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Dusiness, then complete Parts III-V    During the tax year, was the corporation a subsidiary on an affiliated group or a parent-subsidiary controlled group?   Yes   X   No   No   No   No   No   No   No	trade or business here	<b>▶</b> s	EE STATEMENT 19							
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Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29								Ì		1,888.
(see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29 DWY 1 31 333, 343				n. Subtract	line 28 fr	om line 13			29	333,342.
31 Unrelated business taxable income Subtract line 30 from line 29 DWY 1 31 333, 347	30 Deduction for net	perating	loss arısıng ın tax years beginning on or af	fter Januar	y 1, 2018					
				6	6	1		, .	$\overline{}$	0.
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions				-	WY	<del>\</del>		1	31	333,342.
	923701 01-27-20 LHA	For Paper	work Reduction Act Notice, see instruction	ons /					_	Form 990- 1 (2019

Form 99	O-T (2019) T	HE ERIC AND WENDY SCHMIDT FUN	D FOR STRATEGIC INNOVATION			46-	-3460261 Page 2
Part	HIII To	otal Unrelated Business Taxab	le Income				
32	Total of u	nrelated business taxable income computed	from all unrelated trades or businesses (si	eé instructions)		32	333,342.
33		***************************************	***************************************	V 1711/-1-1 ""		33	<del></del>
34		e contributions (see instructions for limitation	rules) STMT 22	STMT 23	ં ~ ઇ	34	33,234.
35		elated business taxable income before pre-20				35	300,108.
					mus 32 and 33)	-	, , , , , , , , , , , , , , , , , , , ,
36		n for net operating loss arising in tax years be				36	300,108.
37		nrelated business taxable income before spec		35 , 🕌	: 7	37	<del></del>
38		feduction (Generally \$1,000, but see line 38 ii			<i></i>	38	1,000.
39		d business taxable income Subtract line 38	-		1.1		
	enter the	smaller of zero or line 37	<u> </u>		L.l	39	299,108.
Par		ax Computation		-		<del>, ,</del>	
40	Organiza	tions Taxable as Corporations Multiply line	39 by 21% (0.21)	م زنسسی ایران	<b>&gt;</b>	-40	62,813.
41	Trusts Ta	exable at Trust Rates See instructions for ta	x computation. Income tax on the amount	on time 39 from		`	
	Tax	rate schedule or Schedule D (Form	1041)		🕨	. 41	
42	Proxy tax	k. See instructions	<i>.</i>		, <b>&gt;</b>	42 .	_
43	Alternativ	ve minimum tax (trusts only)			_	- 43 -	-
44		oncompliant Facility Income. See instruction				44	
45		dd lines 42, 43, and 44 to line 40 or 41, which				45	62,813.
Par	t.VA T	ax and Payments			1	7	
	Corpian t	av credit (corporations attach Form 1118 tru	sts attach Form 1116)	46a	-		
b	Other cre	edits (see instructions)	a sett	46b			
c	General t	ousiness credit. Attach Form 3800	111777	46c			
d	000,0.	r prior year minimum tax (attach Form 8801 o	IXX.I: 1 • ++: <u>1</u> ~	46d			
_		dits. Add lines 46a through 46d	5/ 002/)	., [400]		45e	
			• • • •			4	62,813.
47		line 46e from line 45		once T T Ober		1	02,010.
48		ces. Check if from Form 4255	<del></del> .		attach schedule)	48	62,813.
49	lotaltax	c. Add lines 47 and 48 (see instructions)		6-1-11/10		49	<del></del>
50	2019 net	965 tax liability paid from Form 965-A or For	rm 965-B, Part II, column (k), line 3 ,	بر. الا ا		50	0.
		s <sup>-</sup> A 2018 overpayment credited to 2019	.,		27,260		
		imated tax payments		<u>54</u> 6		-∤ <b>■</b> ■■1	
C	: Tax depo	osited with Form 8868	,	/51&	100,000	<u>-  </u>	
	-	organizations: Tax paid or withheld at source		. 51d		4	
•	Backup v	withholding (see instructions)	monte and the second of the se	51e			
1	Credit fo	r small employer health insurance premiums	(attach Form 8941)	511			
			orm 2439	1 1			
	For		ther Total	► 51g			
52		yments. Add lines 51a through 51g	***************************************			\$2	127,260.
53	Estimate	d tax penalty (see instructions). Check if Forr		· · · · · · · · · · · · · · · · · · ·		\$3.	
54	Tax due	. If line 52 is less than the total of lines 49, 50	), and 53, enter amount owed			54	
55		ment. If line 52 is larger than the total 01 line			·	35	64,447.
86		amount of line 55 you want: Credited to 20			funded >	56	0.
Par		Statements Regarding Certain		tion (see instru	ctions)		
57	At any ti	meduring the 2019 calendar year, did the org	nanization have an interest in or a signatur	e or other authority			Yes No
	-	nancial account (bank, securities, or other) in					
		Form 114, Report of Foreign Bank and Financ	• • •	•			
	here I	Name of the control o	ia Accounts. It rest circle the hame of the	c foreign country			X
58	-	he tax year, did the organization receive a dis-	tribution from or was it the granter of or	transferor to a forei	on truct?		x
36				tialisieror to, a lorer	gii (i ust	• • • • • • • • • • • • • • • • • •	*******
	-	see instructions for other forms the organizate e amount of lax-exempt interest received or a					
59_		der penalties of perjury, I declare that I have examined	<u> </u>	d etalamante, and to the	heet of my know	ladde and h	alial it is true
Sign		rect, and complete Declaration of preparer (other than	n taxpayer) is based on all information of which pre	parer has any knowledge	9	euge and o	******
Here		11, 9 0	al who lack some				discuss this return with
****		Expressive of others	~\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	PREASURER			r shown below (see
		Signature of officer /	Date Title	<u> </u>			)? X Yes No
	İ	Print/Type preparer's name	Preparer's signature	Date	Check	II PTII	V
Pai	id		FATURAN I OUTHORO	1	self- employe		
Pre	parer	KATHRYN J. OKIMOTO	KATHRYN J. OKIMOTO	11/13/20	·		0746598
Use	e Only	Firm's name > CLARK NUBER PS			Firm's EIN	<u> </u>	91-1194016
	-		PREET, SUITE 1400	-	1 -		
		Firm's address ► BELLEVUE, WA 98	3004		Phone no	425-45	4-4919

