٠.	Q	90-T	E	Exempt Organi							MB No 1545-0687
Form	· •		For colo	and pro) ndar year 2018 or other tax	oxy tax unde				1900	1	2018
Dane	-d	1	Por cale	Go to www.irs.gov							
		of the Treasury enue Service	▶ Do r	not enter SSN numbers on					1(c)(3).	Open to	o Public Inspection for (3) Organizations Only
$\overline{}$	Che	ck box if			 						lentification number
B E	Everyal under section PUBLIC WELFARE FOUNDATION, INC										trust, see instructions)
	Number, street, and room or suite no. If a P.O. box, see instructions										0597601
	1408(e) 220(e) Type 1200 U STREET NORTHWEST										isiness activity code
	408A		1,00	City or town, state or provi	nce, country, and ZIF	or foreign (oostal code		(See	ınstruct	ions)
	529(WASHINGTON, DC 200	009-4443				1	5	23000
C Bo	ook ya end c	lue of all assets f year		oup exemption number							
		516,406,833		neck organization type] 401(a		
				organization's unrelated							first) unrelated
				INVESTMENT IN P							
			•	at the end of the previ omplete Parts III-V	ous sentence, c	complete	Parts Fand II, Co	ompiete a s	schedui	e ivi ic	or each additional
				e corporation a subsidia	nun an affiliated o	aroup or a	narent-cubeidian	controlled (aroup?	_	☐ Yes 🗸 No
				e corporation a subsidia and identifying numbe				, controlled (group.		
				► PUBLIC WELFARE		orporation		hone numb	er 🕨	(202) 965-1800
				e or Business Inco			(A) Income	1	xpenses	T,	(C) Net
		Pross receipts								' -	
		ess returns and a			c Balance ▶	▶ 1c	0				
2	2	ost of goods	sold (S	Schedule A, line 7)		2	0				
3	. (Gross profit S	Subtract	t line 2 from line 1c		3	0				0
4	a C	Capital gain ne	et incor	me (attach Schedule D)	4a	310,408				310,408
	b N	let gaın (loss)	(Form 4	4797, Part II, line 17) (a	ttach Form 4797) 4b	0				0
		•		n for trusts		4c	0		/-	-	0
5				tnership or an S corporati	on (attach stateme		550,832	/			550,832
6		Rent income (•		6	0	+/-	0		0
7				ced income (Schedule		7	0		0		0
8				and rents from a controlled of	-		0		0		0
9 10				ction 501(c)(7), (9), or (17) org	-	(G) 9 10	76		0	 _	0
10 11 ـ		dvertising inc	•	•	51)	11			0		0
12		_		tructions; attach schedu	 ıle)	12		_			0
13				3 through 12		13	861,240		0		861,240
o Pa	art II	Deduction	ns Not	Taken Elsewhere (S	See instructions		tions on deduc	tions) (Exc	ept for	contr	ibutions,
4				be directly connecte							
₹ 14	· (Compensation	of offi	cers, directors, and tru	istees (Schedule	2K)"-		•		14	0
) 15		Salaries and w	-		/				-	15	0
16 ز		Repairs and m			. /				—	16	0
J 17					. /	•			_	17	0
18		•		dule) (see instructions)	/	•	•			18	4,927
أ 19		axes and lice		ons (See instructjøfis fo			• • •			19 20	0
ン 20 り 21		Depreciation (or illilitation rules	s)	. 21		1 -	20	
22				imed on Schedule A a	nd elsewhere-en	· · h-return	223-	<u> </u>		22b	٥
23		Depletion		, in red on conceder at a		REC	EIVED	<u> </u>		23	28,965
24		•	to defe	rred compensation pla	ans	<u> </u>		S		24	0
25		mployee ben				JUL	2 0 2020	있	.	25	0
26				nses (Schedule I)	6	1		产	. [26	0
27				sts (Schedule J)		1_	DENLIT		<u> </u>	27	0
28				ach schedule)		<u>ادر</u> ب	7517			28	983,557
29				dd lines 14 through 28			•			29	1,017,449
30				xable income before n						30	(156,209)
31	_			ating loss arising in tax			January 1, 2018 (see instructi		31	(156 200)
_32	<u>. </u>		_	axable income Subtra	ct line 31 from lii	ne 30 .	•	•	31	32	(156,209)

