



2939333424800 9

Exempt Organization Busing (and proxy tax under					OMB No. 1545-0687			
form 330-1 (and proxy tax under	(and proxy tax under section 6033(e))							
For calendar year 2018 or other tax year beginning	For calendar year 2018 or other tax year beginning , 2018, and ending , 20 .							
Department of the Treasury ► Go to www.irs.gov/Form990T for inst					non to Dublin Inconstitut 6			
Internal Revenue Service Do not enter SSN numbers on this form as it may in				c)(3).	pen to Public Inspection fo 01(c)(3) Organizations Onl	or ly		
A Check box if address changed Name of organization (Check box if name of the check box if name	hanged a	and see instructions))		ver identification numbe			
B Exempt under section Print MEADOWS FOUNDATION, INC.				(Employ	rees' trust, see instructions.	i.)		
V 501(C)Q3 Number, street, and room or suite no. If a P.O. by	ox, see in	structions.	ļ.	E diameter	75-6015322	_		
408(e) 220(e) Type 3003 SWISS AVE.			'		ed business activity code structions.)	,		
408A 530(a) City or town, state or province, country, and ZIP	or toreign	postal code			523000			
C Book value of all assets at end of year F Group exemption number (See instruction	<u>- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>				523000	_		
655,481,000 G Check organization type ► ✓ 501(c) co		on 501/c) trust	401(a) to	rust Other trus			
H Enter the number of the organization's unrelated trades or busine				<u>_</u>	(or first) unrelated	<u>.</u>		
trade or business here ▶ INVESTMENTS IN PARTNERSHIP						e		
first in the blank space at the end of the previous sentence, co								
trade or business, then complete Parts III-V.	•		•					
I During the tax year, was the corporation a subsidiary in an affiliated gr	oup or a	a parent-subsidia	ry controlled gro	oup? .	. ▶ ☐ Yes 🗹 No)		
If "Yes," enter the name and identifying number of the parent con	poratio	n. ▶						
J The books are in care of ▶ PAULA HERRING		Telep	phone number	<u> </u>	(214) 826-9431			
Part Unrelated Trade or Business Income		(A) Income	(В) Ехр	enses	(C) Net	_		
1a Gross receipts or sales0				.,				
b Less returns and allowances 0 c Balance ▶	1c	0		,	+ -	ᆜ		
2 Cost of goods sold (Schedule A, line 7)	2	0		- '		_		
3 Gross profit. Subtract line 2 from line 1c	3 4a	0			240 505	_		
4a Capital gain net income (attach Schedule D)b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a 4b	246,585	-		246,585	_		
c Capital loss deduction for trusts	40 4c	0			0	—		
5 Income (loss) from a partnership or an S corporation (attach statement	_	(4,901,816)			(4,901,816)	_		
6 Rent income (Schedule C)	6	(4,901,010)		0	(4,901,810)	-		
7 Unrelated debt-financed income (Schedule E)	7	0		0		_		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule	-	0		0	0	—		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G	-	0		0	0	_		
10 Exploited exempt activity income (Schedule I)	10	0		0	0	_		
11 Advertising income (Schedule J)	11	0		0	0	_		
12 Other income (See instructions; attach schedule)	12	0			0	_		
13 Total. Combine lines 3 through 12	13	(4,655,231)		0	(4,655,231)	_		
Part II Deductions Not Taken Elsewhere (See instructions for	or limita	ations on dedu	ctions.) (Excep	ot for co	ontributions,			
deductions must be directly connected with the unrela		siness income.)				_		
14 Compensation of officers, directors, and trustees (Schedule H	•			14		_		
15 Salaries and wages				15		_		
16 Repairs and maintenance	うひに			16 17		—		
46	. S.			18		—		
18 Interest (attach schedule) (see instructions) (1) 2 1 2019	. O :			19		—		
20 Charitable contributions (See instructions for limitation rules).	0			20		_		
21 Depreciation (attach Form 4562)OGDEN_LIT		. 21	0			_		
22 Less depreciation claimed on Schedule A and elsewhere on r			0	221	5 0			
23 Depletion				23		_		
24 Contributions to deferred compensation plans				24	0	_		
25 Employee benefit programs				25		_		
26 Excess exempt expenses (Schedule I)				26		_		
27 Excess readership costs (Schedule J)				27		_		
Other deductions (attach schedule)				28		_		
				29		_		
 Unrelated business taxable income before net operating loss of Deduction for net operating loss arising in tax years beginning on 					 ``` `` `	-		
 31 Deduction for net operating loss ansing in tax years beginning on 32 Unrelated business taxable income. Subtract line 31 from line 		January I, 2018 (see instructions	s) 31 32		L		