Form 990-T (2019) STRATEGIC INNOVATION

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2		7	Cost of goods sold. Su	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			7	
(attach schedule)	4a		_ 8	Do the rules of section	263A (v	with respect to	Y	es No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		╛	property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		<u>1</u>	the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pers	sonal Property L	ease	d With Real Prope	erty) 	
1. Description of property								
(1)				<u> </u>				-
(2)								
(3)		<del></del>						
(4)								
		ed or accrued				0/-10		
rent for personal property is more than of rent for p			ersonal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	36	3(a) Deductions directly c columns 2(a) and	connected with the income i 2(b) (attach schedule)	ie in
(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	n (A)	<b>•</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)				
			2	Gross income from		<ol><li>Deductions directly conne to debt-finance</li></ol>		
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduc (attach schedu	
(1)			†					<del></del>
(2)	<u> </u>		1					
(3)								
(4)						-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable ded (column 6 x total of 3(a) and 3(t	f columns
(1)		<u>-</u>		%			_	
(2)	1			%				
(3)				%				
(4)				%				
						nter here and on page 1, eart I, line 7, column (A)	Enter here and on p Part I, line 7, colum	_
Totals				▶		0.		0.
Total dividends-received deductions is	ncluded in column	ı 8					1	0.

1 Page 4

Name of controlled organization	. 9									
	ıde	Employer ntification number		related income a instructions)		tal of specified nents made	included	of column 4 in the contr ion's gross i	rolling	6 Deductions directly connected with income in column 5
(1)				-						
(2)			_							
(3)										
(4)										
Nonexempt Controlled Organiz	ations		•					_		
7 Taxable Income	8 Net unrelated in (see instruct		9 Total	of specified payr made	nents	10 Part of colur in the controlli gross	mn 9 that is ing organiza s income	included ation's	11 Dec with	ductions directly connected income in column 10
(1)			<u> </u>							
(2)				<u> </u>						
(3)						_		·		
(4)										
						Enter here and	nns 5 and 1 I on page 1, column (A)		Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0
Schedule G - Investmen		a Section	501(c)(7	'), (9), or (	17) Org	ganization				
(see instru	uctions)									·r · <u>-</u>
1 Descri	ption of income			2. Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-		<ol> <li>Total deductions and set-asides (col 3 plus col 4)</li> </ol>
(1)			_							
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals			<u>▶</u>	Th A .t.	0.					0.
Schedule I - Exploited E (see instruc	=	ty income	e, Otner 	Inan Adv	ertisin	g income			- <del>-</del>	· ····
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro	penses connected oduction related is income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a n cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributi colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	··	+		<del>                                     </del>			<u> </u>			-
(2)		+		<del> </del>	-					
(3)	<del></del> -	+		<u> </u>			$\overline{}$	-		
(4)				<del>                                     </del>						-
	Enter here and on page 1 Part I, line 10, col (A)	page 1 line 10,	re and on 1, Part I, , col (B)				<b>.</b>			Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisin		o instruction	0.	<u> </u>						0.
				colidated	Bacic				<del>-</del>	
Part I Income From P	eriodicais Re	portea oi	n a Cons	sondated	basis					
1 Name of periodical	2 Gros advertisin income	ig adv	3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circulat e income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										<u> </u>
Totals (carry to Part II, line (5))	<b>•</b>	0.		).						0.