Form 99	d-T/(2018	9			Page 2
Part!	71 T	otal Unrelated Business Taxable Income			
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (se	ee		\top
	instruc	tions)	36		0
34		nts paid for disallowed fringes	34		
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (so	ee 🗍		
		tions)			ol
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the su	m		\neg
		s 33 and 34	36	·	ol
37	Specifi	ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)			0
38		ited business texable income. Subtract line 37 from line 36. If line 37 is greater than line 3			
\mathcal{H}		he smaller of zero or line 36			О
Part'	V T	ax Computation			
39		izations Taxable as Corporations. Multiply line 38 by 21% (0.21)	> 39		0
40		Taxable at Trust Rates. See instructions for tax computation. Income tax of			
			40		
41			► 41		
42	-	tive minimum tax (trusts only)			+
43		Noncompliant Facility Income. See instructions			+-
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			О
Part		ax and Payments	-17		<u> </u>
		tex credit (corporations attach Form 1118; trusts attach Form 1116) . 45a	- 		1
ь		credits (see instructions)	$\dashv 11$		
C		al business credit. Attach Form 3800 (see instructions)			ĺ
d		for prior year minimum tax (attach Form 8801 or 8827)			
		credits. Add lines 45a through 45d	45e		0
46		ct line 45e from line 44	48		0
		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		0
48		axes. Check in form:	48		0
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		'
		nts: A 2017 overpayment credited to 2018 60a 0	 11 	_	
	-	stimated tax payments	· .		ł
		posited with Form 8868	[1		1
		n organizations: Tax paid or withheld at source (see instructions) 50d	 		ŀ
		o withholding (see instructions)	 - - - -		
		for small employer health insurance premiums (attach Form 8941) . 50f	 · 11		
	Othor	credits, adjustments, and payments: Form 2439			
	Form				
		n 4136			0
		ted tax penalty (see instructions). Check if Form 2220 is attached			"
53			53		0
			54	· · · · · · · · · · · · · · · · · · ·	0
		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ■ semount of line 54 you want: Credited to 2019 estimated tax ► 0 Refunded ■			0
Part \		tatements Regarding Certain Activities and Other Information (see instructions)	<u> </u>		21
		time during the 2018 calendar year, did the organization have an interest in or a signature or	other aut	hority Yes	s No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization is			P 3
		I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the			· *
	here >		.u.bigii be	/	لترساد
		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	forelan tauc		+
	-	" see Instructions for other forms the organization may have to file.	oleidii iidə	"· · , ,	
		ne amount of tax-exempt interest received or accrued during the tax year > \$		a .	-
_58		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my kr	-	elief, it la
Sign	true, c	priect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ge r		7
Here		and Alberter 14/25/220 CFAO		IRS discuss this preparer shows	
. 101 C	Signati			ruotions)? [[Yes	
	J.87.41			, PTIN	
Paid		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Check self-employe	13	0720
Prepa		Append Co.		<u> </u>	
Use C	Inly		Firm's EIN ►	35-09210	
		Firm's address ▶ 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122	Phone no.	(502) 326-3	
				Form 990-	1 (2018)