For Paperwork Reduction Act Notice, see instructions.

Cat. No 11291J

Form 99	O-T (2018)				Page 2
Part		otal Unrelated Business Taxable Income				
33		of unrelated business taxable income computed from all unrelated trades or businesses (s				
		itions)		33	(4,928,714)	
34		nts paid for disallowed fringes		34	9,141	
35		tion for net operating loss arising in tax years beginning before January 1, 2018 (s				
		tions)		35	0	<u> </u>
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
		s 33 and 34		36	(4,919,573)	
37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	0	
38		Ited business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3				
Dod		he smaller of zero or line 36		38	(4,919,573)	<u> </u>
Part		ax Computation				
39 40			> .	39	0	
40	the am	Taxable at Trust Rates. See instructions for tax computation. Income tax count on line 38 from: Tax rate schedule or Schedule D (Form 1041)	_			
44			•	40		
41 42	-	tax. See instructions	•	41	· · · · · ·	-
43		ative minimum tax (trusts only)		42		
43 44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43	0	<u> </u>
Part		ax and Payments		44	U	<u> </u>
45a		a tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		·		
b		credits (see instructions)				
c		al business credit. Attach Form 3800 (see instructions)				
d		for prior year minimum tax (attach Form 8801 or 8827)		1		
e		credits. Add lines 45a through 45d	-	45e	0	
46		ct line 45e from line 44		46	0	
47		Exes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		47	0	_
48		ax. Add lines 46 and 47 (see instructions)		48	0	
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		
50a		ints: A 2017 overpayment credited to 2018		- 12-		
b	-	stimated tax payments				
С		posited with Form 8868				
d		n organizations: Tax paid or withheld at source (see instructions) . 50d				
e	Backu	o withholding (see instructions)				
f	Credit	for small employer health insurance premiums (attach Form 8941) . 50f				
g	Other of	credits, adjustments, and payments: Form 2439				
	☐ Forn	n 4136 Other 0 Total ▶ 50g 0				
51	Total p	payments. Add lines 50a through 50g		51	0	
52				52		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53	0	
54	-	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	▶	54	0	
55		e amount of line 54 you want: Credited to 2019 estimated tax ▶ 0 Refunded		55	0	
Part \		tatements Regarding Certain Activities and Other Information (see instructions)			- 1	
56		time during the 2018 calendar year, did the organization have an interest in or a signature of				No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	here	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	tor	eign cou	untry	لبِــــ
e-2	-					-
57		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	tore	ign trust	· -	. • ,
EO		" see instructions for other forms the organization may have to file.				1
_58		he amount of tax-exempt interest received or accrued during the tax year \$ penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e hee	of my kne	0 owledge and belie	lef It le
Sign	true, g	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	dge.			_
Here	17	RULAD. WANS 11-14-19 PRESIDENT & CEO			RS discuss this o preparer shown t	
c. C		ure of officer Date ' Title	\dashv		ctions)? [Yes [
	J		-		PTIN	
Paid		Print/Type preparer's name Preparer's signature Date 11/13/201	Che	ck life employed	500000	729
Prepa		Firm's name ▶ CROWE LLP	_		35-092168	
Use (Inly	Firm's address > 750 N ST PAUL, SUITE 850, DALLAS, TX 75201		i's EIN ►	(214) 777-52	
			_F110	ne no.	Form 990-T	

