, ,, ,	<u> </u>							n (9314624
•	[4,	_	EXTENDED	TO NOV	EMBE	R 16, 2020	$^{-}$ 59393	. U	_
, Forn	, 990-T	E	Exempt Organizat	ion Bus	sine	ss Income	Tax Return	1	OMB No 1545-0047
			, , , , , , , , , , , , , , , , , , ,	-	er se	ction 6033(e))	1912		2040
		For cal	lendar year 2019 or other tax year beginning			, and ending	motion	-	2019
	rtment of the Treasury nal Revenue Service	•	► Go to www.irs.gov/F Do not enter SSN numbers on this						Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if					and see instructions.)		D Emp	loyer identification number ployees' trust, see
_	address changed			_				i .	uctions)
	xempt under section	Print	ALCOA FOUNDATION						86-4831759
X] 501(c ()3) 408(e) 220(e)	or Type	Number, street, and room or suite r		x, see ir	istructions.			Instructions)
Ę	408A 530(a)		City or town, state or province, cou PITTSBURGH, PA	ntry, and ZIP o	r foreig	n postal code		900	0099
c Bo	ook value of all assets		F Group exemption number (See in		<u> </u>			<u> </u>	. 1
at	133,736,1	65.		501(c) corp	poration	501(c) trus	t 401(a)	trust	Other trust
			ition's unrelated trades or businesses		1		be the only (or first) un		
		_	RTNERSHIP INVESTM			. If only o	ne, complete Parts I-V.	If more	e than one,
de	scribe the first in the bl	ank spa	ice at the end of the previous sentenc	e, complete Pa	arts I an	d II, complete a Sched	ule M for each addition	al trade	e or
_bı	isiness, then complete F	Parts III	-V.						
ı D	uring the tax year, was t	the corp	poration a subsidiary in an affiliated g	roup or a parer	nt-subsi	diary controlled group	? ▶ [Y	es X No
<u>if</u>	"Yes," enter the name a	nd ident	tifying number of the parent corporat	ion. 🕨					_
			ASHLEY NAYDEN				phone number 🕨 4		
كتوسا	<u></u>		le or Business Income	<u> </u>		(A) Income	(B) Expenses	<u> </u>	(C) Net
Ίа	Gross receipts or sale	S					II.		
b	Less returns and allow	vances	c Balanc	ce 🕨	1c				//
2	Cost of goods sold (Se	chedule	A, line 7)		2				,
3	Gross profit. Subtract	line 2 fr	rom line 1c		3				
4 a	Capital gain net incom	•	· · · · · · · · · · · · · · · · · · ·		4a	8,575	•		8,575.
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b			/	
C	Capital loss deduction				4c				
5	Income (loss) from a	partners	ship or an S corporation (attach state	ment)	5	3,855	STMT 1	61	3,855.
6	Rent income (Schedul	le C)			6				·
7	Unrelated debt-finance		•		7				
8			nd rents from a controlled organizatio		8				
9			on 501(c)(7), (9), or (17) organization	n (Schedule G)	9		/		
10	Exploited exempt activ	ity inco	me (Schedule I)		10				
3 11	Advertising income (S		•		_11_	/_	<u></u>		
J 12	Other income (See ins				12	10 120	[.k		10 420
	Total: Combine lines	3 throu	gh 12		13	12,430			12,430.
-	Deduction (Deductions	ns No must b	ot Taken Elsewhere (See in the directly connected with the un	nstructions fo related busin	or limita	itions on deductions come)	3)		
¥ —			rectors, and trustees (Schedule K)					14	T
15	Salaries and wages							15	
SCANNED 16 17 18 19 20	Repairs and maintena	ance				FIVED		16	
Z 17	Bad debts			<u> </u>		EIVED		17	
Z 18	Interest (attach sched	dule) (se	ee instructions)	[4]		S		18	
ご 19	Taxes and licenses	, ,	<i>/</i> ·	B514	NÓV	2 0 2020 P		19	441.
ဟ ₂₀	Depreciation (attach l	Form 45	562)	[m]		20 2			
21			Schedule A and elsewhere on return	,		21a		21b	
22	Depletion			<u>.</u>	PE, 31.	-14, 1		22	
23	Contributions to defe	rred cor	mpensation plans					23	
24	Employee benefit pro							24	
25	Excess exempt exper		chedule I)					25	
26	Excess readership co							26	
27	Other deductions (att					SEE STA	TEMENT 17	27	4,500.
28	Total deductions. Ac							28	4,941.
29			ncome before net operating loss dedu	iction. Subtrac	t line 28	from line 13		29	7,489.
30			oss arising in tax years beginning on					Π	
	(see instructions)	•					TEMENT 18	30	286.
31	•	ax <u>a</u> ble ır	ncome. Subtract line 30 from line 29					31	7,203.
0227			work Reduction Act Notice, see inst	ructions					Form 990-T (2019)

