| Form <b>990-T</b>                                      | E          | Exempt Organization   |              |                   |                | Гах Return                            | ŀ                   | OMB No 1545-0687  |
|--|------------|---|--------------|-------------------|----------------|---------------------------------------|---------------------|---|
| -  | Far        | (and proxy tax  | under        |                   |                |                                       | - 1                 | 2018  |
|  | Por ca     | lendar year 2018 or other tax year beginning  Go to www.irs.gov/Form990 | T for inetr  |                   | nd ending      | netion                                | -                   | 2010  |
| Department of the Treasury<br>Internal Revenue Service |            | Do not enter SSN numbers on this form as                                |              |                   |                |                                       | _                   | Open to Public Inspection for<br>501(c)(3) Organizations Only |
| A Check box if address changed                         |            | Name of organization ( L Check box if i                                 | name char    | nged and see ir   | nstructions.)  |                                       | (Empl               | oyer identification number<br>oyees' trust, see<br>ctions )   |
| B Exempt under section                                 | Print      | <u>US Chamber of Comme</u>  | rce          | Foundat           | ion            |                                       |                     | 6-1561597   |
| X 501(cyy 3, )   | or<br>Type | Number, street, and room or suite no. If a F                            | 2.0. box, s  | see instructions  | <b>.</b>       |                                       |                     | sted business activity code istructions )                     |
| 408(e) 220(e)  | '',        | 1615 H ST NW  |              |                   |                |                                       |                     |   |
| 408A530(a)<br>529(a)                                   |            | City or town, state or province, country, and Washington, DC 200        |              | oreign postal co  | ode            |                                       | 541                 | 800   |
| C Book value of all assets                             |            | F Group exemption number (See instruction                               | ns.) 🕨       | ,                 |                |                                       |                     |   |
| 498971   | L58.       | G Check organization type ► X 501                                       |              |                   | 501(c) trust   | 401(a)                                | trust               | Other trust   |
|  | -          | ation's unrelated trades or businesses.                                 | 2            |                   | Describe       | the only (or first) unr               | elated              |   |
|  |            | come from LP investm  |              |                   |                | , complete Parts I-V. I               |                     |   |
|  |            | ice at the end of the previous sentence, comp                           | olete Parts  | I and II, comp    | lete a Schedul | e M for each addition:                | al trade            | or  |
| business, then complete                                |            |   |              |                   |                | 75                                    | et.                 | <del></del>   |
|  |            | poration a subsidiary in an affiliated group or                         | a parent-s   | subsidiary cont   | rolled group?  | Stmt 2 ▶ L                            | X Ye                | s Ll No   |
|  |            | tifying number of the parent corporation.                               |              |                   | T-11           | one number > 2                        | 00                  | 162 5500  |
|  |            | Stan M Harrell<br>de or Business Income                                 |              | ] /A)             | income         | (B) Expenses                          | 02-                 | (C) Net   |
|  |            | de or Business income   | -            | (A)               | Illcome        | (D) Expenses                          | \                   | (C) NET   |
| 1a Gross receipts or sal                               |            | - Delega  |              | 4.                |                |                                       | ٠,٠                 |   |
| b Less returns and allo                                |            | c Balance   | · -          | 2                 |                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | الم يو الاستراك الم | ** *** ***  |
| 2 Cost of goods sold (3 Gross profit. Subtract         |            |   | —            | 3                 |                | , , ,                                 | * -/                | رهار من المراجع المراجع المراجع                               |
| •  |            | • •   | <u> </u>     | 4a                |                | , 4 = £                               | <del></del>         |   |
| 4a Capital gain net incoi                              | •          | art II, line 17) (attach Form 4797)                                     |              | 4b                | 64427.         |                                       |                     | 64427.  |
|  | -          |   | <u> </u>     | 40<br>4c          | 0772/          | E series of an                        | ٠.,                 | 04427.  |
| •  |            | ship or an S corporation (attach statement)                             | <b>⊢</b>     |                   | 94208.         | * Stmt:1                              | `-                  | -94208.   |
| 6 Rent income (Schedi                                  | •          | ship of an 5 corporation (attach statement)                             | ٠            | 6                 | 7 1 1 0 0 1    | Dicting the state of                  | -                   | 342001  |