Form 9	90-T (2018)								F	Page 3
Sche	dule A-Cost of Goods Sold.	Ent	er method of in	nventor	y va	luation >			_	
1	Inventory at beginning of year	1	1 0		6	Inventory	at end of year	6	0	
2	Purchases	1	2 0		7		goods sold. Subtract			
3	Cost of labor	3	3 0				n line 5. Enter here and			
4a	Additional section 263A costs						ine 2			
	(attach schedule)	4	a 0		8	Do the ru	les of section 263A (with		Yes	No
b	Other costs (attach schedule)	4	b 0				produced or acquired for			
5	Total. Add lines 1 through 4b	1	5 0			to the orga	anization?			7
Sche	dule C-Rent Income (From F	Rea	Property and	Perso	nal	Property	Leased With Real Pro	perty)		
(see	instructions)									
1. Desc	ription of property				_					
(1)					_	_				
(2)										
(3)		•					·		_	
(4)										
	2. Rent rec	eive	d or accrued					· · · · · ·		
	om personal property (if the percentage of repersonal property is more than 10% but not more than 50%)	(b) From real an percentage of rent to 50% or if the rent	for person	al pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			Ð	
(1)										
(2)		T								
(3)										
(4)										
Total		0	Total				0 63.7.4.1.4.4.4.4.	-		
	al income. Add totals of columns 2(a)						(b) Total deductions. Enter here and on page			•
Sche	nd on page 1, Part I, line 6, column (A) dule E—Unrelated Debt-Finar	100	d Income (see	inetnict	ione		Part I, line 6, column (B)			0
Oone	due L Officiated Debt-1 mar	100	u illeoille (see	T			3. Deductions directly cor	nected with or a	locable to	
	Description of debt-financed p	rope	rtv			ome from or lebt-financed	debt-financ	ced property		
	•		•			perty	(a) Straight line depreciation (attach schedule)	(b) Other of (attach s		\$
(1)						_		•		
(2)								 '		
(3)										
(4)		-								
a	acquisition debt on or of debt-financed debt-	or a	adjusted basis llocable to aced property schedule)	ı	6. Co 4 div by col		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 × to 3(a) an	tal of colu	
(1)						%				
(2)						%				
(3)						%				
(4)						%				
							Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals						>	0			0
Total d	lividends-received deductions include	ed in	column 8				· · · · · · · · · · ·			

-01111 990-1 (2016)								raye -
Schedule F-Interest, Annu	uities, Royalties,	and Ren	ts From (Controlled Org	anizations (se	e instru	ctions)	
		Exempt (Controlled	Organizations				
Name of controlled organization	2. Employer Identification number			4. Total of specified payments made	5. Part of column included in the corganization's gro	ontrolling	ing connected with incor	
(1)	· · · · · · · · · · · · · · · · · · ·							
2)			-	-				
3)								
4)								
Nonexempt Controlled Organiz	ations							-
7. Taxable Income	8. Net unrelated in (loss) (see instruct			ntal of specified yments made	10. Part of column included in the coorganization's gro	controlling	conne	eductions directly cted with income in column 10
1)				·			_	
2)						<u>.</u>		
3)							<u> </u>	
(4)							 	
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11. tere and on page 1, line 8, column (B).
Totals					▶	. (0	0
Schedule G-Investment I	ncome of a Sect	tion 501(d	c)(7), (9),	or (17) Organi	zation (see inst	tructions	s)	
1. Description of income	2. Amount o			4. Set-aside (attach sched	59U65 2nd		otal deductions et-asides (col 3 plus col. 4)	
(1)								
(2)								
(3)								
(4)								
Fotels	Part I, line 9, o							re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe	mpt Activity Inc			Advertising In	come (see inst	ructions	:)	<u></u>
Description of exploited activit	2. Gross unrelated	3. E d conn proc	expenses lirectly ected with fuction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp	penses stable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)					-			
(2)								
(3)								
(4)	Enter here and page 1, Part line 10, col. (il, page A). line 1	here and on a 1, Part I, 0, col. (B).			<u> </u>		Enter here and on page 1, Part II, line 26.
Totals	<u>. ▶ </u>	0	0					0
Schedule J-Advertising In			0	dated Dania				
Part I Income From P	eriodicals Repo	rtea on a	Conson			 		
1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		idership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)]]
(2)				ļ				1
(3)				1				≠ r
(4)								
Totals (carry to Part II, line (5))	. ▶	0	0	0				0
							F	orm 990-T (2018)