Form 990-T (20	ng ALCOA FOUNDATION		36-483	1759 Page 2
Part VI	Total Unrelated Business Taxable Income		1	
32 Tota	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	7,203.
	unts paid for disallowed fringes		1, 83	
	itable contributions (see instructions for limitation rules) STMT 19 STMT 20	1	4 34	620.
	I unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sur	n of lines 32 and 33		6,583.
	uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	1 Or 111103 02 and 00,	36	
		س.	1 87	6,583.
	l of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		'. 	1,000.
•	cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	7	8 8	1,000.
	elated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	•	1 1	E E02
	the smaller of zero or line 37		1 1 89 1	5,583.
Part W			1	1 1 7 0
-	hizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	-	> <u>40</u>	1,172.
41 Trus	ts Taxable at Trust Rates. See instructions for tax computation. Income tax of the amount on line 39 from:			
<u> </u>	Tax rate schedule or Schedule D (Form 1041)	•	► 41	
42 Prox	y tax. See instructions	•	► <u>42 </u>	
43 Alte	native minimum tax (trusts only)		43	
44 Tax	on Noncompliant Facility Income. See instructions	**	<u> 44 </u>	<u> </u>
45 Tota	I. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		∫ 45	1,172.
Part X	Tax and Payments		· • • • • • • • • • • • • • • • • • • •	
46a Fore	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b Oth	r credits (see instructions) (1) (46b)			
-	eral business credit. Attach Form 3800			
d Cred	it for prior year minimum tax (attach Form 8801 or 8827) \			
	I credits. Add lines 46a through 46d		46e	
	ract line 46e from line 45		47	1,172.
		er (attach schedule		
	I tax. Add lines 47 and 48 (see instructions)	Ĺ		1,172.
	enet 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	_	1 49 50	0.
	nents: A 2018 overpayment credited to 2019	5,928		<u>~_</u>
•	estimated tax payments	3/320	-	
	deposited with Form 8868	5,000	-	
		3,000	- 1	
			-	
	h 			
	it for small employer health insurance premiums (attach Form 8941)		⊣	
g Otne	r credits, adjustments, and payments: Form 2439			
L	Form 4136 Other Total • 5ig		- <u>.</u> .	
	I payments. Add lines 51a through 51g			L0,928.
	nated tax penalty (see instructions). Check if Form 2220 is attached		58	
	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	\$ 54	
	payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	•	1(1/25	9,756.
		Refunded 🕨	<u> </u>	0.
`Part VI	Statements Regarding Certain Activities and Other Information (see inst	ructions)	•	
57 At a	ry time during the 2019 calendar year, did the organization have an interest in or a signature or other authori	ty		Yes No
over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil	e		
FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			ا . ا .
here	>			X
58 Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?		X
	es," see instructions for other forms the organization may have to file.	_		
	r the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to		vledge and belief, it is tr	10,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	age F		
Here	TREASURER		May the IRS discuss the preparer shown be	
	Signature of officer Date Title		instructions)?	
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
	Trime Type proparer 3 manie Treparer 3 signature Date	self- employe	1	
Paid	, EUGENE J. LOGAN EUGENE J. LOGAN	3011- employe	P0022	7231
Prepare	- COUNTEDED DOUBLE COO THE	Firm's City		
Use On	ONE PPG PLACE, SUITE 1700	Firm's EIN	43-14	10103
	· ·	Dhone no	110.061	2611
	Firm's address ► PITTSBURGH, PA 15222	rnone no.	412-261-3	
923711 01-27	20		Form \$	990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	<u> </u>			·	
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. S	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2		Į	7		
(attach schedule)	4a	· · · · · · · · · · · · · · · · · · ·	8 Do the rules of section	1 263A (\	with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or a	acquired	for resale) apply to			1
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	_ease	d With Real Prope	erty)		
1. Description of property								
(1)	•							
(2)								
(3)								
(4)		<u></u>						
		ed or accrued			3(a) Deductions directly	connected :	with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ige	columns 2(a) an	d 2(b) (attac	h schedule)			
(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	1 (A)	•		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	T				
			2. Gross income from		Deductions directly conn to debt-finance		or allocable	
1. Description of debt-fil	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis illicable to nced property is schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. (colu	Allocable deducti mn 6 x total of col 3(a) and 3(b))	ons lumns
(1)			%					
(2)			%					
(3)			%					
(4)			%		- -			
					nter here and on page 1, art I, line 7, column (A)		here and on page I, line 7, column (I	
Totals			•		0.			0.
Total dividends-received deductions in	ncluded in column	8			>			0.
			<u> </u>				Form 990-T	(2019)