| 7 Unrelated debt-finance                               |            | ne (Schedule F)   | _            | 7                 |                |                                       | $\dashv$            |   |
|  |            | and rents from a controlled organization (Sche                          |              | 8                 |                | _                                     |                     |   |
|  |            | on 501(c)(7), (9), or (17) organization (Sched                          | / }—         | 9                 |                |                                       |                     |   |
| 10 Exploited exempt act                                |            |   | ·-··-/ —     | 10                | <del></del>    |                                       |                     |   |
| 11 Advertising income (                                | -          |   |              | 11                |                |                                       | t                   | ·   |
| 12 Other income (See in                                |            |   |              | 12                |                | 7 1                                   | F \ 1               | <del></del>   |
| 13 Total. Combine lines                                |            | · ·   | <u> </u>     | 13 -              | 29781.         |                                       |                     | -29781.   |
|  |            | ot Taken Elsewhere (See instructi                                       | ons for li   | mitations on      | deductions.)   |                                       |                     |   |
| (Except for  | contribu   | utions, deductions must be directly con                                 | nected w     | vith the unrela   | ated busines   | s income )                            |                     |   |
| 14 Compensation of of                                  | ficers, du | rectors, and trustees (Schedule K)                                      |              |                   |                |                                       | 14                  |   |
| 15 Salaries and wages                                  |            | RECE  | IVE          | D                 |                |                                       | 15                  |   |
| 16 Repairs and mainter                                 | nance      | RECL  | _ 1          | 10                |                |                                       | 16                  |   |
| 17 Bad debts   |            |   |              | 19 SS-08C         |                | 1                                     | 17                  |   |
| 18 Interest (attach sch                                | edule) (se | ee instructions)   SS   NOV 2   | 2 1 20       | 19                |                |                                       | 18                  |   |
| 19 Taxes and licenses                                  |            | [윤] (10 · 2   |              | <u>`</u>          |                |                                       | 19                  |   |
|  |            | e instructions for limitation rules)  GGD                               | CN           | IT                |                | 1                                     | 20                  |   |
| 21 Depreciation (attach                                |            | 662) OGU  | EIV,         |                   | 21             |                                       | ·                   |   |
|  | aimed or   | Schedule A and elsewhele on return                                      |              |                   | 22a            |                                       | 22b                 |   |
| 23 Depletion<br>24 Contributions to def                |            |   |              |                   | -              |                                       | 23                  |   |
|  |            | mpensation plans  |              |                   | •              | · ·                                   | 24                  |   |
| 25 Employee benefit pr                                 |            | Analysis D  |              |                   | •              | ļ                                     | 25                  |   |
| 26 Excess exempt expe                                  | -          | · · · · · · · · · · · · · · · · · · ·                                   |              | •                 | •              | }                                     | 26                  |   |
| 27 Excess readership c                                 |            | · · · · · · · · · · · · · · · · · · ·                                   |              |                   |                | <u> </u>                              | 27                  |   |
| 28 Other deductions (at                                |            |   | •            |                   |                | }                                     | 28                  | 0.  |
| 29 Total deductions. A                                 |            |   | Nakamana II- | aa 00 fearan 0    | 10             | · · · }                               | 29                  | -29781.   |
|  |            | come before net operating loss deduction. S                             |              |                   |                | į.                                    | 30                  |   |
| •  | -          | oss arising in tax years beginning on or after                          | January 1    | i, 20 ib (see in: | Structions)    | -                                     | 31                  | -29781.   |
|  |            | come. Subtract line 31 from line 30                                     |              |                   |                |                                       | 32                  |   |
| 823701 01-09-19 LHA F                                  | n Labet    | work Reduction Act Notice, see instructions                             | ٠.           |                   |                | / i/                                  |                     | Form <b>990-T</b> (2018)                                      |

