2939332804704 ೄ 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 2017 For calendar year 2017 or other tax year beginning ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service DEmployer identification numb Name of organization ( | Check box if name changed and see instructions ) Check box if (Employees' trust, see address channed instructions ) 38-3840804 WADHWANI OPERATING FOUNDATION B Exempt under section Print Unrelated business activity codes (See instructions ) X 501(&/(3 Ωſ Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(ē) 7220(e) PO BOX: 1987 City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 523000 94023 LOS ALTOS, CA 7529(a) C Book value of all assets F Group exemption number (See instructions ) at end of year 252.884.193. G Check organization type ► X 501(c) corporation 401(a) trust Other trust H Describe the organization's primary unrelated business activity. > INVESTMENT ACTIVITIES X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes If "Yes," enter the name and identifying number of the parent corporation Telephone number  $\blacktriangleright$  (650)946-2505 WADHWANI FAMILY OFFICE J The books are in care of Part Is Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 reportant 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 482,471. 482,471. Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 R Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 482,471. 482,471 Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages Repairs and maintenance 16 16 17 Bad debts 17 18 Interest (attach schedule) 18 38,383. 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21/20 21 21 Less depreciation claimed on Schedule A and elsewhere on reflectiveD 22a 22b 22 23 Depletion RS-OS Contributions to deferred compensation plans 247 24 NOV 2 0 2018 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) OGDEN, UT 27 27 Excess readership costs (Schedule J) 28 28 Other deductions (attach schedule) 38,383. Total deductions Add lines 14 through 28 29 29 30 444,088.

31

MEANINED SICHNIED DEC

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

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

443,088. Form **990-T** (2017)

444,088.

1,000.

31

32

33

34

Form 990-T	(2017) WADHWANI OPERATING FOUNDATION		38-384	40804			Page
Part I		•					
35	Organizations Taxable as Corporations. See instructions for tax computation.	.,					
	Controlled group members (sections 1561 and 1563) check here  See instructions a	ınd.		1			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord	ler).		1 1			
	(1) \$ (2) \$ (3) \$	1					
b	Enter organization's share of. (1) Additional 5% tax (not more than \$11,750) \$						
	(2) Additional 3% tax (not more than \$100,000)  \$						
c	Income lax on the amount on line 34			35c	150	1.6	50.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amoun	it on line 34 from				, -	
•	Tax rate schedule or Schedule D (Form 1041)			36			
37	Proxy tax. See instructions			37			
38	Alternative minimum tax			38			
	Tax on Non-Compliant Facility Income. See instructions			39	<del></del>		
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	150	6	50
Part I				1 40 ]		, 0	<u> </u>
	Foreign lax credit (corporations attach Form 1118; trusts attach Form 1116)	410		ТТ-			
	Other credits (see instructions)	41a	<del></del> .	-			
	General business credit. Attach Form 3800	416		+			
	• • • • •	41c		-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		+			
	Total credits. Add lines 41a through 41d			41e	1 - 6		-
	Subtract line 41e from line 40			42	150	, 0	50.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	8866 Uil Other (	allach schedule)	43	153		0.4
44	Total tax. Add lines 42 and 43 SEE STATEMENT 20	1 1		44	153	, 9	94.
	Payments: A 2016 overpayment credited to 2017	45a	<u> </u>	_			
	2017 estimated tax payments		50,000				
	Tax deposited with Form 8868	<del>      -   -   -   -   -   -   -   -   -</del>	00,000	-			
	Foreign organizations; Tax paid or withheld at source (see instructions)	45d		_			
	Backup withholding (see instructions)	45e		_			
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		<b>↓</b>			
g	Other credits and payments: Form 2439						
	Form 4136	45g		] .			
	Total payments, Add lines 45a through 45g			46	750		
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🛣			47	1	. , 9	<u>89.</u>
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		. ▶	48			
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		. 🕨	49	594	, 0	<u>17.</u>
		·	funded 🕨	50			0.
Part V	Statements Regarding Certain Activities and Other Informat	tion (see instru	ctions)				
	At any time during the 2017 calendar year, did the organization have an interest in or a signatur		ty		L	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organizatio						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	e foreign country			1	.	
	here <b>&gt;</b>				L		X
52	During the jax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a for	eign trust?		[		X
	If YES, sae instructions for other forms the organization may have to file.				Γ		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					_	
	Under penalitestal perjury, I declare that have examined this return, including accompanying schedules and confect and confect because of which pregare (other than taxpayer) is based on all information of which preg	d statements, and to	he best of my kno	owledge and b	elief, it is tr	ue,	
Sign	correct and condition of which prepared than taxpayer) is based on all information of which prep	arer has any knowled	_				
Here	MINISTRUCT	OR		May the IRS dis he preparer shi			vith
	Signature of officer Date Title			nstructions)?	X Yes		No
	Print/Type preparer's name Preparer's signature D	ate	Check	if PTIN			
Deid	JOSEPH A. Offer		self- employed				
Paid	DECEDOLAMO //	11/14/18	<b>-</b>		7318	18	
Prepa	Ter C ANDED CENT MAY TYO	, ,, , <del>, ,</del> , , , , ,	Firm's EfN ▶		3145		6
Use O	100 FIRST STREET, STE 1600		2 Full		<u> </u>		<del>-</del>
	Firm's address ► SAN FRANCISCO, CA 94105		Phone no.	(415)3	62-5	99	ი
	THE PARTY OF STATE OF		L. 110116 110.	ノエエフ / フ	. u zı – J	, , ,	<u> </u>

