

_	orm 990-T	Ex				ness Incom		Return		OMB No 1545-0687
F-	orm 330-1	<u>.</u>	•			section 6033				2018
						, 2018, and er		<u> </u> 1.		2010
Depar	tment of the Treasury		•			uctions and the			1/21	Open to Public Inspection for
A D	Al Revenue Service	- 50 1101	enter 22M nammer:			made public if you		ition is a suite		501(c)(3) Organizations Only mployer identification number
	address changed		Michael &			-	uc.io/io/			Employees' trust, see
	xempt under section		4417 West			Junuacion				36-4336415
ŕ	501(c)(3 ()) 408(e) 220(/ Type	Austin, T	X 78746	_				F	Inrelated business activity code
<u> </u>	408A 5300	· ′					•		- (See instructions)
	529(a)	,								525990
C Bo	ook value of all assets end of year	F Group	exemption num	ber (See instruct	ions)	•		•		-(
	,612,382,333	G Chec	k organization t	ype 🟲 🛚 🛣	501(c) corporation	501(c) trust	401(a)	trust Other trust
	nter the number of t		's unrelated trade		_	► 1	Des	scribe the only	y (or first)	unrelated
	rade or business he									ne, complete Parts I-V.
					of the	previous senter	nce, com	plete Parts	I and II,	complete a Schedule M
	or each additional t During the tax year,				ted ar	oun or a parent-	criperdia	ry controlled	group?	► Yes X No
	f 'Yes,' enter the na	•		•	-	•	Subsidia	ry controlled	group.	Lies VIII
	he books are in care		v Burns	the parent con	poracio	, , , , , , , , , , , , , , , , , , ,	Te	lephone num	nber► 5	12-600-5500
Par			Susiness Inc	ome		(A) Income		(B) Expe		(C) Net
1 a	Gross receipts or		•	T		, ,		` , , ,		
t	Less returns and allowa	ances		c Balance►	1 c					j
2	Cost of goods sold	(Schedule A,	line 7)	_ AA	2					
3	Gross profit Subtr	act line 2 fron	n line 1c	/V \	3				•	
4 a	Capital gain net in	icome (attach	Schedule D)	• 1	4a	161,	991.			161,991.
t	Net gain (loss) (Form 4	797, Part II, line 1	7) (attach Form 479	7)	4b					
	Capital loss deduc				4c					
5	Income (loss) from (attach statement)		r an S corporatio	n St 1	5	-977,	557			-977,557.
6	Rent income (Schi				6		337.			-311,331.
7	Unrelated debt-fina	anced income	(Schedule E)		7					
8	Interest, annuities, roya	Ities, and rents fro	om a controlled orga	nization (Schedule F)	8	······································				· · · · · · · · · · · · · · · · · · ·
9	Investment income of a	section 501(c)(7)	, (9), or (17) organi	zation (Schedule G)	9					
10	Exploited exempt	activity income	e (Schedule I)		10					
11	Advertising income	e (Schedule J)			11					
12	Other income (See	e instructions,	attach schedule	:)						
					12					
	Total. Combine lin				13	-815,			0.	-815,566.
Par	t II Deduction	ns Not Take	en Elsewhere	See instru	ctions	s for limitation	ns on c	deductions	.) (Exc	ept for
14	Compensation of o				песц	ed with the un	ireiale	<u>business</u>	114	e.)
15	Salaries and wage		ors, and trustee	s (ochedule IV)					15	
16	Repairs and maint								16	
17	Bad debts								17	
18	Interest (attach sc	hedule) (see II	nstructions)						18	
19	Taxes and licenses		•						19	10,682.
20	Charitable contribu	utions (See ins	tructions for lim	utation rules)					20	10,002.
21	Depreciation (attac					21				
22	Less depreciation	claimed on Sc	hedule A and e	lsewhere on re	qth/E	D 22a			22b	
23	Less depreciation Depletion		٢	FECE	:145	<u></u>			23	
24	Contributions to de	eterred compe	nsation plans						24	
25	Employee benefit		1	W NOV	216	₀₁₂ /ጵ/			25	
26	Excess exempt ex		dule I)	14.14					26	
27	Excess readership	•	/	OGE	EN	UT _	See 9	tatement	2 27	
28 29	Other deductions (Total deductions.		•	1 OGL	1	3	Dee 3	ca cement	2 28 29	5,000.
30	Unrelated business		•				29 from	line 13	30	15,682.
31	Deduction for net opera								31	-831,248.
	Unrelated business				-	,			32	-831,248.
BAA	For Paperwork Re	duction Act N	otice, see instri	uctions.		TEEA020	OIL 1/31/19	9		Form 990-T (2018)