	90-1 (2018)										<u> </u>	age 3
	dule A – Cost of Goods				, , , , ,							
1	Inventory at beginning of	· _	1	0			-	it end of year	6	<u> </u>	0	
2	Purchases		2	0				goods sold. Subtract				
3	Cost of labor						line 5 Enter here and	L	4			
4a	Additional section 263A		- [Part I, Iir		7		0	No
					les of section 263A (with respect to Yes							
b	Other costs (attach sched		4b	0				roduced or acquired for				
5	Total. Add lines 1 through	h 4b	5	0				nization?			,	✓
	dule C-Rent Income (From Re	eal P	roperty and	l Persor	nal Pro	perty I	Leased With Real Pro	pert	y)		
	instructions)											
1. Desc	ription of property											
(1)					<u>.</u>			<u> </u>			_	
(2)												
(3)	<u>-</u>											
(4)												
	·	2. Rent rece	ived or	accrued				_				
	om personal property (if the percer personal property is more than 10° more than 50%)		pe	rcentage of rent	and personal property (if the it for personal property exceeds it is based on profit or income) 3(a) Deductions directly connect in columns 2(a) and 2(b) (att						ie	
(1)												
(2)												
(3)												
(4)				•								
Total		C	Tota	al				(b) Total deductions.				
here a	al income. Add totals of colu	lumn (A)	•	•				Enter here and on page Part I, line 6, column (B)				0
Sche	dule E-Unrelated Deb	t-Financ	ced I	ncome (see	instruction	ons)						
	1. Description of debt-	financed pro	perty			s income f		3. Deductions directly condebt-finance	ced pro			
						property		(a) Straight line depreciation (attach schedule)	<u> </u>	(attach sci		<u> </u>
(1)	 .				 -				+			
(2)	· 				ļ							
(3)									+			
(4)	4 Amount of average	5 Avera	ne adı	isted hasis	-				+			
allocable to debt-financed debt-fina			or alloca	able to I property		6. Column 4 divided by column :		7. Gross income reportable (column 2 × column 6)		Allocable dumn 6 × tota 3(a) and	l of colu	
(1)						-	%	<u>.</u> .	<u> </u>			
(2)							%					
(3)					<u> </u>		%	<u> </u>	<u> </u>			
(4)					<u> </u>		%		<u> </u>			
								Enter here and on page 1, Part I, line 7, column (A)		er here and t I, line 7, d		
Totals							>	0	1			0
Total o	dividends-received deductio	ns include	d in co	olumn 8				>	·			0
										Form S	90-T	(2018)

1. Name of controlled organization 2. Employer identification number (loss) (see instructions) 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made included in the controlling organization's gross income in column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income in column 10 11. Deductions directly connected with income in column 10 12. Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Totals 1. Description of income 2. Amount of income 3. Deductions directly connected in the controlling organization's gross income in column 10 1. Description of income 2. Amount of income 3. Deductions directly connected in the controlling organization's gross income in column 10 1. Description of income 2. Amount of income inco
organization identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 4. Total of specified granization's gross income in column 5
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected with income and specified payments made 4. Set-asides (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (A) 5. Total deductions and set-asides (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (B) (4) Enter here and on page 1, Part I, line 8, column (B) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected with income and specified payments made 4. Set-asides (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (A) 5. Total deductions and set-asides (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (B) (4) Enter here and on page 1, Part I, line 8, column (B) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
(3) (4) Nonexempt Controlled Organizations 7. Taxable Income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income column 10 (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (B) 5. Total deductions and set-asides (col 3 plus col 4) Enter here and on page 1, Part I, line 8, column (B) Enter here and on page 1, Part I, line 8, column (B) 5. Total deductions and set-asides (col 3 plus col 4) Enter here and on page 1, Part I, line 8, column (B) Enter here and on pag
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7. Taxable Income (loss) (see instructions) (1) (2) (3) (4) Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Total of specified payments made 3. Total of specified payments made 3. Total of specified payments made 3. Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) 4. Set-asides (attach schedule) 5. Total deductions and set-asides (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (B) 5. Total deductions and set-asides (col 3 plus col 4) 5. Total deductions and set-asides (col 3 plus col 4) Enter here and on page 1,
(2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Enter here and on page 1, Enter here and on page 1, Enter here and on page 1, Enter here and on page 1, Enter here and on page 1,
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Totals Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (A) Totals Totals Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (B) (C) (A) Enter here and on page 1, Part I, line 8, column (B) (B) (C) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B) (A) Enter here and on page 1, Part I, line 8, column (B)
Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule) 5. Total deductions and set-asides (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1,
1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule) 5. Total deductions and set-asides (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1,
1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1,
(2) (3) (4) Enter here and on page 1, Enter here and on page 1
(3) (4) Enter here and on page 1, Enter here and on page 1
(4) Enter here and on page 1, Enter here and on page 1,
Enter here and on page 1, Enter here and on page 1,
Totals 0
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)
2. Gross unrelated business income from trade or business income business income from trade or b
(1)
(2)
(3)
(4)
Enter here and on page 1, Part I, line 10, col (A) Totals Enter here and on page 1, Part I, line 10, col (B) Enter here and on page 1, Part I, line 26
Schedule J – Advertising Income (see instructions)
Part I Income From Periodicals Reported on a Consolidated Basis
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs advertising costs 3. Direct advertising costs advertising costs 3. Direct advertising costs advertising costs 3. Direct advertising costs advertising costs 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 not more than column 4)
(1)
(1) (2)
(3)
(4)