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|-------------|---|----------------------|-------------------|---------------|--------------------------|
| Part III    | Total Unrelated Business Taxable Income   |                      |                   |               |                          |
| 33          | Total of unrelated business taxable income computed from all unrelated trades or businesses (se   | e instructions)      |                   | 33            | 19672.                   |
| 34          | Amounts paid for disallowed fringes   |                      |                   | 34            | 32764.                   |
| 35 [        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri  | uctions) St          | mt 3              | 35            | 52436.                   |
|             | otal of unrelated business taxable income before specific deduction. Subtract line 35 from the s  | •                    |                   |               |                          |
|             | ines 33 and 34  | o.                   |                   | 36            |                          |
|             | •   |                      |                   | 37            | 1000.                    |
|             | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   | ••                   |                   | 3/            | 1000.                    |
|             | Jurelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line   | 36,                  |                   | 1             | •                        |
|             | enter the smaller of zero or line 36  |                      |                   | 38            | 0.                       |
| Part IV     | Tax Computation   |                      |                   | <del> </del>  |                          |
| 39          | Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)  |                      | <b>&gt;</b>       | 39            | 0.                       |
| 40          | Frusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount   | on line 38 from:     |                   | T<br>Resident |                          |
| [           | Tax rate schedule or Schedule D (Form 1041)   |                      | <b>&gt;</b>       |               |                          |
| 41 1        | Proxy tax. See instructions   |                      | •                 | 41            |                          |
|             | Alternative minimum tax (trusts only)   |                      | _                 | 42            |                          |
|             | Fax on Noncompliant Facility Income. See instructions   | -                    |                   | 43            |                          |
|             | ·   |                      |                   | 1             | 0.                       |
|             | Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies  |                      |                   | 44            | 0.                       |
|             | Tax and Payments  |                      |                   |               | <del></del>              |
|             | oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 45a                  |                   | <b>-</b>      |                          |
| <b>b</b> (  | Other credits (see instructions)  | 45b                  |                   | _             |                          |
| c (         | General business credit. Attach Form 3800   | 45c                  |                   | _  _          |                          |
| <b>d</b> (  | Credit for prior year minimum tax (attach Form 8801 or 8827)  | 45đ                  |                   | ]:[.]         |                          |
| e T         | Total credits. Add lines 45a through 45d  |                      |                   | 45e           |                          |
| 46 5        | Subtract line 45e from line 44  |                      |                   | 46            | 0.                       |
|             | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88   | 66 Other             | (attach schedule) |               |                          |
|             | Total tax. Add lines 46 and 47 (see instructions)   |                      | (ambar sancasis)  | 48            | 0.                       |
|             | ,   |                      |                   | 49            | 0.                       |
|             | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  | j sas I              |                   | 49            |                          |
|             | Payments: A 2017 overpayment credited to 2018   | 50a                  |                   | <b></b> - 1   |                          |
|             | 1018 estimated tax payments   | 50b                  |                   | 4             |                          |
| c 1         | ax deposited with Form 8868   | 50c                  |                   |               |                          |
| d F         | oreign organizations: Tax paid or withheld at source (see instructions)   | 50d                  |                   |               |                          |
| e E         | lackup withholding (see instructions)   | 50e                  |                   |               |                          |
| f C         | redit for small employer health insurance premiums (attach Form 8941)   | 50f                  |                   |               |                          |
|             | other credits, adjustments, and payments: Form 2439   |                      |                   | 7             |                          |
|             | Form 4136 Other Total   | 50g                  |                   |               |                          |
| 51 1        | otal payments. Add lines 50a through 50g  | <u> </u>             |                   | 51            |                          |
|             | stimated tax penalty (see instructions). Check if Form 2220 is attached   |                      |                   | 52            |                          |
|             | ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  |                      |                   | 53            |                          |
|             | overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   |                      |                   | _             |                          |
|             |   | 1 -                  |                   | 54            |                          |
|             | nter the amount of line 54 you want. Credited to 2019 estimated tax   |                      | funded            | 55            |                          |
|             | Statements Regarding Certain Activities and Other Information   |                      |                   |               |                          |
|             | t any time during the 2018 calendar year, did the organization have an interest in or a signature   |                      | -                 |               | Yes No                   |
| 0           | ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization   | may have to fil      | e                 |               |                          |
| F           | inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the  | foreign country      |                   |               | أحجاجا                   |
| ħ           | ere 🕨 🕠   |                      |                   |               | X                        |
| <b>57</b> D | uring the tax year, did the organization receive a distribution from, or was it the grantor of, or tra  | insferor to, a fo    | reign trust?      |               | X                        |
| 11          | "Yes," see instructions for other forms the organization may have to file.  |                      |                   |               | I                        |
| 58 E        | nter 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 s correct, and compilete Declaration of which prepare (other than taxpayer) is based on all information of which prepare | tatements, and to    | the best of my kn | owiedge and   | belief, it is true,      |
| Sign        | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare  | er has any knowle    | dge               |               |                          |
| Here        | Man/ Hamel 1/13/19 A CFO  |                      |                   | •             | discuss this return with |
|             | Signature of officer Date Title   |                      |                   |               | shown below (see         |
|             |   |                      |                   |               | X Yes No                 |
|             | Print/Type preparer's name Preparer's signature Dat   | e                    | Check             | if PTIN       |                          |
| Paid        | Januifer Phoderick Jenny Dehiderick 1   | 1/09/19              | self- employed    |               |                          |
| Prepar      | er beillitet knoderick   / /  |                      |                   |               | 0395735                  |
| Use Or      | Firm's name Ernst and Young U.S. LLP  |                      | Firm's EIN        | <b>34</b>     | -6565596                 |
|             | 111 Monument Circle, Ste 4000   |                      |                   |               |                          |
|             | Firm's address ► Indianapolis, IN 46204   |                      | Phone no.         | 317-6         | 81-7000                  |
| 823711 01-0 |   | ··· <del>·····</del> |                   |               | Form <b>990-T</b> (2018) |
| _           | 60  |                      |                   |               | +== - (2010)             |