Form	1 990-1	(2018) Michael & Susan Del	ll Foundation		36	-4336415	Page 2
Par	t III	Total Unrelated Business Taxa					
33	Total	of unrelated business taxable income co	omputed from all unrelated trades	or businesses (see	•		
		ctions)					-831,248.
		ints paid for disallowed fringes.				34	
35		ction for net operating loss arising in tax	years beginning before January 1	, 2018 (see		35	
26		ctions)	oforo appointed doduction. Subtract t	ina 25 fram tha ai		35	
30		of unrelated business taxable income bees 33 and 34	elore specific deduction Subtract i	ine 33 from the St	ırrı	36 -	-831,248.
37		fic deduction (Generally \$1,000, but see	line 37 instructions for exceptions	٠,		37	001/210.
	•	ated business taxable income. Subtract	·	•	5	3/	
		the smaller of zero or line 36		,	-,	38 -	-831,248.
Par	t IV	Tax Computation		- 1		•	
		nizations Taxable as Corporations. Mult	iply line 38 by 21% (0 21)		>	39	0.
		s Taxable at Trust Rates. See instruction		on the amount			
		e 38 from. Tax rate schedule or	Schedule D (Form 1041)		•	40	
41	Prox	tax. See instructions	. ,		•	41	
	•	native minimum tax (trusts only)				42	
43	Tax o	n Noncompliant Facility Income. See in	structions			43	
44	Total	. Add lines 41, 42, and 43 to line 39 or 4	10, whichever applies			44	0.
Par		Tax and Payments					
		on tax credit (corporations attach Form 1	118 trusts attach Form 1116)	45 a		1	
		credits (see instructions)	,	45 b			
		ral business credit Attach Form 3800 (s	ee instructions)	45 c			
		t for prior year minimum tax (attach Forr		45 d			
е	Total	credits. Add lines 45a through 45d	·			45 e	0.
		act line 45e from line 44	<u>_</u>			46	0.
47	Other	taxes. Check if from Form 4255	Form 8611 Form 8697 Form	n 8866			
		ther (attach schedule)				47	
48	Total	tax. Add lines 46 and 47 (see instructio	ns)			48	0.
49	2018	net 965 tax liability paid from Form 965-	A or Form 965-B, Part II, column ((k), line 2		49	
50 a	Paym	ents A 2017 overpayment credited to 20	018	50a 3	00,000.		
b	2018	estimated tax payments			00,000.		
C	: Tax c	eposited with Form 8868			00,000.		
		gn organizations. Tax paid or withheld a	t source (see instructions)	50 d			
		up withholding (see instructions)		50 e			
		t for small employer health insurance pr	— ' '	50 f			
g		credits, adjustments, and payments	Form 2439				
		orm 4136 Other	Total	50 g	_		
		payments. Add lines 50a through 50g			_	51	800,000.
52	Estin	nated tax penalty (see instructions) Chem	ck if Form 2220 is attached		> ∐	52	
53		ue. If line 51 is less than the total of line	•		▶	53	
54	Over	payment. If line 51 is larger than the tota	il of lines 48, 49, and 52, enter am	ount overpaid	▶	54	800,000.
55	Enter	the amount of line 54 you want Credite	ed to 2019 estimated tax ►	100,000.	Refunded ►	55	700,000.
Par	t VI	Statements Regarding Certain	Activities and Other Inform	ation (see instruc	ctions)		
56	At any	time during the 2018 calendar year, did th	e organization have an interest in or	a signature or other	authority ov	er a	Yes No
	financ	cial account (bank, securities, or other) in a fo	reign country? If 'Yes,' the organiz	ation may have to	file FinCEN	l Form 114,	
	Repor	t of Foreign Bank and Financial Accounts I	f 'Yes,' enter the name of the foreign	country here	► <u>India</u>	S_Africa_	_ X
57	Durin	g the tax year, did the organization recei	ve a distribution from, or was it th	e grantor of, or tra	insferor to, a	a foreign trust?	Х
	If 'Yes	,' see instructions for other forms the organ	ization may have to file				
58	Enter	the amount of tax-exempt interest received	or accrued during the tax year	\$	0		
		Under penalties of perjury, I declare that I have exam belief, it is the correct, and complete. Deplaration o	nined this return, including accompanying sche	edules and statements, a	nd to the best o	f my knowledge and	
Sigr	1	MANA	1 11 11 47 5			May the IRS discuss	
Here	е	Signature of officer	Date	VP, Finance		the preparer shown	below (see
		<u> </u>				X	Yes No
Paic	ł		reparer's signature	Date	Check I if	PTIN	<u> </u>
Pre-		Jody Blazek	Actiford	1/11/19	self employed	P000726	
pare	er	Firm's name Blazek & Vetter	ling ν		Firm's EIN ►	76-026986	
Use		Firm's address > 2900 Weslayan,					
Only	y		27-5132		Phone no	(713) 43	9-5739
BAA			TEEA0202L 01/24/19				990-T (2018)

