Form	990-T		(and proxy tax		der section 6033('a'	OMB N	0 1545-0687	
		For cale	ndar year 2018 or other tax year begin		•	$\frac{9}{10}$ 09/30 3	, l 9	න(n10	
Donad	ment of the Treasury	roi cale	► Go to www.irs.gov/Form990	_			" <u></u>	4	910	
	Revenue Service	▶ Do	not enter SSN numbers on this form a				:)(3)	Open to Pu 501(c)(3) ()	iblic Inspection for Irganizations Only	
A	Check box if		T ' T T		me changed and see instructions		D Emplo	yer identific	ation number	
	address changed	1					(Emplo	oyees' trust, see	instructions)	
B Exe	mpt under section		W.I. COOK FOUNDATION	N, I	NC.					
X	501(C <u>) (</u> 3)	Print	Number, street, and room or suite no 1	faPO	box, see instructions		75-2051649			
	408(e) 220(e)	Type					E Unrelated business activity code (See instructions)			
	408A530(a)	′′	801 SEVENTH AVENUE				(000 #1	501 d		
	529(a)	 	City or town, state or province, country		ZIP or foreign postal code					
	k value of all assets and of year		FORT WORTH, TX 7610				5230	30	_	
			up exemption number (See instructi			- 1	1			
					rporation 501(c)	· ·	401(a)		Other trust	
			inization's unrelated trades or busine VESTMENT IN PARTNERSHI				•	(or first) un		
		-		•		complete Parts I			describe the	
	st in the blank spa ade or business, the		e end of the previous sentence, cor	npiete	Parts Fand II, complete a Sc	aledule IVI Tor ear	on addition	ıaı		
			corporation a subsidiary in an affili	ated o	roup or a parent-subsidiary c	ontrolled aroun?			Yes X No	
			identifying number of the parent cor			ontrolled group		•••	,	
	ne books are in care			porqui	Telephon	e number ▶ (6	82)885	-4000		
_			or Business Income		(A) Income	(B) Expen			(C) Net	
1 a	Gross receipts or s									
b	Less returns and allowa	nces	c Balance ▶	1c						
2	Cost of goods sol	d (Sched	ule A, line 7)	2		_				
3	Gross profit Sub	tract line	2 from line 1c	3						
4a			ittach Schedule D)	4a	76,398.				76,398.	
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b						
С	Capital loss dedu	ction for t	trusts	4c				<u> </u>		
5	income (loss) from a p	artnership o	r an S corporation (attach statement)	5	2,442,671.	ATCH 1		1 2	2,442,671.	
6	•		• • • • • • • • • • • • • • • • • • • •	6				+		
7			come (Schedule E)	7			_	+		
8			ents from a controlled organization (Schedule F)			·		+		
9			1(c)(7), (9), or (17) organization (Schedule G)	9				1		
10	•	_	ncome (Schedule I)	10				+		
11 12	-	-	ctions, attach schedule)	11			·	- 		
13	•		ough 12	13	2,519,069.		-	 2	2,519,069.	
			Taken Elsewhere (See instr			eductions) (f	Except f			
			be directly connected with the			• •			,	
14			directors, and trustees (Schedule K)				14	1		
15	Salaries and wage	s				RECEIVE				
16					i —		167			
17						AUG 1/8 20	20 1			
18	Interest (attach se	chedule) ((see instructions),				186	<u> 21 </u>		
19						OGDEN:	1 17 19	1		
20			See instructions for limitation rules)			JODEIA'	20	₩		
21			4562)					-		
22			on Schedule A and elsewhere on re				22b	 		
23			• • • • • • • • • • • • • • • • • • • •							
24			compensation plans					+		
25 26			S					+		
26 27			Schedule I)					+		
27 29			chedule J)					 		
28 29		-	schedule)					+		
30			ole income before net operating					1 2	2,519,069.	
31			ig loss arising in tax years beginning					† – – –		
32			e income Subtract line 31 from line				$\begin{bmatrix} 1 & \frac{3}{32} \end{bmatrix}$	1 2	2,519,069.	
For F	aperwork Reduct	ion Act N	Notice, see instructions.			<u> </u>	T.		m 990-T (2018)	
8X274	^{0 1} 12862м ^{JS} R92	20 8/3	3/2020 4:19:05 PM		7	70-066773-	039640		PAGE 6	