Form 990-T (2018)

| Schedule A - Cost of Good   | s Sold. Enter                         | method of inve  | ntory v  | valuation N/A  |             |  |  |   |             |
|---|---------------------------------------|---|----------|--|-------------|--|--|---|-------------|
| 1 Inventory at beginning of year  | 1                                     |   |          | Inventory at end of year   | ar          |  | 6  |   |             |
| 2 Purchases   | 2                                     |   | 7        | Cost of goods sold. S  | ubtract     | line 6   |  |   | -           |
| 3 Cost of labor   | 3                                     |   | 1        | from line 5. Enter here  | and in I    | Part I,  | -<br>  | j   |             |
| 4a 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   | acquired    | d for resale) apply to   |  |   | ,,          |
| 5 Total. Add lines 1 through 4b   | . 5                                   |   |          | the organization?  |             |  |  |   |             |
| Schedule C - Rent Income (see instructions)   | (From Real                            | Property an   | d Pe     | rsonal Property  | Leas        | ed With Real Pro   | pert   | ty)   |             |
| 1. Description of property  |                                       |   |          |  |             |  |  |   |             |
| (1)   |                                       |   |          | <del>, </del>  |             |  |  |   |             |
| (2)   |                                       |   |          |  |             |  |  |   | <del></del> |
| (3)   |                                       |   | ***      |  |             |  |  |   |             |
| (4)   |                                       |   |          |  |             |  |  |   |             |
|   |                                       | ed or accrued   |          |  |             | 0(0)0  |  |   |             |
| (a) From personal property (if the personal property is more 10% but not more than 50%                                    | re than                               | of rent for   | personal | sonal property (if the percent<br>property exceeds 50% or if<br>sed on profit or income) | age         | 3(a) Deductione directi<br>columns 2(a) a                                  | y conne<br>nd 2(b) (                             | cted with the income i<br>(attach schedule)                     | in          |
| (1)   |                                       |   | •        |  |             |  |  |   | <del></del> |
| (2)   |                                       |   |          | <u> </u>   |             |  |  |   |             |
| (3)   |                                       |   |          |  |             |  |  |   |             |
| (4)   |                                       |   |          |  |             |  |  |   |             |
| Total   | 0.                                    | Total   |          |  | 0.          |  |  |   |             |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column  |                                       | iter <b>&gt;</b>  |          |  | 0.          | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <b>•</b>   |   | 0.          |
| Schedule E - Unrelated De   | bt-Financed                           | Income (see   | ınstru   | ictions)   |             |  |  |   |             |
|   |                                       |   | 2        | Gross income from  |             | 3 Deductions directly con<br>to debt-finant                                | ced btol   | with or allocable party   |             |
| 1. Description of debt-fi   | Inanced property                      |   |          | or allocable to debt-<br>financed property   | (a)         | Straight line depreciation<br>(attach schedule)                            |  | (b) Other deduction<br>(attach schedule)                        | 13          |
| (1)   | · · · · · · · · · · · · · · · · · · · |   | †        |  |             |  | +  |   |             |
| (2)   | -                                     |   |          |  |             | ·  | $\top$   |   |             |
| (3)   |                                       |   |          |  |             |  | T  |   |             |
| (4)   |                                       |   |          |  |             |  |  |   |             |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-inanced<br/>property (attach schedule)</li> </ol> | of or a<br>debt-fina                  | adjusted basis<br>illocable to<br>nced property<br>ischedule) | 6        | Column 4 divided<br>by column 5  |             | 7. Gross income reportable (column 2 x column 6)                           | (  | 8. Aliocable deduct<br>column 6 x total of co<br>3(a) and 3(b)) |             |
| (1)   | <u> </u>                              |   | 1        | %  | <u> </u>    |  | <del>                                     </del> |   |             |
| (2)   |                                       |   |          | %  |             |  |  |   |             |
| (3)   |                                       |   |          | %  |             |  |  |   |             |
| (4)   |                                       |   |          | %  |             |  |  |   |             |
|   |                                       |   |          |  |             | nter here and on page 1,<br>Part I, line 7, column (A).                    |  | Enter here and on page<br>Part I, line 7, column (              |             |
| Totals  |                                       |   |          | ▶  |             | 0  |  |   | 0.          |
| Total dividends-received deductions if  | ncluded in column                     | 8   |          |  | <del></del> | <b>&gt;</b>  |  |   | 0.          |