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inver	ntory va	luation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases	2		7	Cost of goods sold. Su	btract l	ine 6		
3 Cost of labor	3	<u> </u>	7	from line 5. Enter here	and in f	Part I,		
4 a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	d for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income	(From Real	Property an	d Per	sonal Property I	Leas	ed With Real Pro	pert	y)
(see instructions)						·		
1 Description of property								
(1)								· · · · · · · · · · · · · · · · · · ·
(2)				···				_
(3)								-
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ige	3(a) Deductions directly columns 2(a) ai	y conne nd 2(b)	cted with the income in attach schedule)		
(1)								
(2)			-	·				
(3)						-		
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part 1, line 6, column	, , , , , ,	ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del		I Income (see	e instruc	tions)		1		
				Gross income from		3 Deductions directly con to debt-finance	nected ced pro	with or allocable perty
1. Description of debt-fi	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)						— <del></del>	Ť	<del></del>
(2)						··		
(3)				-		······································		
(4)			<b>-</b>					
4. Amount of average acquisition 5. Average debt on or allocable to debt-financed property (attach schedule) debt-fina		adjusted basis allocable to inced property h schedule)	6	6 Column 4 divided 7. Gross income by column 5 reportable (column 2 x column 6)		reportable (column		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			+	%		<del></del>	+	
(2)				%				
(3)				%				
(4)				%			1	
- N. S	1					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totala						0		0.
Totals Total dividends-received deductions u	scluded in colum	n Ω			L		+	0.

	dule F - Interest, A					Controlled O						
•	Name of controlled organizat	lion	2 Emj identifi num	cation		elated income instructions)	4 Tol	lal of specified ments made	ınclud	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)		•										
(2)											Ì	-
(3) .		•										
(4)									<u> </u>	-		
	empt Controlled Organi	zations			<u> </u>		L	<u> </u>	1			<del> </del>
Nonex	<del> </del>				0			40				<del> </del>
	7 Taxable Income		nrelated incom ee instructions		9. Total	of specified payi made	ments	10. Part of colur in the controlli gross		nization's		ductions directly connected income in column 10
(1)												
(2)		i						i e				
(3)		· · · · · · · · · · · · · · · · · · ·							-			
		l			<u> </u>							
(4)	<del> · · ·</del>	l			<u>I</u>							
				•		•		Add colun Enter here and line 8 d		:1, Part I, ⋅	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals							▶,			0.		0.
Sche	dule G - Investme		ne of a	Section	501(c)(	7), (9), or	(17) Oı	gaṇizatior	1			
	, 1. Desc	ription of inco	me			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)												
(3)												
(4)												
Totals				•	·	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
	dule I - Exploited		Activity	Incom	e, Other	Than Ac		ing Income	•	40.40.40.40.40.40.40.40.40.40.40.40.40.4	O. 1890	
	1. Description of exploited activity	<u> </u>	e from	directly o with pro of unr	penses connected oduction elated s income	4 Net incomfrom unrelated business (cominus colum gain comput through	I trade or olumn 2 n 3) If a e 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)		<u> </u>						•				•
(2)		1						ı				•
(3)		<u> </u>										1
(4)	<del></del>											
•		Enter her page 1 line 10,	, Parti, col (A)	Enter her page 1 line 10,	col (B)							Enter here and on page 1 Part II, line 26
Totals	edule J - Advertisi	na Inco	0.	netrictio-	0.	STATE OF THE STATE	STREET STREET	Farmer Landerstein für	5.894 TG	1.6965-1276-1		0.
	Income From					solidated	Basis	··· · ·				
		<u> </u>		<del>- ' '</del>		1 4	·					7 5
	1 Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (colors 5 th				6 Reade costs		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	•	-					73763	<u></u>				
(2)						1868 4 4 4 4	Carlow States			,		
(3)				<del>                                     </del>				<b>3</b>				
(4)	•	-		<del>-  </del>	•	$\dashv \mathbb{Z}$		<b>%</b>				
	<del> </del>	-	•		-	188 256275	charles and a	<i>च</i> ार				BOOK ART TAXONER PARKETER PORTON ST. STARS
Totals (	carry to Part II, line (5))	<b>•</b>	(	0.	0		· 			-		. 0. Form <b>990-T</b> (2017

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FORM 990-1 (2017)	MADDMANT	OPERATING	LOUNDATION