PAGE 62

Form	990-T (20			Page 2
Par	t III	Total Unrelated Business Taxable Income		
33	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructi	ons)	33	2,519,069.
34	Amount	s paid for disallowed fringes	34	
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see		
-		ons),	35	5,772,576.
26		unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
36		33 and 34	26	-3,253,507.
		74	36	1,000.
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	13(1	1,000.
38		d business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36	1.11	2 252 507
_		e smaller of zero or line 36	38	-3,253,507.
Par		Tax Computation	!	
39	Organiz	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amo	unt on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶	40	
41	Proxy ta	x. See instructions	4/1	
42		ve minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·		
43		Noncompliant Facility Income. See instructions		
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies		
Par		Tax and Payments ,		
45 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
		edits (see instructions)	111	
•	Coporal	business credit Attach Form 3800 (see instructions)	111	
٦	Candida	or prior year minimum tax (attach Form 8801 or 8827)	111	
u	T-4-1	edits. Add lines 45a through 45d	45e	
			46	
46		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	1 T T	<u> </u>
47				0.
48		c. Add lines 46 and 47 (see instructions)		
49		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Paymer	ts A 2017 overpayment credited to 2018	-	
			111	
		osited with Form 8868	↓∤ ∤	
d	Foreign	organizations Tax paid or withheld at source (see instructions)	111	
		withholding (see instructions)	111	
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50f]] [
g	Other cr	edits, adjustments, and payments Form 2439		
		orm 4136 Other Total ▶ 50g		
51	Total pa	yments. Add lines 50a through 50g	51	28,766.
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52	
53		. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	- · · · · · ·
54			54	28,766.
1 55	•	amount of line 54 you want Credited to 2019 estimated tax ▶ 28,766. Refunded ▶	V I	
	t VI	Statements Regarding Certain Activities and Other Information (see instruction		
56		time during the 2018 calendar year, did the organization have an interest in or a signature of		authority Yes No
50	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
		Form 114. Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		1 1
			Toreign	X
	_	VARIOUS		- - - - - - - - - -
57		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	Y X X X Y Y Y Y Y Y
		see instructions for other forms the organization may have to file		
<u>58</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	l tn	der penalbes of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my	knowledge and belief, it is
Sigı	n 🛌 🖺		ay the If	RS discuss this return
Her		[08/17/2020 / 5/ <i>P, CFO</i> w	th the p	reparer shown below
	s	gnature of officer Date Title (s	ee instruction	ns)? X Yes No
		Print/Type preparer's name Preparer's signature Date Cher	* if	PTIN
Paid		kenissis nisarawana 	employed	P01310558
•	arer	Firm's name ▶ BKD, LLP Firm'	s EIN 🕨	44-0160260
Use	Only	Firm's address ▶ 14241 DALLAS PARKWAY, STE 1100, DALLAS, TX 75254 Phor	e no 97	2.702.8262

JSA

Form **990-T** (2018)

Form 990-T (2018)							Page 3		
Schedule A - Cost of G	oods Sold. Er	iter method	d of invento						
1 Inventory at beginning of y	·			6 Inventory	at end of yea	ar	6		
2 Purchases				7 Cost of					
3 Cost of labor	3			6 from line 5 Enter here and in					
4a Additional section 263A co	osts			Part I, line 2					
(attach schedule)	4a			8 Do the	rules of	section 263A (v	with respect to Yes No		
b Other costs (attach schedu	ıle) . 4b					or acquired fo			
5 Total. Add lines 1 through				to the orga	anization?	<u></u>	<u></u> X		
Schedule C - Rent Income	e (From Real P	roperty a	nd Pe r sor	nal Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)			u						
(2)									
(3)									
(4)									
	2. Rent recei	ved or accru	ed						
for personal property is more than 10% but not percentage of rent			age of rent for	od personal property (if the for personal property exceeds is based on profit or income)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)	-								
(3)									
(4)									
Total		Total	,						
(c) Total income. Add totals of chere and on page 1, Part I, line 6	, ,	•			·	(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,		
Schedule E - Unrelated D			e instruction	ons)					
1 Description of del	bt-financed property			ncome from or o debt-financed		debt-finan	nnected with or allocable to ced property (b) Other deductions		
			property		(a) Straight line depreciation (attach schedule)		(attach schedule)		
(1)									
(2)						-			
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 0	Column divided olumn 5	7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals									

Form **990-T** (2018)