Page 5

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.) 7. Excess readership 4. Advertising gain or (loss) (col. 2 minus col. 3). If costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising minus column 5, but advertising costs income costs income a gain, compute not more than column 4). cols. 5 through 7. <u>(1)</u> (2) <u>(3)</u> <u>(4)</u> 0 0 0 **Totals from Part I** Enter here and on Enter here and on Enter here and on page 1, Part II, line 27. page 1, Part I, page 1, Part I, line 11, col. (A). line 11, col (B). Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0
			- 000 T

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) ANDEAVOR LOGISTICS, LP	27-4151603	-41,568
(2) ANTERO MIDSTREAM PARTNERS LP	46-4109058	-31,443
(3) BCP FUND II-A, LP	82-2181893	44,388
(4) BP MIDSTREAM PARTNERS LP	82-1646447	-12,648
(5) CARLYLE EUROPE PARTNERS IV, L.P.	98-1161625	7,601
(6) DOVER STREET VI, LP	42-1677172	2,411
(7) ENCAP ENERGY CAPITAL FUND X, L.P.	47-2732735	-825,598
(8) ENCAP ENERGY CAPITAL FUND XI, LP	81-4648210	-81,551
(9) ENERGY SPECTRUM PARTNERS VII LP	47-1453458	-1,003,979
(10) ENERGY TRANSFER LP (FKA ENERGY TRANSFER EQUITY LP)	30-0108820	-272,111
(11) ENERGY TRANSFER PARTNERS LP	73-1493906	-92,481
(12) ENLINK MIDSTREAM PARTNERS LP	16-1616605	-172,510
(13) ENTERPRISE PRODUCTS PARTNERS LP	76-0568219	-143,646
(14) EQM MIDSTREAM PARTNERS LP	37-1661577	-26,971
(15) GENESIS ENERGY LP	76-0513049	-207,117
(16) MAGELLAN MIDSTREAM PARTNERS LP	73-1599053	-45,403
(17) MPLX LP	27-0005456	-145,569
(18) NGL ENERGY PARTNERS LP	27-3427920	-45,250
(19) NOBLE MIDSTREAM PARTNERS LP	47-3011449	-10,594
(20) NORTHSTAR MEZZANINE PARTNERS IV, LP	20-2429097	-227
(21) NOSON LAWEN PARTNERS, LP	77-0647627	187,630
(22) PHILLIPS 66 PARTNERS, LP	38-3899432	-28,372
(23) PLAINS ALL AMERICAN PIPELINE LP	76-0582150	-87,690
(24) RICE MIDSTREAM PARTNERS LP	47-1557755	-14,332
(25) SENTINEL CAPITAL PARTNERS VI, LP	82-3574327	-116
(26) SENTINEL JUNIOR CAPITAL I, LP	82-3648996	-320
(27) SHELL MIDSTREAM PARTNERS LP	46-5223743	-69,505
(28) TALLGRASS ENERGY PARTNERS, LP	46-1972941	-2,711
(29) THE HUFF ENERGY FUND, L.P. (A)	20-5255559	-268,192
(30) THE HUFF ENERGY FUND, L.P. (B)	20-5255559	-268,192
(31) WESTERN GAS EQUITY PARTNERS LP	46-0967367	-55,985
(32) WILLIAMS PARTNERS L.P.	20-2485124	-63,690
(33) YORKTOWN ENERGY PARTNERS XI, LP	81-1279864	-1,126,075
	Total for Part I, Line 5	-4,901,816