38-3840804

Page 5

Partill 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 cots. 5 through 7	5. Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)							-
(3)							<del>-</del> •.
(4)	-	,					
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 (8)				Enter here and on page 1 Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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

Form 990-T (2017)

Form 4626
Department of the Treasury
Internal Revenue Service

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www irs gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Na	me					Employer identification number
		WADHWANI OPERATING FOUNDATION				38-3840804
_		Note: See the instructions to find out if the corporation is a small corporation exempt				
		from the alternative minimum tax (AMT) under section 55(e)				
1		Taxable income or (loss) before net operating loss deduction			1	443,088.
2		Adjustments and preferences:				
	a	Depreciation of post-1986 property			2 2	i
	b	Amortization of certified pollution control facilities			21	,
	C	Amortization of mining exploration and development costs			20	;
	d	Amortization of circulation expenditures (personal holding companies only)			20	
	е	Adjusted gain or loss			26	:
	f	Long-term contracts			21	
	g	Merchant marine capital construction funds			29	J
	h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			21	
	i	Tax shelter farm activities (personal service corporations only)			2	
	j	Passive activities (closely held corporations and personal service corporations only)			2	i
	k	Loss limitations			21	
	1	Depletion			2	1
	m	Tax-exempt interest income from specified private activity bonds			2n	n l
	n	Intangible drilling costs			21	
	0	Other adjustments and preferences			20	
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20			3	443,088.
4		Adjusted current earnings (ACE) adjustment:				
	a	ACE from line 10 of the ACE worksheet in the instructions	4a	443	,088.	
	b	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a			_ (	
		negative amount. See instructions	4b		0.	
	C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c			
	d	Enter the excess, if any, of the corporation's total increases in AMTI from prior				
		year ACE adjustments over its total reductions in AMTI from prior year ACE				
		adjustments. See instructions. Note: You must enter an amount on line 4d			ľ	
		(even if line 4b is positive)	4d			
	е	ACE adjustment.				
		If line 4b is zero or more, enter the amount from line 4c	)			
		• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	Ì		46	
5		Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT			5	<del></del>
6		Alternative tax net operating loss deduction. See instructions			6	
7		Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	residu	al		443 000
_		interest in a REMIC, see instructions	_		7	443,088.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ne 8c):		ľ	
	а	Subtract \$150,000 from line 7 If completing this line for a member of a controlled	ء ا	ı		4
		group, see instructions. If zero or less, enter -0-	8a	ļ		
		Multiply line 8a by 25% (0.25)	8b	l		
	C	Exemption Subtract line 8b from \$40,000 If completing this line for a member of a control	led			_
_		group, see instructions. If zero or less, enter -0-			80	
9		Subtract line 8c from line 7. If zero or less, enter -0-			9	
10		Multiply line 9 by 20% (0 20)			10	<del></del>
11		Alternative minimum tax foreign tax credit (AMTFTC). See instructions			1	
12		Tentative minimum tax. Subtract line 11 from line 10			12	
13		Regular tax liability before applying all credits except the foreign tax credit		_	13	150,650.
14		Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0 Enter here		П		0.
	, A	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return			14	
J۷۱	/A	For Paperwork Reduction Act Notice, see separate instructions				Form 4626 (2017)

443,088.

10

## Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions 443,088. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 2 ACE depreciation adjustment a AMT depreciation 22 **b** ACE depreciation (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7 c ACE depreciation adjustment. Subtract line 2b(7) from line 2a 2c 3 Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income 3a 3b b Death benefits from life insurance contracts c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) 3e f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4b affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014 128 Stat. 4043) c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f 5 Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5a b Circulation expenditures 5b 5c c Organizational expenditures 5d d LIFO inventory adjustments e Installment sales 5e f Total other E&P adjustments Combine lines 5a through 5e 5f 6 6 Disallowance of loss on exchange of debt pools 7 Acquisition expenses of life insurance companies for qualified foreign contracts 8 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property 9

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

Form 4626

## WADHWANI OPERATING FOUNDATION

FORM 990-T INCOME (LOSS)	HIPS	STATEMENT		
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOM	
CORRUM CAPITAL MANAGEMENT GUARDIAN POINT LP	25,181. 39,451.	0.	25,1 39,4	
ICAPITAL-MSD PRIVATE CREDIT OPP II ACCESS FUND SCHF US LP SYMPHONY TECHNOLOGY II-A LP TENNENBAUM OPPORTUNITIES FUND VI	20,287. 583,595. 0. 19,356.	0. 0. 205,399. 0.	20,2 583,5 -205,3 19,3	95. 99.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	687,870.	205,399.	482,4	71.
FORM 990-T OTHER T	TAXES		STATEMENT	20
DESCRIPTION			AMOUNT	
TOTAL OF LINES 42 + 43 SECTION 965 TAX			150,6	
TOTAL TAX ON FORM 990-T, PAGE 2, PART	r IV, LINE 44		153,9	94.