General Business Credits or Eligible Small Business Credits (see instructions)							
Co	mple	ete a separate Part III for each box checked below. See instructions.					
Α		General Business Credit From a Non-Passive Activity E 🗑 Reserved					
В	$\overline{\Box}$	General Business Credit From a Passive Activity F 🖫 Reserved					
	_	General Business Credit Carryforwards G Eligible Small Busin	ness (	Credit	Carryforware	ds	
		General Business Credit Carrybacks H 🗷 Reserved			<b>,</b>		
ī		ou are filing more than one Part III with box A or B checked, complete and attach first an	additio	onal Pa	art III combin	ing amoun	ts from
•		Parts III with box A or B checked. Check here if this is the consolidated Part III					▶ 🗀
		(a) Description of credit			(b)	(c)	
No	ta 0	n any line where the credit is from more than one source, a separate Part III is needed for each			ning the credit		
		rough entity.		irom a entity	pass-through , enter the EIN		
_	ia	Investment (Form 3468, Part II only) (attach Form 3468)	1a	1			
	b	Reserved				The state of	
	c	Increasing research activities (Form 6765)	1c				
	d	Low-income housing (Form 8586, Part I only)	1d				
			1e	$\vdash$			
	e r		1f				
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<del></del>	-			
	g	Indian employment (Form 8845)	1g	<del> </del>	<del></del>		<del></del> -
	h	Orphan drug (Form 8820)	1h	<u> </u>			·
	į	New markets (Form 8874)	1i				
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>	ļ			<del></del>
	k	Employer-provided child care facilities and services (Form 8882) (see instructions	١	ŀ			
		for limitation)	1k	<u> </u>			
	1	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>		<del> </del>		
	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	General credits from an electing large partnership (carryforward only)	1bb				36,409
	zz	Other Oil and gas production from marginal wells (Form 8904) and certain other		_			007.00
		credits (see instructions)	1zz		l		
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2				36,409
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3	·			30,403
	а	Investment (Form 3468, Part III) (attach Form 3468)	4a				
		,	4b				
	b		-				
	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			<del></del>	
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				<del></del>
	g	Qualified railroad track maintenance (Form 8900)	4g				
	h	Small employer health insurance premiums (Form 8941) .	4h				
	ı	Increasing research activities (Form 6765)	4i				
	j	Employer credit for paid family and medical leave (Form 8994)	41				
	Z	Other	4z		. morta 4 m		
5		Add lines 4a through 4z and enter here and on the applicable line of Part II			Kalinda		
6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	出版	<b>建</b> 为产资。		

Form 3800 (2019)

# Darla Moore and Richard Rainwater Foundation EIN: 27-3130736

Attachment to Form 3800

Part 1, 4

Increasing Research Activities Credit (6765)

mereasing Nesearch Actionics ereality or ost			
Entity	EIN	Year 2018	<u>Year 2019</u>
Beginning/Carr	0	36,409	
Reservoir Capital Partners (Cayman)	98-0481301	9163	
Crestview Partners III	98-1116926	27,243	34,040
Reservoir Capital Master Fund	13-4032056	3	
Total	36,409	70,449	
	0	0	
Carı	36,409	70,449	