>

Schedule A - Cost of Goo	ds Sold. Ente	r method of invi	entory valuati	on ►						
1 Inventory at beginning of ye		1	1		orv at	end of year	6			
2 Purchases.	F	2			-	Is sold. Subtract	<u> </u>			
3 Cost of labor	F	3		line 6 t	from I	ne 5 Enter here				
4 a Additional section 263A costs (attac	h schedule)			and in	Part I	, line 2	7		,	
`		4 a	İ						Yes	No
b Other costs (attach sch)	F	4 b				of section 263A (wit duced or acquired fo				<u> </u>
5 Total. Add lines 1 through 4	ь	5				zation?	1630	ile) apply		Х
Schedule C - Rent Income	(From Real	Property and	d Personal	Property	Leas	sed With Real P	rope	rty) (see ır	nstruct	ions)
1 Description of property					·					
(1)									_	
(2)										
(3)	-		· · · -							
(4)					-					
	2 Rent receive	d or accrued				3(a) Dodustion	c dire	otly connec	tod wil	
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	r pérsonal	(if the percoproperty ex	eal and perso entage of ren ceeds 50% of d on profit or i	t for person r if the rent	al	3(a) Deduction the income ir (att	n colui	mns 2(a) ar chedule)	nd 2(b)	u i)
(1)			<u>-, </u>							
(2)										
(3)										
(4)										
Total		Total					_			
(c) Total income. Add totals of co here and on page 1, Part I, line 6	` '	2(b) Enter				(b) Total deductions I here and on page 1, Par I, line 6, column (B)				
Schedule E - Unrelated De	ebt-Financed	Income (see	instructions)	*		•				
1 Description of debt	t-financed prope	ertv	2 Gross inc		3 De	eductions directly co debt-finar			illocab	le to
			financed		depr	(a) Straight line eciation (attach sch		(b) Other de (attach sc		
(1)										
(2)						· · · · · · · · · · · · · · · · · · ·	1			
(3)									•	
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of debt-financed ach schedule)	6 Colu divide colun	d by		7 Gross income ortable (column 2 x column 6)	- -	Allocable d (column 6) Numns 3(a)	total	of
(1)				%						
(2)				%						
(3)				%						•
(4)				8				-		
					Enter Part	here and on page I, line 7, column (A)	1, Ent	er here and rt I, line 7, c	l on pa columr	ige 1, i (B).
Totals				•			\perp			
Total dividends-received deduction	ons included in	column 8				1	-			
BAA		TE	EA0203L 01/30/	19				Form 9	990-T (2018)

Schedule F - Interest, A	muiu	es, Royalli			trolled Or			orgai	iizations	(see in	struction	s)
1 Name of controlled organization	ıde	Employer ntification number		Net uni income ee instr			4 Total of spec payments ma		that is in the cor organi	icluded in c		eductions directly connected with come in column 5
(1)												
(2)							_					
(3)						┸						
(4)						<u></u>						
Nonexempt Controlled Organiz												
7 Taxable Income	ind	et unrelated come (loss) instructions)	9 Total of specified payments made 10 Part of column 9 that is included in the controlling organization's gross income					11 Deductions directly connected with income in column 10				
(1)			Ť				-			1		
(2)												
(3)												-
(4)										<u> </u>		
Takala							Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line llumn (B).
Schedule G — Investmen	t Inco	ma of a Ca	otio	- E01/	0)(7) (0)		or (17) Organ	-:4		ا _ ـ ـ ـ		
1 Description of income		2 Amount			3 direc	De	ductions connected schedule)	Ι	4 Set-aside	٠	5 Tota set-a	al deductions and isides (column 3 us column 4)
(1)												<u> </u>
(2)					_							`
(3)												
(4)										,		
Totals Schedule I — Exploited E	×emp	Enter here an Part I, line 9,	colui	mn (A)	ner Tha	n A	Advertising	Incor	ne (see ins	truction	Part I, I	ere and on page 1, ine 9, column (B)
1 Description of exploited a		2 Gross unrelate busines income fro trade o busines	s d s om r	3 Expension connection of u	ises directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) om unrelated trade business (column minus column 3) fa gain, compute umns 5 through 7.	5 Gros activi unrela	s income from ty that is not ated business income	6 Exp	penses itable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					-		-					1
(2)									· · ·			
(3)												
(4)												
	_	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.
Totals	- ! <u>'</u>			<u> </u>								
Schedule J – Advertising				<u> </u>								
Part I Income From Per	<u>riodica</u>					tec	d Basis			_		
1 Name of periodical		2 Gross advertisii income		adve	Oirect ertising osts	(1	Advertising gain or oss) (col. 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts ,	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)												<u> </u>
(2)		<u> </u>										」
(3)						1						.
_(4)		+		<u> </u>		\vdash	-			_		ļ
Totals (carry to Part II, line (5))		<u> </u>										