Schedule F - Interest,	Annuities, Roy	alties, ar	nd Rents	From Co	ntrolle	d Organiza	tions	S (see in:	struction	ıs)
			Exempt	Controlled O	rganızatı	ons				<u> </u>
Name of controlled organizat	ıdeı	Employer ntification number		related income e instructions)	4 . To pay	tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			+						+	
<u>(1)</u> <u>(2)</u>	-	•								
(3)									- 1	-
(4)										<u>.</u> •
Nonexempt Controlled Organi	ızatıons		•	-	·		·	·		
7. Taxable Income	8. Net unrelated ind (see instructi		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ s income	nization's		iductions directly connected n income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		1, Part I,	ĺ	dd columns 6 and 11 tere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section	501(c)(7	'), (9), or ([·]	17) Org	ganization				
(see insti	ructions)			·				т		
1. Desc	cription of income			2. Amount of	income	 Deduction directly connermal (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)								L	 .	
				Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals					0.	<u> </u>				0.
Schedule 1 - Exploited (see instru	~	ty Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction related ss income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1							_		
(2)										
(3)										
(4)										
. Tatala	Enter here and on page 1, Part I, line 10, col (A)	page line 10	are and on 1, Part I,), col (B)	1	₩	•			-	Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertising				1						-1 0.
Part II Income From I				solidated	Basis	····				
1. Name of periodical	2. Gross advertisin income	~ I	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat income	ion	6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_ ;	-					j ;
(2)				- -						1
(3)				⊣ ,						4
(4)				<u> </u>		-				<u> </u>
Totals (carry to Part II, line (5))	•	0.	0			<u> </u>				0.
										Form 990-T (2019)

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Form 990-T (2019) ALCOA FOUNDATION 36-48317
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	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	Ì					i	
(2)							
(3)		-				_	
(4)	Î						
Totals from Part I	▶	0.	0.	i	• •	_, _	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

	E (LOSS) FROM PA	RTNERSHIPS	STATEMENT 16
DESCRIPTION			NET INCOME OR (LOSS)
ADAMS STREET 2007 DIRECT FUND INCOME (LOSS) ADAMS STREET PARTNERSHIP FUND			334.
ORDINARY BUSINESS INCOME - ORDINARY BUSINESS INCOME (LOSS)		-266. -39.
ADAMS STREET PARTNERSHIP FUND ORDINARY BUSINESS INCOME BLACKSTONE CAPITAL PARTNERS (1,546
BUSINESS INCOME (LOSS) - ORDINARY BUSINESS INCOME (BLACKSTONE CAPITAL PARTNERS V		INARY	-2. -2,290.
BUSINESS INCOME (LOSS) - ORDINARY BUSINESS INCOME (LOSS)		18,996. -3,858.
HARBOURVEST INTERNATIONAL PRIBUSINESS INCOME (LOSS) - ORDINARY BUSINESS INCOME (PEG U.S. POOLED CORPORATE FIN	LOSS)		-417. 19.
BUSINESS INCOME (- ORDINARY BUSINESS INCOME (BLACKSTONE RGIS CAPITAL PARTN	LOSS)		-3. -9,673.
INCOME (LOSS)	ERS V L.P - ORDII	NARI BUSINESS	-492.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5		3,855.
FORM 990-T	OTHER DEDUCTION	DNS	STATEMENT 17
DESCRIPTION			AMOUNT
<u> </u>			
DESCRIPTION ACCOUNTING FEES TOTAL TO FORM 990-T, PAGE 1,	LINE 27		AMOUNT
ACCOUNTING FEES TOTAL TO FORM 990-T, PAGE 1,	LINE 27 OPERATING LOSS D	DUCTION	AMOUNT 4,500.
ACCOUNTING FEES TOTAL TO FORM 990-T, PAGE 1,		EDUCTION LOSS REMAINING	AMOUNT 4,500.
ACCOUNTING FEES TOTAL TO FORM 990-T, PAGE 1,	OPERATING LOSS DI LOSS PREVIOUSLY	LOSS	AMOUNT 4,500. 4,500. STATEMENT 18 AVAILABLE

FORM 990-T	CONTRIBUTIONS	STATEMENT 19	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
50% CASH ONLY	N/A	5,991,392.	
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	5,991,392.	