(2)

(3)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If 7. Excess readership 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising mınus column 5, but advertising costs ıncome costs income a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) 0 0 0 Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 27 page 1, Part I, line 11, col (A) 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business % (1)

Form **990-T** (2018)

0

%

%

<u>%</u> ▶

Name of Partnership	EIN	UBI
INVESTMENT IN PARTERNSHIPS		
(1) CARMEL PARTNERS INVESTMENT FUND III, LP	33-1177003	-24,295
(2) CF GLOBAL DISTRESSED INVESTORS, LLC	56-2676315	-1,272
(3) COMMONFUND CAPITAL INTERNATIONAL PARTNERS	26-3669321	1,435
(4) COMMONFUND CAPITAL NATURAL RESOURCE PARTNERS X, L P	47-2468038	163,641
(5) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP	37-1656529	330,603
(6) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP	06-1605326	493
(7) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII LP	20-8306306	40,618
(8) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP	27-4641880	9,449
(9) COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND II, L P	81-2852078	21,194
(10) COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND, LP	38-3932557	23,374
(11) COMMONFUND CAPITAL VENTURE PARTNERS IX, L P	26-4138517	-4,841
(12) COMMONFUND CAPITAL VENTURE PARTNERS X, LP	80-0788864	-2,020
(13) COMMONFUND CAPITAL VENTURE PARTNERS XI, LP	47-2004432	100
(14) COMMONFUND CAPITAL VENTURE PARTNERS XII, L P	82-0966019	313
(15) COMMONFUND GLOBAL DISTRESSED PARTNERS III, LP	26-0133064	-6,187
(16) COMMONFUND STRATEGIC SOLUTIONS RE OP FUND	45-3015049	-4,751
(17) COMMONFUND STRATEGIC SOLUTIONS REAL ESTATE OPPORTUNITY FUND 2014, LP	46-5165140	-3,821
(18) CP INVESTMENT FUND II, LP	20-2548629	-1 <u>,</u> 156
(19) LIQUID REALTY PARTNERS IV LP	20-5650375	-4,203
(20) STYX PARTNERS, L P	13-3864434	-203
(21) TIFF PARTNERS V-INTERNATIONAL, LLC	56-2384596	-10
(22) TIFF PARTNERS V-US, LLC	56-2384591	21,775
(23) TUCKERBROOK SB GLOBAL DISTRESSED FUND I LP	76-0833755	-9,204
	Total for Part I, Line 5	550,832

Form 990T Part II, Line 19

Taxes and Licenses

Description	Amount
INVESTMENT IN PARTERNSHIPS	
(1) COMMONFUND CAPITAL NATURAL RESOURCE PARTNERS X, L P 472468038	3
(2) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII LP 208306306	81
(3) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP 274641880	-71
(4) COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND II, L P 812852078	475
(5) COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND, LP 383932557	141
(6) COMMONFUND CAPITAL VENTURE PARTNERS IX, L P 264138517	60
(7) COMMONFUND CAPITAL VENTURE PARTNERS X, LP 800788864	54
(8) COMMONFUND CAPITAL VENTURE PARTNERS XI, LP 472004432	462
(9) COMMONFUND CAPITAL VENTURE PARTNERS XII, L P 820966019	104
(10) STATE TAXES	3,618
Total	4,927

Form 990T Part II. Line 20	Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2013	20,281,700				20,281,700	2018
2014	20,604,626				20,604,626	2019
2015	20,715,620				20,715,620	2020
2016	21,066,287				21,066,287	2021
2017	21,635,821				21,635,821	2022
2018	21,256,206				21,256,206	2038
Totals	125,559,682	0		0	125,559,682	