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
2015	3	0	0	0	3	2020
2016	4	0	0	0	4	2021
2017	25,264,541	0	0	0	25,264,541	2022
2018	18,329,824	0	0.	0	18,329,824	2023
Totals	43,594,372	0	0	0	43,594,372	

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 Prior Years	Amount Used In Current Year	Amount Remaining
2018	4,919,573				4,919,573
Totals	4,919,573	0	0	0	4,919,573

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
2009	598,046		292,590		305,456	2029
2010	2,363,045		0		2,363,045	2030
2011	2,716,300		0		2,716,300	2031
2013	781,008		0		781,008	2033
2014	426,561		0		426,561	2034
2015	987,523		0		987,523	2035
2016	975,260		0		975,260	2036
2017	2,410,106		0		2,410,106	2037
Totals	11,257,849	0	292,590	0	10,965,259	

SCHEDULE D (Form 1120)

Name

Capital Gains and Losses

OMB No 1545-0123

2018

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-PCL, 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

MEA	DOWS FOUNDATION, INC.				•	75-6015322
Pa	t I Short-Term Capital Gains and Losses (See instructions	.)	·		
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments or loss from Fo		(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	8949, Part I, lin column (g)	e 2,	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					o
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					0
2	Totals for all transactions reported on Form(s) 8949 with Box B checked		-			0
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					0
4	Short-term capital gain from installment sales from For	m 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchang	es from Form 8824			5_	
6	Unused capital loss carryover (attach computation) .				6	(0)
	Net short-term capital gain or (loss). Combine lines 1a t			· · · · ·	7	0
Pal		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	to gain m(s) e 2,	(h) Gain or (loss) Subtract column (e) from column (d) and combine			
8a	whole dollars. 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			column (g)		the result with column (g)
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					0
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					0
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	0	30,065		0	(30,065)
11	Enter gain from Form 4797, line 7 or 9				11	276,650
12	Long-term capital gain from installment sales from Form	n 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchange	≋ from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8a th	rough 14 in columi	nh		15	246,585
	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) over	net long-term capit	al loss (line 15)		16	0
17 18	Net capital gain. Enter excess of net long-term capital g Add lines 16 and 17. Enter here and on Form 1120, pag	je 1, line 8, or the p			17 18	246,585 246,585
	Note: If losses exceed gains, see Capital losses in	the instructions.				- · · ·

Form **8949**

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.

OMB No 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return	
MEADOWS FOUNDATION,	INC

Social security number or taxpayer identification number 75-6015322

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.

Part I 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 (B) Short-term transactions (C) Short-term transactions	reported on	Form(s) 109	9-B showing bas)
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	ustment, if any, to gain or loss on enter an amount in column (g), enter a code in column (f). Gain or (it subtract column (g).	
	(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)
			-					
								<u> </u>
		-						
					:			
ne Se	otals. Add the amounts in columns gative amounts). Enter each tota chedule D, line 1b (if Box A above hove is checked), or line 3 (if Box 6	al here and inc is checked), tir	lude on your ne 2 (if Box B					

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 MEADOWS FOUNDATION, INC.

Social security number or taxpayer identification number 75-6015322

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.

✓ (F) Long-term transactions	пот герогтеа	to you on Fo	m 1099-B	(4)	Adjustment, if any, to gain or loss. If you enter an amount in column (g),		
(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 Column (e) in the separate instructions	enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LTCL SALE OF PARTNERSHIP UNITS WITH UNDERLYING PARTNERSHIP DEBT FINANCING	VAR	VAR		30,065			(30,065
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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.

30,065

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above is checked), or line 10 (if Box F above is checked) ▶