Form 990-T	E	Exempt Organization Bus			ax Return	ŀ	OMB No 1545-0047
A		(and proxy tax und	er se	*	1912	1	2019
~	For ca	lendar year 2019 or other tax year beginning		and ending		-	ZU 19
Department of the Treasury Internal Revenue Service		▶ Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	be ma	de public if your organiz		! :	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed	_	Name of organization (le	(Empli	yer ildentification number byeas' trust, see otions)
B Exempt under section	Print						2 - 1558393
X 501(c)(30) 408(e) 220(e)	or Type	I Multiper, Street, and room of suite no. If a r.O. box, see instructions.					ted business activity code structions)
408A 530(a)	530(a) City or town, state or province, country, and ZIP or foreign postal code					523	100
Book value of all assets F Group exemption number (See instructions.)							
at end of year 6,384,0	28.			501(c) trust	401(a)	trust	Other trust
		tion's unrelated trades or businesses.	1		the only (or first) un	related	
		olicly Traded Partnersh	ip F		complete Parts I-V		than one,
		ice at the end of the previous sentence, complete Pa			M for each addition	al trade	or
business, then complete	Parts III	-V					
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	ıt-subsı	diary controlled group?	▶ [Ye	s X No
		tifying number of the parent corporation.					
J The books are in care of	<u> </u>	William C. Marcil, Jr.			one number > 7		
		de or Business Income	ı —	(A) Income	(B) Expenses	3	(C) Net
1 a Gross receipts or sale	_						
b Less returns and allo		c Balance	1c				
2 Cost of goods sold (S			3			-	
3 Gross profit. Subtrac4a Capital gain net incor			4a			-	/
• •	•	art II, line 17) (attach Form 4797)	4b				/
c Capital loss deduction			4c			$\overline{}$	
·		ship or an S corporation (attach statement)	5	<46,048.>	Stmt/	(0	
6 Rent income (Schedule C)			6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7				
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9				<u></u>
10 Exploited exempt activity income (Schedule I)			10_	/			
11 Advertising income (•	11				
12 Other income (See in			12	16 (010)			·4C 040 ·
13 Total. Combine lines Part II Deduction		gh 12 ot Taken Elsewhere (See instructions fo	13	<46,048.>	<u> </u>		<46,048.>
		be directly connected with the unrelated busin				, ,	
•	ficers, di	rectors, and trustees (Schedule K)		-		14	
15 Salaries and wages						15	
16 Repairs and mainter	nance					16	
17 Bad debts	dula) (c	og instructions)				17	
18 Interest (attach sche19 Taxes and licenses	aule) (S	ee instructions)				19	
20 Depreciation (attach	Form 4	562)	•	20		<u> </u>	
•		n Schedule A and elsewhere on return		21a	-	21b	
22 Depletion			~~			22	
23 Contributions to def	erred co	mpensation plans	EU	EIVED		23	
24 Employee benefit pr	ograms	اوا				24	
25 Excess exempt expe	nses (S	chedule I)	UN	26 2020 9		25	
26 Excess readership c		nedule 3)		<u> </u> <u>& </u>		26	
27 Other deductions (attach schedule) OGDEN, UT						27	
26 Total deductions. Add lines 14 through 27					28	0.	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13						29	<46,048.>
30 Deduction for net of (see instructions)	erating	loss arising in tax years beginning on or after Janua	ry 1, 20	18		30	0.
,	taxable i	ncome. Subtract line 30 from line 29				31	<46,048.>
		work Reduction Act Notice, see instructions					Form 990-T (2019)

Form 99	30-T(2019) William 'C. & Jane B. Marcil Charitable Foundation	72-1558393 Page 2
Par	t III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 <46,048.>
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	
36		36
37	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 <46,048.>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	33 - 7
11	epter the smaller of zero or line 37	39 <46,048.>
Par	f IV Tax Computation	1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
40		40 0.
	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from	
41	Tour sale aphadula as Cabadula D. (Form 1041)	41
40	Tax rate schedule or Schedule D (Form 1041)	42
42	Tax rate schedule or Schedule D (Form 1041) Proxy tax See instructions Alternative minimum tax (trusts only)	43
43		44
	Tax on Noncompliant Facility Income. See instructions	45 0.
	It potal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies V Tax and Payments	1 45 1
		
	Toreign tax creat (corporations attack to the tries, nosic attack to the tries,	-{
þ	other creatis (see instructions)	-{
C		-
	ordation prior your minimatrical (attaches or the court of	46-
'	1 00. 4 4 4	46e 0 .
47	Subtract line 46e from line 45 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	
48		
49	Total tax Add lines 47 and 48 (see instructions) 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	49 O. 50 O.
50	· · · · · · · · · · · · · · · · · · ·	50 0.
	1-6	-
	2010 00111111100 1011 9011111111	-}
	/ 1 70	-
	d Foreign organizations: Tax paid or withheld at source (see instructions)	-{
	Backup withholding (see instructions) (e 5te 100)	-
	Credit for small employer health insurance premiums (attach Form 8941)	-
ξ	g Other credits, adjustments, and payments' Form 2439 V9]	
	Form 4136 Other Total \$\\ \frac{\frac{1}{3} \text{1g}}{\frac{1}{3}}\$	+
52	Total payments Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached	52
53	X	
54	Tax due in time 52 is 1635 than the total of times 45, 50, and 50, office announce of the	54
55/	Overpayment in line 32 is larger than the total or lines 45, 55, 50, 5110 55, 5110 in annual overpaid	55
1000	Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded Refund	56
Par		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	
	here >	X X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.	
59_	Enter the amount of tax-exempt interest received or accrued during the tax year \$	adan and halist it is true
Sign	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowled correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	oge and bester, it is true,
Here		May the IRS discuss this return with
. 1616	Trestant I	he preparer shown below (see
		nstructions)? X Yes No
	The type property of the training of the train	If PTIN
Pai	. I self ampleyed	: 1
	d self-employed	
Pre	parer Melissa White, CPA Melissa White, CPA 06/03/20	P00851284
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	parer Melissa White, CPA Melissa White, CPA 06/03/20 Firm's name ► Eide Bailly LLP Firm's EIN ► 24 2nd Ave S.W.	P00851284 45-0250958
	parer Melissa White, CPA Melissa White, CPA 06/03/20 Firm's name ► Eide Bailly LLP Firm's EIN ► 24 2nd Ave S.W.	P00851284

Form 990-T Income (Loss) from Partnerships	Statement 10
Description	Net Income or (Loss)
EQM Midstream Partners, LP - Ordinary Business Income (loss)	<46,048.>
Total Included on Form 990-T, Page 1, line 5	<46,048.>