Page 4

Schedule F-Interest, Annu	andes, Noyaldes			ontrolled Org			Joing (366	, monucut	,,,,,)		
Name of controlled organization	2 Employer identification number	51	3. Net unrel (loss) (see i	ated income instructions)		of specifie nts made	included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)							_				
(3)											
(4)							1				
Nonexempt Controlled Organiz			1			40.5		0.15 -4	44	Dadishaa daadh	
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific payments made		ınclu	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)			ļ							<u> </u>	
(2)											
(3)											
(4)							columns 5 a			d columns 6 and 11	
Totals	come of a Sec	 tion 50)1(c)(7),	(9), or (17		Part		mn (A) tructions)		er here and on page 1, 1 I, line 8, column (B) 5 Total deductions	
1 Description of income	2 Amount of	income		directly cor (attach sch	nected			et-asides schedule)		and set-asides (col 3 plus col 4)	
(1)									_		
(2)											
(3) (4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	lumn (A)		an Adverti	sing In	come (see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Ex dir connec produ unr	penses ectly cted with ection of elated ss income	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gro from a is not	ss income ctivity that unrelated ss income	6 Expenses attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				1							
(2)											
(3)											
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page 1	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	ICOME (see instri	ictions)		ļ							
Part I Income From Per	•		Consol	idated Bas	sis						
1. Name of penodical	2 Gross advertising income		Direct sing costs	4. Advert gain or (los 2 minus co a gain, coo cols 5 thro	s) (col ol 3) If mpute		rculation come	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)								<u> </u>			
(3)											
(4)	<u> </u>										
Totals (carry to Part II, line (5))										Farm 990-T (2011	

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 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)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	<u>.</u>			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)		
	•	•	-	3. Percent of	•	·

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			

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

SVB STRATEGIC INVESTORS FUND III, LP (20-3076856) SVB STRATEGIC INVESTORS FUND IV, LP (26-2776097) STONELAKE OPPORTUNITY PARTNERS II, LP (27-5340688) STONELAKE OPPORTUNITY PARTNERS IV, LP (47-5331725) STONELAKE OPPORTUNITY PARTNERS III LP (80-0878134) ENLIGHTENMENT CAP SOLUTIONS FUND II (47-3741556) FUEL CAPITAL II, LP (47-4200934) GODLCREST CAPITAL QP, LP (47-4470900) LIBERATION CAP RENEWABLE ENERGY FUND (30-0783173) METRO REAL ESTATE PARTNERS IV-B, LP (65-1265798) PHILLIPS 66 PARTNERS LP, (38-3899432) SPIDER CAPITAL PARTNERS I, LP (47-3766589) STONELAKE OPPORTUNITY PARTNERS V, LP (82-3442125)	-1,704. 3,256. 3881,109. 1,100,548364,227. 2,106,68111,6511,795768235,379. 34,3372,38426,436229,340.
STONELAKE OPPORTUNITY PARTNERS V, LP (82-3442125) STATFORD LAND FUND IV, LP (27-2413324) INCOME (LOSS) FROM PARTNERSHIPS	-229,340. 72,254.
THOUGH (BOOK) THOU THE HOUSE D	<u> </u>

W.I. Cook Foundation, Inc. 2018 990-T NOL Carryover Schedule

	Original		Available	
	Loss	Amount	For	
Tax Year	Sustained	Utilized	Carryover	
2012	89,862	89,862	0	
2013	307,119	307,119	0	
2014	135,203	135,203	0	
2015	1,217,975	1,217,975	0	
2016	2,614,067	768,910	1,845,157	
2017	1,408,350	0	1,408,350	
Total	5,772,576	2,519,069	3,253,507	

Total amount of Net Operating Loss carryovers to next year 3,253,507

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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.

Employer identification number

W.I	. COOK FOUNDATION, INC.			ľ	-	75-2051649
Part	Short-Term Capital Gains and Losses	(See instructions)	•		
	See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fon 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and 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					
1 b	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 Form(s) 8949 with Box C checked				1	
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss) Combine lines 1				7	
Part		(See instructions)			I
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lin column (g)	n(s)	(h) Gain or (loss) Subtract 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					
86	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					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					76,398.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	⁷		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	ıh	<u></u>	15	76,398.
ı aı ı	- Cammary or Late Land II				$\overline{}$	
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	al loss (line 15)		16	
17 18	Net capital gain Enter excess of net long-term capit Add lines 16 and 17 Enter here and on Form 1120,				17	76,398. 76,398.
.0	Note: If losses exceed gains, see Capital losses in the		proper line of outer let	uiilo		, 0, 0,00.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018