Page 5

Part II	Income From Periodicals Reported on a Sepa	rate Basis (F	For each periodi	cal 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 (col 6 minus col 5, but not more than col. 4).
(1)					· ·	
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	_	د مستون می	ین « میسم ب ب	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1 – 5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
	1	%	
		%	
		0/0	_
		0/0	
Total. Enter here and on page 1, Part II, line 14		•	

BAA TEEA0204 L 12/31/18

Form 990-T (2018)

SCHEDULE D

Michael & Susan Dell Foundation

(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

Employer identification number

2018

Department of the Treasury Internal Revenue Service

36-4336415 Part I Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to (g) Adjustments (h) Gain or (loss) (e) Cost enter on the lines below. to gain or loss from Subtract column (e) from Proceeds Form(s) 8949, Part I, line 2, column (g) column (d) and combine the This form may be easier to complete if you round (sales price) (or other basis) 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 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 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 -47,758. Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation). 6 -47,758. Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to (g) Adjustments (h) Gain or (loss) (e) Cost enter on the lines below. Subtract column (e) from to gain or loss from Proceeds Form(s) 8949, Part II line 2, column (g) column (d) and combine the This form may be easier to complete if you round (or other basis) (sales price) result with 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 adjust-ments (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 69,561. 140,188 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 209,749. Part III Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 161,991. 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 161,991. Note: If losses exceed gains, see Capital losses in the instructions

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.

OMB No 1545 0074

Attachment Sequence No 12A

Name(s) shown on return

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

SSN or taxpayer identification number

Michael & Susan Dell Foundation

36-4336415

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. 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.

(B) Short-term transaction (B) Short-term transaction	•	` `	•	•	•					
X (C) Short-term transa	X (C) Short-term transactions not reported to you on Form 1099-B									
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or loss if you enter an amount in column (o).	(h)				
Description of property (Example 100 shares XYZ Co)	Date acquired (Mo, day, yr)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis See the Note below	enter a code in column (f) See the separate instructions	Gain or (Subtract co				

(Exa	Description place in the control of	n of prop shares	perty XYZ Co)	Date aco (Mo , da			Date sold or disposed of		Proceeds (sales price)	Cost or other basis See the Note below		ode 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)
From	Sch	K-1	(Form	1065)	- JN	E	Fund LP	_	· · · · · · · · · · · · · · · · · · ·				-57,458.
From	Sch	K-1	(Form	1065)	- MS	D	Credit Or) <u>qc</u>	Fund LP				9,700.
						-	_						
										!			
								ŀ					
		_			<u> </u>								
					_								
				_			_						
	_												
	_			-									
				-			· -	-					
(s in ch	clude (necked)	negat on you), line :	ive amoi	unts) Ente le D, line B above	er each.	tota	, (g), and (h) al here and A ahove is), or line 3 (if		0.	0.		0.	-47,758.

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	(2018)	
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Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

SSN or taxpayer identification number

Michael & Susan Dell Foundation

36-4336415

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 Form 8949, page 2, for each complete as many forms wi (D) Long-term transact (E) Long-term transact X (F) Long-term transact	n applicable box I th the same box c ions reported on Foi actions reported or	f you have more lo hecked as you ned rm(s) 1099-B showin n Form(s) 1099-B	ong-term transaci ed. ng basis was reporti showing basis wa	tions than will fit o	on this page lote above)	plete a separate for one or more o	of the boxes,
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f) arate instructions (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
From Sch K-1 (Form	1065) - Ab	rams Capita	l Partners	II			-411.
From Sch K-1 (Form	1065) - JN	E Fund LP					69,972.
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box to Box F above is checked)	nts) Enter each to e D, line 8b (if Bo : Eabove is checked	otal here and	0.	0.		0.	69,561.

Federal Statements

Page 1

Michael & Susan Dell Foundation

36-4336415

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

Name	Gross <u>Income</u>	Deductions	Income (Loss)
Abrams Capital Partners II LP GS Capital Partners 2000 LP GS Capital Partners VI Parallel LP JNE Fund LP MSD Credit Opportunity Fund LP MSD Torchlight Partners LP WCP Real Estate Fund I LP Whitehall Street International RE LP	\$ -397,883. \$ -95. 2,440509,193. 52,70348,7744,479.	1,862. \$ 0. 0. 0. 6,407. 64,093. 05. Total \$	-399,745. -9. -5. 2,440. -515,600. -11,390. -48,774. -4,474. -977,557.

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

Tax compliance/return prep

	\$ 5,000.
Total	\$ 5,000.