| Schedule F - Interest,              | Annuities, Royal  | ties, and Rent   | s From C  | ontroli  | ed Organiz   | ations (see   | instructio                                       | ns) .   |
|-------------------------------------|---|--|---|--|--|---|--|---|
|                                     |   | Exempt   | Controlled C  | rganızat   | ions   |   |  |   |
| Name of controlled organizat        | 2. Emp<br>identific<br>numb                                       | loyer 3. Net unation (loss) (see   | related income<br>e instructions)   | 4. To<br>pay                                     | tal of specified<br>ments made   | 5. Part of colum<br>included in the o<br>organization's gro | controlling                                      | 6. Deductions directly connected with income in column 5                          |
| (1)                                 |   |  | ·   | <del>                                     </del> | •  | · · · · · · · · · · · · · · · · · · ·                       |  | <del></del>   |
| (2)                                 |   |  |   | <del>                                     </del> |  |   | .  |   |
| (3)                                 | <del></del>   |  |   |  |  |   | <del>`                                    </del> | ····  |
| (4)                                 |   |  |   |  |  |   |  | <del></del>   |
| Nonexempt Controlled Organi         | zations   | ·  |   | L  |  | <u> </u>  |  | •   |
| 7. Taxable Income                   | 8. Net unrelated income   | e (loss) 9 Total   | of specified pay  | ments  | 10. Part of colur  | nn 9 that is includ   | ed 11 D  | eductions directly connected  |
|                                     | (see instructions)  |  | made  |  | in the controlli   | income<br>income  |  | th Income in column 10  |
| (1)                                 |   | <del>-                                    </del>                                       |   |  |  | •   |  |   |
| (2)                                 |   |  |   |  |  |   |  |   |
| (3) · -                             |   |  |   |  |  |   |  | <u>,</u>  |
| (4)                                 | -   |  |   |  |  |   | 1  | • •   |
|                                     | ,   | -  |   | •  | Enter here and   | ns 5 and 10<br>on page 1, Part I,<br>olumn (A)              |  | add columns 6 and 11<br>here and on page 1, Part I,<br>line 8, column (8)         |
| Totals                              |   | •  |   |  |  | 0   | ا. ا   | 0.  |
| Schedule G - Investme               |   | Section 501(c)(  | (7), (9), or  | (17) Oı  | rganization  |   |  |   |
| 1. Desc                             | ription of income   | ,  | 2. Amount of  | income   | 3 Deduction<br>directly connection<br>(attach sched                        | ted 4.  | Set-asides<br>ch schedule)                       | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                       |
| (1)                                 |   |  |   |  |  | ,   | •  |   |
| (2)                                 |   |  | •   |  |  |   |  |   |
| (3)                                 |   |  | <u> </u>  |  |  |   |  | •   |
| (4)                                 | •   |  |   |  |  |   |  |   |
| Totals                              |   | ▶  | Enter here and<br>Part I, line 9, co                                      | on page 1,<br>lumn (A)                           |  |   |  | Enter here and on page 1,<br>Part I, line 9, column (B)                           |
| Schedule I - Exploited (see instru  |   | Income, Othe   | r Than Ac   | lvertisi   | ing Income   |   |  |   |
| Description of exploited activity   | 2 Gross<br>unrelated business<br>income from<br>trade or business | 3 Expenses<br>directly connected<br>with production<br>of unrelated<br>business income | 4. Net incomfrom unrelated business (commune column gain, compute through | tade or<br>lumn 2<br>n 3). If a<br>a cols 5      | 5. Gross inconfrom activity the is not unrolated business inconfiguration. | nat attri   | Expenses<br>butable to<br>plumn 5                | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)   |
| (1)                                 |   |  |   |  |  |   | -  |   |
| (2)                                 |   |  |   |  |  |   |  |   |
| (3)                                 |   |  |   |  |  |   |  |   |
| (4)                                 |   |  |   |  | ,  |   |  |   |
| Tabela                              | Enter here and on page 1, Part I, line 10, col (A)                | Enter here and on<br>page 1, Part I,<br>line 10, col (B)                               |   |  |  |   | 94.  | Enter here and on page 1, Part II, line 26  |
| Totals ▶ Schedule J - Advertising   |   | 0.   | CONTRACTORS   | · 万克斯·拉克斯  | VI. N. S. S. W. C. S. V. C. S. V.  | DEC BANGE   | weng ruling                                      | 0.  |
| Partil Income From F                |   |  | solidated   | Basis  |  | ·   |  | ,   |
| 1 Name of penodical                 | 2 Gross<br>advertising<br>income                                  | 3. Direct solventising costs   | 4 Advert<br>or (lose) (co<br>col 3) If a ga<br>cols 5 th                  | l 2 minus<br>iin, comput                         | 5. Circulation income  |   | adership<br>osts                                 | 7. Excess readership costs (column 8 minus column 5, but not more than column 4). |
| (1)                                 |   |  |   |  | -  |   |  | ATTENDED TO   |
| (2)                                 |   |  |   |  |  |   |  |   |
| (3)                                 |   |  |   |  | Ä  |   |  |   |
| (4)                                 |   |  |   |  |  | -   | •  |   |
| Totals (carry to Part II, line (5)) |   | . 0  |   |  | ľ  |   |  | 0.  |
| ,                                   | <del></del>   | •  |   |  | <del></del>  |   |  | Form <b>990-T</b> (2018)  |
|                                     |   |  |   |  |  |   |  | 1/  |