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

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					•		
(2)	i						
(3)							
(4)					<del>-</del> -		
Totals from Part I	▶	0.	0.	•		<u> </u>	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

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

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

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 19
BUSINESS ACTIVITY

PURSUANT TO PROP. REG. 1.512(A)-6(C)(I), THE UNRELATED BUSINESS ACTIVITY FOR THE ORGANIZATION IS INVESTMENT ACTIVITIES FROM QUALIFYING PARTNERSHIP INTERESTS.

TO FORM 990-T, PAGE 1

50% CASH ONLY

TOTAL TO FORM 990-T, PAGE 2, LINE 34

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 20
DESCRIPTION		NET INCOME OR (LOSS)
	LP - INTEREST INCOME	1,500
	LP - DIVIDEND INCOME	7,335
	LP - OTHER INCOME (LOSS) PARTNERS (BERMUDA) IV, LP - OTHER INCOME	-5,206
(LOSS)		-24
CALIFORNIUM 98, L	LC - NET RENTAL REAL ESTATE INCOME	-28,239
TOTAL INCLUDED ON	FORM 990-T, PAGE 1, LINE 5	-24,634
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 21
DESCRIPTION		AMOUNT
TAX PREPARATION F	EES	1,575
TOTAL TO FORM 990	-T, PAGE 1, LINE 27	1,575
FORM 990-T	CONTRIBUTIONS	STATEMENT 22
DESCRIPTION/KIND (	OF PROPERTY METHOD USED TO DETERMINE FI	MV AMOUNT

N/A

58,631,032.

58,631,032.

FORM 990-T C	ONTRIBUTIONS SUMMARY		STATEMENT 2	23
QUALIFIED CONTRIBUTIONS SUB- QUALIFIED CONTRIBUTIONS SUB-				
CARRYOVER OF PRIOR YEARS UN FOR TAX YEAR 2014 FOR TAX YEAR 2015	USED CONTRIBUTIONS			
FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	15,015,746 14,230,947 23,330,466			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONT	RIBUTIONS	52,577,159 58,631,032		
TOTAL CONTRIBUTIONS AVAILABITAXABLE INCOME LIMITATION AS	<del></del>	111,208,191 33,234	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		111,174,957 0 111,174,957		
ALLOWABLE CONTRIBUTIONS DED	UCTION -	<u> </u>	33,2	34
TOTAL CONTRIBUTION DEDUCTION	N		33,2	34

### 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

THE ERIC AND WENDY SCHMIDT FUND FOR

STRATEGIC INNOVATION

Employer identification number

46-3460261

Yes X No

Did the corporation dispose of any investment	nt(s) in a qualified opportun	ity fund during the tax ye	ear <sup>?</sup>		Yes X No
If "Yes," attach Form 8949 and see its instru			gain or loss		
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n 9.	(h) Gain or (loss) Subtract column (a) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g		combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					İ
Form(s) 8949 with Box C checked	224,746.				224,746.
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-kini	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin	7	224,746.			
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	(d)	(e)	(g) Adjustments to gair	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					<u> </u>
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked	135,118.				135,118.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kind		13			
14 Capital gain distributions	_14				
15 Net long-term capital gain or (loss) Combine		15	135,118.		
Part III Summary of Parts I and					<del>,</del>
16 Enter excess of net short-term capital gain (lin		16	224,746.		
17 Net capital gain. Enter excess of net long-term	: 7)	_17	135,118.		
18 Add lines 16 and 17. Enter here and on Form		per line on other returns	Į.	18	359,864.
Note If Insses exceed dains, see Capital Los	see in the instructions.				