Form 990T Part II, Line 28

Other Deductions

Description	Amount
INVESTMENT IN PARTERNSHIPS	
(1) COMMONFUND CAPITAL INTERNATIONAL PARTNERS 263669321	643
(2) COMMONFUND CAPITAL NATURAL RESOURCE PARTNERS X, L P 472468038	341,158
(3) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP 371656529	511,801
(4) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII LP 208306306	1,034
(5) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP 274641880	9,891
(6) COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND II, L P 812852078	45,358
(7) COMMONFUND CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND, LP 383932557	33,572
(8) COMMONFUND CAPITAL VENTURE PARTNERS IX, L P 264138517	3,725
(9) COMMONFUND CAPITAL VENTURE PARTNERS X, LP 800788864	601
(10) COMMONFUND CAPITAL VENTURE PARTNERS XI, LP 472004432	7,591
(11) COMMONFUND CAPITAL VENTURE PARTNERS XII, L P 820966019	16,286
(12) COMMONFUND STRATEGIC SOLUTIONS RE OP FUND 453015049	668
(13) TIFF PARTNERS V-US, LLC 562384591	624
(14) PROFESSIONAL FEES	10,605
Total	983,557

Form 990T Part II, Line 31 -Summary

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Pnor Years	Amount Used in Current Year	Amount Remaining
2018	156,209				156,209
Totals	156,209	0	0	0	156,209

Form 990T Part III, Line 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	156,179				156,179	2032
2013	162,759				162,759	2033
2014	78,638	_			78,638	2034
2015	174,905				174,905	2035
2016	90,120				90,120	2036
2017	225,876			·	225,876	2037
Totals	888.477	0	o	0	888,477	

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.

Employer identification number

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

OMB No. 1545-0123

PUBLIC WELFARE FOUNDATION, INC. 54-0597601 Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (q) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949. 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with Box A checked Totals for all transactions reported on Form(s) 8949 O 0 0 O with Box B checked Totals for all transactions reported on Form(s) 8949 0 11,647 with Box C checked 11.647 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 0) 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 11,647 Part II Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked Totals for all transactions reported on Form(s) 8949 0 0 with **Box E** checked Totals for all transactions reported on Form(s) 8949 0 181,632 with Box F checked 181,632 117,129 11 Enter gain from Form 4797, line 7 or 9. 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 15 298,761 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II 11,647 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 298.761 18 310,408 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . Note: If losses exceed gains, see Capital losses in the instructions.

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

OMB No 1545-0074

Name(s) shown on return PUBLIC WELFARE FOUNDATION, INC. Social security number or taxpayer identification number 54-0597601

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

1 (a) Description of property	(b) Date acquired	Date sold or Proceeds 9	(D) Date sold or	Proceeds See		d or Proceeds S	(e) Cost or other basis See the Note below	See the separate instruction		(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
SHORT TERM GAIN/LOSS		***************************************								
FROM SCHEDULE K-1 (1065) SHORT TERM GAIN/LOSS			11,241				11,241			
FROM FORM 6781			406				406			
						······				
·										
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lin	lude on your ne 2 (if Box B	11.647	o	j	0	11,647			

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 other side PUBLIC WELFARE FOUNDATION, INC

Social security number or taxpayer identification number 54-0597601

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

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

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

You must check Box D, E, or F 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)
\Box	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term	transactions not	reported to yo	ou on Form 1099-B
---------------	------------------	----------------	-------------------

(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) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss amount in column (g), sode in column (f) parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
LONG TERM GAIN/LOSS FROM SCHEDULE K-1 (1065)			181,022				181,022
LONG TERM GAIN/LOSS FROM FORM 6781			610				610
			`				
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D)	al here and inc is checked), lit	lude on your ne 9 (if Box E	181,632	0		0	181,632

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

Form **8949** (2018)