Form 990-T (2018) US Chamber of Commerce Foundation 46-15615

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 penodical         |   | 2. Gross<br>advertising<br>income                         | 3 Direct advertising costs                               | 4. Advertising gain<br>or (loss) (col. 2 minus<br>col. 3) If a gain, compute<br>cols. 5 through 7 | 5. Circulation income                   | 6. Readership<br>costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|---|--|---|---|------------------------|--|
| (1)                         |   |   |  |   |   |                        |  |
| (2)                         |   |   |  |   |   |                        |  |
| (3)                         |   |   | ·  |   |   |                        |  |
| (4)                         |   |   |  | Î   |   |                        |  |
| Totals from Part I          | ▶ | 0.  | 0.   |   | * | ", ) '                 | 0  |
|                             |   | Enter here and on<br>page 1, Part I,<br>Irne 11, col (A). | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |   |                        | Enter here and<br>on page 1,<br>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. 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 (2018)

| Form 990-T Income (Loss) from Partnerships  | Statem        | nent        | 1           |
|---|---------------|-------------|-------------|
| Description   | Net I<br>or ( | ncome       |             |
| Antero - Other income (loss)  | _             | -155        |             |
| Buckeye Partners LP - Other income (loss)   |               | -271        |             |
| Dominion Midstream - Other income (loss)  |               | -2/1<br>-97 |             |
| Enterprise Products Partners LP - Other income (loss)                                       |               | -792        |             |
|   |               | -192        |             |
| EQT GP Holdings LP - Other income (loss)<br>EOT Midstream Partners LP - Other income (loss) |               | -755        |             |
| Energy Transfer Equity LP Stand Alone - Other income  |               | -/55        | ) 8 .       |
| (loss)  |               | -550        | )4.         |
| Genesis Energy LP - Other income (loss)   |               | -48         | 30.         |
| Magellan Midstream Partners LP - Other income (loss)  |               | -411        | .7.         |
| MPLX LP - Other income (loss)   |               | -1094       | 16.         |
| Noble Midstream Partners - Other income (loss)  |               | -7          | 79.         |
| Enlink Midstream - Other income (loss)  |               | -285        | ίΟ.         |
| Phillips 66 - Other income (loss)   |               | -256        | 55.         |
| Plains All American Pipeline LP - Other income (loss)                                       |               | -718        | 33.         |
| Shell Midstream - Other income (loss)   |               | -285        | <b>i8</b> . |
| Spectra Energy Partners - Other income (loss)   |               | -27         | 77.         |
| Energy Transfer Equity LP ET - Other income (loss)  |               | -1354       | 19.         |
| Tallgrass Energy Partners - Other income (loss)   |               | - 5         | 59.         |
| Valero Energy Partners - Other income (loss)  |               | -46         |             |
| Western Gas Equity Partners LP - Other income (loss)  |               | -58         | 19.         |
| Western Gas Partners LP - Other income (loss)   |               | -1015       | ΰ.          |
| Williams Partners LP - Other income (loss)  |               | -548        | 15.         |
| Andeavor Logistics - Other income (loss)  |               | -564        | 3.          |
| BP Midstream Partners - Other income (loss)   |               | -21         | .0.         |
| DCP Midstream - Other income (loss)   |               | -38         | 11.         |
| Total Included on Form 990-T, Page 1, line 5  |               | -9420       | 8 -         |
| Form 990-T Parent Corporation's Name and Identifying Number                                 | Statem        | ent         |             |
| Corporation's Name  | Identify      | ing N       | io          |
| Chamber of Commerce of the USA  | 53-00457      | 20          |             |

US Chamber of Commerce Foundation NOL CARRYFORWARD Form 990T December 31, 2018

EIN: 46-1561597

This NOL is generated from investment in limited partnerships.

| NOL Remaining    | 29,781 |
|------------------|--------|
| NOL Used         |        |
| NOL Generated    | 29,781 |
| NOL at Beginning | 0      |
|                  | 2018   |
| Tax Year         |        |

| Form 990-T  | Net                | Operating Loss D              | eduction          | Statement 3            |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| Tax Year    | Loss Sustained     | Loss<br>Previously<br>Applied | Loss<br>Remaining | Available<br>This Year |
| 12/31/15    | 38838.             | 0.                            | 38838.            | 38838.                 |
| 12/31/16    | 43845.             | 0.                            | 43845.            | 43845.                 |
| 12/31/17    | 58101.             | 0.                            | 58101.            | 58101.                 |
| 12/31/18    | 0.                 | 52436.                        | -52436.           | -52436.                |
| NOL Carryov | ver Available This | Year                          | 88348.            | 88348.                 |
|             |                    |                               |                   | <del></del>            |

#### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

| BIIL. | L  | Y      | Т   |
|-------|----|--------|-----|
| OMB   | Nο | 1545-0 | 687 |

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

| Nami | US Chamber of Commerce  |       | ndation       | n.          | Employer Id<br>46-1 | entification 56159 |   |
|------|---|-------|---------------|-------------|---------------------|--------------------|---|
|      | Inrelated business activity code (see instructions)   52300 Describe the unrelated trade or business Advertisi  |       | income        | from        | periodia            | - 1 o              |   |
|      |   | ng.   | Income        | LLOII       | Derroure            | 115                |   |
| Pà   | rt 🖂 Unrelated Trade or Business Income   |       | (A) inc       | ome         | (B) Expens          | es                 | (C) Net                                 |
| 1a   | Gross receipts or sales   |       |               |             | 7                   | ٠. ۶               |   |
| ь    | Less returns and allowances c Balance   | 1c    | ŀ             |             |                     |                    | A                                       |
| 2    | Cost of goods sold (Schedule A, line 7)   | 2     |               |             | ,-                  |                    |   |
| 3    | Gross profit Subtract line 2 from line 1c   | 3     | 1             |             |                     |                    |   |
| 4a   | Capital gain net income (attach Schedule D)   | 4a    |               |             | - 1                 | , .                |   |
| b    | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  | 4b    |               |             | ,                   | -,-                |   |
| c    | Capital loss deduction for trusts   | 4c    |               |             | , ,                 | 7                  | ,                                       |
| 5    | Income (loss) from a partnership or an S corporation (attach  |       |               | ·····       | , ,                 |                    |   |
|      | statement)  | 5     |               |             | 4 4                 |                    |   |
| 6    | Rent income (Schedule C)  | 6     |               |             |                     |                    |   |
| 7    | Unrelated debt-financed income (Schedule E)   | 7     |               |             |                     |                    |   |
| 8    | Interest, annuities, royalties, and rents from a controlled   |       |               |             |                     |                    |   |
|      | organization (Schedule F)   | 8     | i             |             |                     |                    |   |
| 9    | Investment income of a section 501(c)(7), (9), or (17)  |       |               |             |                     |                    |   |
|      | organization (Schedule G)   | 9     |               |             |                     |                    |   |
| 10   | Exploited exempt activity income (Schedule i)   | 10    |               |             |                     |                    |   |
| 11   | Advertising income (Schedule J)   | 11    |               | 19672.      | 1                   |                    | 19672.                                  |
| 12   | Other income (See instructions, attach schedule)  | 12    |               |             |                     | '-                 |   |
| 13   | Total. Combine lines 3 through 12   | 13    |               | 19672.      |                     |                    | 19672.                                  |
| 14   | deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K) |       |               |             |                     | 14                 |   |
| 15   | Salanes and wages   |       | •             | •           | •                   | 15                 |   |
| 16   | Repairs and maintenance   | •     |               |             |                     | 16                 |   |
| 17   | Bad debts   | •     | •             |             |                     | 17                 | -                                       |
| 18   | Interest (attach schedule) (see instructions)   |       | • •           | •           |                     | 18                 |   |
| 19   | Taxes and licenses  |       | •             |             |                     | 19                 |   |
| 20   | Charitable contributions (See instructions for limitation rules)  | •     |               |             |                     | 20                 |   |
| 21   | Depreciation (attach Form 4562)   | •     | )             | 21          |                     |                    |   |
| 22   | Less depreciation claimed on Schedule A and elsewhere on return   | • •   |               | 22a         | <del></del>         | 22b                |   |
| 23   | Depletion   |       |               |             |                     | 23                 |   |
| 24   | Contributions to deferred compensation plans  |       |               |             |                     | 24                 |   |
| 25   | Employee benefit programs   | •     | ,             |             |                     | 25                 |   |
| 26   | Excess exempt expenses (Schedule I)   | • •   | ., .          | •           | •                   | 26                 |   |
| 27   | Excess readership costs (Schedule J)  |       |               |             |                     | 27                 |   |
| 28   | Other deductions (attach schedule)  | • •   |               |             | •                   | 28                 |   |
| 29   | Total deductions. Add lines 14 through 28   | •     | •             |             | • • •               | 29                 | 0.                                      |
| 30   | Unrelated business taxable income before net operating loss dedu  | ction | Subtract line | 29 from lir | e 13                | 30                 | 19672.                                  |
| 31   | Deduction for net operating loss arising in tax years beginning on o  |       |               |             | •                   | ÷ "                |   |
|      | instructions)   |       |               |             |                     | 31                 | - E - E - E - E - E - E - E - E - E - E |
| 32   | Unrelated business taxable income Subtract line 31 from line 30   |       |               |             |                     | 32                 | 19672.                                  |
| LHA  | For Paperwork Reduction Act Notice, see instructions.   |       |               |             | 5                   | chedule (          | M (Form 990-T) 2018                     |