FORM 990-T (CONTRIBUTIONS SUMMARY		STATEMENT	20
QUALIFIED CONTRIBUTIONS SUE QUALIFIED CONTRIBUTIONS SUE				
CARRYOVER OF PRIOR YEARS UNFOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	5,798,386 5,881,513			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONT	RIBUTIONS	11,679,899 5,991,392		
TOTAL CONTRIBUTIONS AVAILAB TAXABLE INCOME LIMITATION A		17,671,291 620	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		17,670,671 0 17,670,671	_	
ALLOWABLE CONTRIBUTIONS DED	UCTION			620
TOTAL CONTRIBUTION DEDUCTIO	N			620

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No 1545-0123

Name

Employer identification number

ALCOA FOUNDATION				36-	4831759
Did the corporation dispose of any investmen	nt(s) in a qualified opportun	ity fund during the tax	year [?]	-	Yes X No
If "Yes," attach Form 8949 and see its instru-			ur gain or loss		_
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (s	9,	column (e) from column (d) and combine the result with column (g)
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					
Form(s) 8949 with Box C checked	4.				4.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	•		4	
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	(
7 Net short-term capital gain or (loss). Combine				7	4.
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(4)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	9,	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			4 f 4	_	
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					İ
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on	C C1C	4.4			6 635
Form(s) 8949 with Box F checked	6,646.	11	. •		6,635.
11 Enter gain from Form 4797, line 7 or 9					1,936.
12 Long-term capital gain from installment sales	·			12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	0 571
15 Net long-term capital gain or (loss). Combine) h	.*1	15	8,571.
Part III Summary of Parts I and		Llane (line 45)		40	
16 Enter excess of net short-term capital gain (lin			00.7)	16	8,571.
17 Net capital gain. Enter excess of net long-term		·	(ie /)	17_	8,575.
18 Add lines 16 and 17. Enter here and on Form		per title off other returns		18	0,3/3.
Note: If losses exceed gains, see Capital Los	ses in the monucuons.				

LHA

Schedule D (Form 1120) 2019

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

Department of the Treasur Internal Revenue Service

Name(s) shown on return

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

Attachment Sequence No 12A

Social security number or taxpayer identification no.

ALCOA FOUNDATI	ON					36-4	831/59
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which i	atıon as Form 10	you received any 99-B Either will s	Form(s) 1099-B o	or substitute statem r basis (usually you	nent(s) from r cost) was	n your broker A su reported to the IF	ibstitute RS by your
Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	Il short-term transac	ctions reported on F Schedule D. line 1a	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	and for which no ac	djustments or
You must check Box A, B, or C below.	Check only one bo	X. If more than one b	ox applies for your shor	t-term transactions, comp	olete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than will (A) Short-term transactions re							
(B) Short-term transactions re		•	•	•	Note ab		
X (C) Short-term transactions no		•	•	sported to the me			
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	où enter an amount	Gain or (loss).
(Example 100 sh. XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f)	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) In	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
ADAMS STREET							
PARTNERSHIP FUND -							
2007 NON-U.S.			2.				2.
ADAMS STREET	··········						
PARTNERSHIP FUND -	1						
2007 U.S. FUND LP			2.				2.
	-						
	•						
				İ			
							
					·		
		_					
		_					
	_						
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 1b (if Box A abo	tal here and inclu	ıde on your					
above is checked) or line 3 (if B	ox C above is ch	ecked)	4.				4.

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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

Social security number or

Traine(s) shown on retain Traine and	a corver taxpay	, identinoution i	io notreguieu ii t	sionii on pago i		taxpayer ide	entification no.
ALCOA FOUNDATI	ON					36-4	831759
Before you check Box D, E, or F below statement will have the same information broker and may even tell you which	ow, see whether ation as Form 10	you received any 99-B Either will :	Form(s) 1099-B c show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transacti		al assets you held r	nore than 1 year are	generally long-term (s	ee instructio	ns) For short-term t	ransactions,
see page 1 Note: You may aggregate al codes are required. Enter the							
You must check Box D, E, or F below. If you have more long-term transactions than will							each applicable box
(D) Long-term transactions re	· -						
(E) Long-term transactions rep	oorted on Form(s) 1099-B showing	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-B					,
1 (a) Description of property (Example 100 sh 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 and	Adjustment loss. If yo in column (column (f).	(h) Gain or (loss). Subtract column (e) from column (d) &	
		(Mo , day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
ADAMS STREET							
PARTNERSHIP FUND -							
2004 U.S. FUND, LP			1.				1.
ADAMS · STREET							
PARTNERSHIP FUND -							
2007 U.S. FUND LP			3,747.				3,747.
HARBOURVEST							
INTERNATIONAL							
PRIVATE EQUITY V				11.			<11.
HARBOURVEST							
INTERNATIONAL		-				·	
PRIVATE EQUITY			2,898.				2,898.
			·				

			•				
-							
						·	
							. ,
					-		
2 Totals. Add the amounts in colur	nns (d), (e). (a). ai	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 8b (if Box D abo		-					
above is checked), or line 10 (if E			6,646.	11.			6,635.

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

923012 12-11-19

Form **8949** (2019)