. 3800 Form

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

Attachment Sequence No 22

PUBLIC WELFARE FOUNDATION, INC

Identifying number 54-0597601

	C WELFARE FOUNDATION, INC		
Part	,	MT)	
	(See instructions and complete Part(s) III before Parts I and II.)	1 4 1	
1	General business credit from line 2 of all Parts III with box A checked	1	0
2	Passive activity credits from line 2 of all Parts III with box B checked 2 167		
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	167
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with		100
	box C checked. See instructions for statement to attach	4	126
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with	_	
	box D checked See instructions	5	0
6	Add lines 1, 3, 4, and 5	6	293
Part		<u> </u>	
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	0
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,	ł	+
_	lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	• Individuals Enter the amount from Form 6251, line 11	8	٥
	Corporations. Enter -0- State and trusts. Enter the amount from Schodule I (Form 1041), line 56.		0
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 .		
9	Add lines 7 and 8	9	0
100	Foreign tax credit		
	Certain allowable credits (see instructions)	1	
	Add lines 10a and 10b	10c	o
С	Add lines for and for	100	<u> </u>
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 See		
	instructions		
14	Tentative minimum tax	1	
	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0
17	Enter the smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization.		
For Pa	premork Reduction Act Notice, see separate instructions. Cat No. 12392F		Form 3800 (2018

Part							
Note:	ote: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26						
18	Multiply line 14 by 75% (0.75). See instructions	18	0				
19	Enter the greater of line 13 or line 18	19	0				
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	0				
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	0				
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	126				
23	Passive activity credit from line 3 of all Parts III with box B checked 23 167						
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	167				
25	Add lines 22 and 24	25	293				
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0				
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0				
28	Add lines 17 and 26	28	0				
29	Subtract line 28 from line 27 If zero or less, enter -0	29	0				
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0				
31	Reserved	31					
32	Passive activity credits from line 5 of all Parts III with box B checked 32 0						
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33					
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach.	34	0				
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0				
36	Add lines 30, 33, 34, and 35	36	0				
37	Enter the smaller of line 29 or line 36	37	0				
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c						
	• Estates and trusts Form 1041, Schedule G, line 2b	38	0 Form 3800 (2018)				
			FOILIT JUUU (2018)				

Page 3 Form 3800 (2018) Identifying number Name(s) shown on return PUBLIC WELFARE FOUNDATION, INC. 54-0597601 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions. A ☐ General Business Credit From a Non-Passive Activity F Reserved **B** ✓ General Business Credit From a Passive Activity G ☐ Eligible Small Business Credit Carryforwards **C** ☐ General Business Credit Carryforwards H Reserved ■ D General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) 1a 1a 1b b Reserved . . . С Increasing research activities (Form 6765) 1c 167 Low-income housing (Form 8586, Part I only) d 1d 0 Disabled access (Form 8826) (see instructions for limitation) 1e e Renewable electricity, refined coal, and Indian coal production (Form 8835) 0 f Indian employment (Form 8845) 0 1g g 0 h Orphan drug (Form 8820) . . 1h New markets (Form 8874) 0 1i i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 0 1j i Employer-provided child care facilities and services (Form 8882) (see k 0 1k 11 0 Biodiesel and renewable diesel fuels (attach Form 8864) ı 0 Low sulfur diesel fuel production (Form 8896) . 1m m 0 Distilled spirits (Form 8906) 1n n 0 10 o Nonconventional source fuel (carryforward only) . . . 0 Energy efficient home (Form 8908) р 0 Energy efficient appliance (carryforward only) 1a q 0 Alternative motor vehicle (Form 8910) 1r 0 s Alternative fuel vehicle refueling property (Form 8911) 1s Enhanced oil recovery credit (Form 8830) 1t 0 t Mine rescue team training (Form 8923) . . . 1u 0 u 0 Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) . 1w 0 w 0 1x Carbon oxide sequestration (Form 8933) x Qualified plug-in electric drive motor vehicle (Form 8936) . 0 **1y** У 0 Qualified plug-in electric vehicle (carryforward only) 1z z 0 1aa Employee retention (Form 5884-A) . . aa 0 General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb bb Other Oil and gas production from marginal wells (Form 8904) and certain 0 other credits (see instructions) 1zz 167 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 0 Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 0 4a 4a Investment (Form 3468, Part III) (attach Form 3468) 0 4b b Work opportunity (Form 5884) 0 Biofuel producer (Form 6478) 4c C 0 4d Low-income housing (Form 8586, Part II) d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e 0 е 0 Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f 0 Qualified railroad track maintenance (Form 8900) . . . 4g g 0 4h Small employer health insurance premiums (Form 8941) h 4i 0 i Increasing research activities (Form 6765) 0 Employer credit for paid family and medical leave (Form 8994) 4j j 0 4z Other Z