LHA

Department of the Treasure Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

THE ERIC AND WENDY SCHMIDT FUND FOR

STRATEGIC INNOVATION

Social security number or taxpayer identification no.

46-3460261

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your proker and may even tell you which box to check

Partil Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long term

transactions, see page 2

Note You may aggregate all short term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions no	ot reported to you	on Form 1099-1	B				
Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in	loss If your column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
VIKING LONG FUND LP	VARIOUS	VARIOUS	224,746.	0.			224,746.
						-	
					_		
			• •				
			•				
2 Totals. Add the amounts in columnegative amounts) Enter each to Schedule D, line 1b (if Box A above is checked), or line 3 (if Box A above is checked), or line 3 (if Box A above is checked).	tal here and inclu ove is checked), (	ide on your line 2 (if Box B	224 746.				224 746.

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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1
THE ERIC AND WENDY SCHMIDT FUND FOR

Social security number or taxpayer identification no.

STRATEGIC INNOVATION

46-3460261

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

see page 1

Note: You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below Check only one box If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

^	(F) Long-term transactions not	t reported to you	on Form 1099-E	3				
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.  (g)  Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
VII	KING LONG FUND LP	VARIOUS	VARIOUS	135,118.	0.		dojadinoni	135,118.
_				,				
_								
_								
	· · ·							
_								·
_								
_		-						
_					1			
_								
		"						
				_				
						,		
;	Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 8b (if Box D abo	tal here and incluove is checked),	ide on your line 9 (if Box E	135 110				125 110
	above is checked), or line 10 (if E	sox F above is ch	necked)	135,118.	I	كوسميدا		135,118.

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

## STATEMENT PURSUANT TO TREASURY REG. SECTION §1.351-3(A) BY THE ERIC AND WENDY SCHMIDT FUND FOR STRATEGIC INNOVATION (EIN: 46-3460261), A SIGNIFICANT TRANSFEROR

# THIS STATEMENT IS FILED BY THE ERIC AND WENDY SCHMIDT FUND FOR STRATEGIC INNOVATION AND ATTACHED TO AND MADE PART OF THE FORM 990-T FOR CALENDAR YEAR 2019

### STATEMENT FILED PURSUANT TO TREASURY REG. SEC 1.351-3(A)

- 1) THE TRANSFEREE CORPORATION IS D.E. SHAW ALKALI INTERNATIONAL FUND IV, LP. [REFERENCE ID: DESHAWALKALI], A FOREIGN CORPORATION ORGANIZED UNDER THE LAWS OF CAYMAN ISLANDS
- 2) THE ERIC AND WENDY SCHMIDT FUND FOR STRATEGIC INNOVATION TRANSFERRED THE ASSETS IDENTIFIED IN (3) BELOW ON VARIOUS DATES IN 2019.
- 3) THE TRANSFERRED PROPERTY HAD AN AGGREGATE FAIR MARKET VALUE OF USD 2,664,140 AND AN AGGREGATE BASIS OF USD 2,664,140 IMMEDIATELY BEFORE THE EXCHANGE.

PROPERTY	DATE	FMV	AGGREGATE
TRANSFERRED	TRANSFERRED		BASIS
CASH	VARIOUS	USD 2,664,140	USD 2,664,140

TOTAL USD 2,664,140 USD 2,664,140

4) NO PRIVATE LETTER RULINGS WERE ISSUED IN CONNECTION WITH THE SECTION 351 EXCHANGE

# THE ERIC AND WENDY SCHMIDT FUND FOR STRATEGIC INNOVATION STATEMENT ATTACHED TO AND MADE A PART OF FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR CALENDAR YEAR 2019

### FORM 926: D.E. SHAW ALKALI INTERNATIONAL FUND IV, LP

PART III - ADDITIONAL INFORMATION

REG. \$1.6038B-1(C)(6) - NOT APPLICABLE

TEMP. REG. §1.6038B-1T(C):

- 1) TRANSFEROR: SEE FORM 926, PART I
- , 2) TRANSFER:
  - a TRANSFEREE: SEE FORM 926, PART II
  - b. DESCRIPTION OF TRANSACTION: CAPITAL CONTRIBUTION
  - 3) CONSIDERATION RECEIVED: OWNERSHIP INTEREST IN D.E. SHAW ALKALI INTERNATIONAL FUND IV, LP.
  - 4) PROPERTY TRANSFERRED: USD 2,664,140.
  - 5) N/A

TEMP. REG. §1.6038B-1T(D)- NOT APPLICABLE