### US Chamber of Commerce Foundation

# Schedule J - Advertising Income (see instructions) Part I. Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical                               | 2. Gross<br>advortising<br>income | 3. Direct advertising costs | 4. Advertising gain<br>or (lose) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7 | 5. Circulation income | 6. Readership<br>costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------------|-----------------------------|--|-----------------------|------------------------|--|
| (1)  |                                   |                             | -  |                       |                        |  |
| (2)  | i<br>                             |                             | ;  |                       |                        | <b>,</b> ,,  |
| (3)  |                                   |                             | ļ., · ·  | ·                     |                        | -  |
| (4)  |                                   |                             |  |                       |                        | .5 12-   |
| otals (carry to Part II, line (5))                 | 0.                                | 0.                          |  |                       |                        | 0  |
| Part II Income From Perio columns 2 through 7 on a |                                   |                             | rate Basis (For eac  | ch periodical lister  | l in Part II, fill in  |  |
|  | 2 Gross                           | _                           | 4. Advertising gain  |                       |                        | T  |
| 1 Name of periodical                               | advertising<br>income             | 3. Direct advertising costs | or (loss) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7                        | 5. Circulation income | 6 Readership<br>costs  | 7 Excess readership costs (column 6 minus column 5, but not more than column 4)  |
|  |                                   |                             | or (loss) (col 2 minus<br>col 3) If a gain, compute  |                       |                        | costs (column 6 minus<br>column 5, but not more                                  |
| (1)<br>(2)   |                                   |                             | or (loss) (col 2 minus<br>col 3) If a gain, compute  |                       |                        | costs (column 6 minus<br>column 5, but not more                                  |
| (1)<br>(2)<br>(3)                                  | income                            |                             | or (loss) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7                        |                       |                        | costs (column 6 minus<br>column 5, but not more                                  |
| (1)<br>(2)<br>(3)<br>(4) Statement 4               | 19672.                            | advartising coate           | or (loss) (col 2 minus<br>col 3) If a gain, compute  |                       | costs                  | costs (column 6 minús<br>column 5, but not more<br>than column 4)                |
| (1)<br>(2)<br>(3)<br>(4) Statement <b>4</b>        | 19672.<br>0.                      | advartising costs  0 •      | or (loss) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7                        |                       | costs                  | costs (column 6 minús<br>column 5, but not more<br>than column 4)                |
| (1)<br>(2)<br>(3)<br>(4) Statement 4               | 19672.                            | advartising coate           | or (loss) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7                        |                       | costs                  | costs (column 6 minus<br>column 5, but not more                                  |

| Form 990-T (M) Schedule J - Income from Periodicals Reported on a Separate Basis |                     |                    |                | Statement 4    |                  |                            |
|--|---------------------|--------------------|----------------|----------------|------------------|----------------------------|
| Name of Periodical   | Gross Adv<br>Income | Direct<br>Adv Cost | Gain<br>(Loss) | Circ<br>Income | Rdrship<br>Costs | Excess<br>Rdrship<br>Costs |
| Meeting program advertising for Better Together Meeting program advertising for  | 14629.              | 0.                 | 14629.         |                |                  |                            |
| corporate  | 5043.               | 0.                 | 5043.          |                |                  |                            |
| To Fm 990-T, Sch J   | 19672.              | 0.                 | 19672.         |                |                  |                            |

US Chamber of Commerce Foundation IRC Section 751 Statement Form 990T December 31, 2018

EIN: 46-1561597 Statement 6

IRC Section 751 Statement:

The taxpayer has reported ordinary income upon disposition of units of the partnerships listed on statement 4 as provided by the General Partners of the partnerships listed. The amounts were determined in accordance with Internal Revenue Code Section 751 and the detailed information is available in the offices of the General Partners of these partnerships upon request.

US Chamber of Commerce Foundation IRC Section 751 Statement Form 990T December 31, 2018

EIN: 46-1561597 Statement 7

IRC Section 5713 Statement:

The member attached to its return an certificate stating that Form 5713 was filed on member's behalf.

Stan M Harrell SVP & CFO Chamber of Commerce of the USA CFO of US Chamber of Commerce

#### US Chamber of Commerce Foundation Form 990T December 31, 2018

EIN: 46-1561597

Section 1.263(a)-3(n) Election Statement

The above referenced taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending 12/31/2018.