0

5

5

6

Add lines 4a through 4z and enter here and on the applicable line of Part II

Form 3800 (2018) Page 3 Name(s) shown on return Identifying number PUBLIC WELFARE FOUNDATION, INC 54-0597601 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions. A ☐ General Business Credit From a Non-Passive Activity F Reserved **B** General Business Credit From a Passive Activity **C** ☐ General Business Credit Carryforwards **D** General Business Credit Carrybacks H Reserved 1 If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (b) (a) Description of credit (c) If claiming the credit from a pass-through Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each amount entity, enter the EIN pass-through entity Investment (Form 3468, Part II only) (attach Form 3468) . . 1a 1a b Reserved . 1b 81-2852078 С Increasing research activities (Form 6765) 1c d Low-income housing (Form 8586, Part I only) . 1d Disabled access (Form 8826) (see instructions for limitation) . е f Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) 1g g Orphan drug (Form 8820) . 1h h 1i i New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j j Employer-provided child care facilities and services (Form 8882) (see 1k 11 1 Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) 1m m Distilled spirits (Form 8906) 1n n 0 Nonconventional source fuel (carryforward only) . . D Energy efficient home (Form 8908) . . 1p Energy efficient appliance (carryforward only) 1q Alternative motor vehicle (Form 8910) . . 1r s Alternative fuel vehicle refueling property (Form 8911) . 1s Enhanced oil recovery credit (Form 8830) . . 1t t Mine rescue team training (Form 8923) . u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) . . . 1w W Carbon oxide sequestration (Form 8933) x 1x Qualified plug-in electric drive motor vehicle (Form 8936) . 1y У Qualified plug-in electric vehicle (carryforward only) 1z z aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1_bb bb Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz . 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 3 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a b Work opportunity (Form 5884) 4b C Biofuel producer (Form 6478) 4c Low-income housing (Form 8586, Part II) d 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f Qualified railroad track maintenance (Form 8900) 4g g . . 4h h Small employer health insurance premiums (Form 8941) 4i i Increasing research activities (Form 6765) . . .

0

4j

4z

5

j

z 5

6

Employer credit for paid family and medical leave (Form 8994)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Form 3800 (2018) Page 3 Name(s) shown on return Identifying number PUBLIC WELFARE FOUNDATION, INC. 54-0597601 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. A General Business Credit From a Non-Passive Activity F Reserved **B** General Business Credit From a Passive Activity G ☐ Eligible Small Business Credit Carryforwards **C** ☐ General Business Credit Carryforwards H Reserved ■ D General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (c) If claiming the credit from a pass-through (c)

Enter the appropriate amount Note: On any line where the credit is from more than one source, a separate Part III is needed for each amount pass-through entity entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) . . . 1a 1a 1b b Reserved 56-2384591 С Increasing research activities (Form 6765) . . . 1c d Low-income housing (Form 8586, Part I only) . 1d 1e Disabled access (Form 8826) (see instructions for limitation) е f Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) 1g g h Orphan drug (Form 8820) 1h New markets (Form 8874) 1i i . . 1j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) i Employer-provided child care facilities and services (Form 8882) (see k 1k 11 1 Biodiesel and renewable diesel fuels (attach Form 8864) . . . Low sulfur diesel fuel production (Form 8896) 1m m Distilled spirits (Form 8906) 1n n Nonconventional source fuel (carryforward only) . 10 0 Energy efficient home (Form 8908) 1p p Energy efficient appliance (carryforward only) . . . 1**q** q Alternative motor vehicle (Form 8910) . . . 1r Alternative fuel vehicle refueling property (Form 8911) 18 s Enhanced oil recovery credit (Form 8830) . . 1t t 1u Mine rescue team training (Form 8923) u Agricultural chemicals security (carryforward only) . . . 1v Employer differential wage payments (Form 8932) . . 1w W 1x Carbon oxide sequestration (Form 8933) X Qualified plug-in electric drive motor vehicle (Form 8936) 19 У Qualified plug-in electric vehicle (carryforward only) 1z z Employee retention (Form 5884-A) . 1aa aa . . . General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb bb Other. Oil and gas production from marginal wells (Form 8904) and certain 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 3 3 Enter the amount from Form 8844 here and on the applicable line of Part II 4a Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4h b 4c Biofuel producer (Form 6478) C Low-income housing (Form 8586, Part II) 4d d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) е Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f

Form 3800 (2018)

4g

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5 6 Qualified railroad track maintenance (Form 8900)

Increasing research activities (Form 6765)

Small employer health insurance premiums (Form 8941)

Employer credit for paid family and medical leave (Form 8994)

Add lines 4a through 4z and enter here and on the applicable line of Part II

For	m 3800	(2018)					Р	age 🕻
Nai	me(s) st	nown on return			Identifyi	ng number		
Ρl	JBLIC	WELFARE FOUNDATION, INC			İ	54-0597601		
Ρ	art III	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)				
Co	mplet	e a separate Part III for each box checked below. See instructions.						
Α		General Business Credit From a Non-Passive Activity E 🗏 Reserved						
В		General Business Credit From a Passive Activity F 🗏 Reserved						
С	✓ c	General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit	Carryfo	rwards		
D		General Business Credit Carrybacks H 🗏 Reserved						
1		u are filing more than one Part III with box A or B checked, complete and attach firs arts III with box A or B checked. Check here if this is the consolidated Part III.	stan a	additional Pa	art III co	mbining amou		rom ► □
_		(a) Description of credit		(b)		(c)		
		any line where the credit is from more than one source, a separate Part III is needed for early the second	each	If claiming the from a pass- entity, enter	through	Enter the app	oropri nt	ate
<u> </u>	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,,			\Box	
	b	Reserved	1b					
	С	Increasing research activities (Form 6765)	1c				108	
	d	Low-income housing (Form 8586, Part I only)	1d				18	
	е	Disabled access (Form 8826) (see instructions for limitation)	1e					
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f					
	g	Indian employment (Form 8845)	1g					
	h	Orphan drug (Form 8820)	1h					
	i	New markets (Form 8874)	1i					
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>					
	k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k					
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11					
	m	Low sulfur diesel fuel production (Form 8896)	1m					
	n	Distilled spirits (Form 8906)	1n		_			
	0	Nonconventional source fuel (carryforward only)	10					
	р	Energy efficient home (Form 8908)	1p				\longrightarrow	
	q	Energy efficient appliance (carryforward only)	1q					
	r	Alternative motor vehicle (Form 8910)	1r					
	S	Alternative fuel vehicle refueling property (Form 8911)	1s		-		\dashv	
	t	Enhanced oil recovery credit (Form 8830)	1t					
	u	Mine rescue team training (Form 8923)	1u				\longrightarrow	
	V	Agricultural chemicals security (carryforward only)	10				\dashv	
	w	Employer differential wage payments (Form 8932)	1w		_		\dashv	
	X	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>				\dashv	
	y z	Qualified plug-in electric drive motor vehicle (corryforward only)	1z			-	\dashv	
	aa	Employee retention (Form 5884-A)	1aa				\neg	
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				\neg	
	zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		•			
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2				126	
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				\neg	
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	·	_		\neg	
	b	Work opportunity (Form 5884)	4b					
	c	Biofuel producer (Form 6478)	4c	1				
	d	Low-income housing (Form 8586, Part II)	4d					
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e					
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f					
	g	Qualified railroad track maintenance (Form 8900)	4g					
	h	Small employer health insurance premiums (Form 8941)	4h					
	i	Increasing research activities (Form 6765)	4i					
	j	Employer credit for paid family and medical leave (Form 8994)	4j					

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4z 5

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5

6

Add lines 4a through 4z and enter here and on the applicable line of Part II

Form 3800 Statement

General Business Credit Carryforward Schedule

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Credit Expires
2017	126			126	2027
2018	167	0	0	167	2028
Totals	293	0	0	293	