	* ~ Form	990-T	E	xempt Orgai	nization Bus		•	Γax Retur	n L	OMB No 1545-0047
	• •••			(ar	nd proxy tax und	ler se	ction 6033(e))	1017	``	2040
			For cal	endar year 2019 or other tax yea			, and ending	1910	_ I	2019
	Depar Interna	tment of the Treasury al Revenue Service	▶	Do not enter SSN number	rs on this form as it ma	y be ma				Open to Public Inspection for 50 (c)(3) Organizations Only
-	A L	Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)
	B F:	kempt under section	Print	THE SOBRATO	FAMILY FOU	MDA	TION		7	7-0348912
]501(c 0) 3)	or	Number, street, and room				*: ":	E Unrela	ated business activity code
		408(e) 220(e)	Туре	599 CASTRO					(See in	nstructions)
] 408A530(a)] 529(a)		City or town, state or provided MOUNTAIN VI			n postal code		531	390
	C Boo	w value of all accore		E Croup avamation numb	or (Con instructions)				<u> </u>	
	ate		93.	G Check organization type	x 501(c) cor	poration	501(c) trust	401(a) trust	Other trust
	H En	ter the number of the o	organiza	tion's unrelated trades or b	ousinesses.	1	Describe	the only (or first) u	nrelated	
	tra	de or business here 🕨	► SE	EE STATEMENT	27		 . If only one,	complete Parts I-V	. If more	than one,
	des	scribe the first in the bl	lank spa	ce at the end of the previou	is sentence, complete P	arts I an	d II, complete a Schedul	e M for each additio	nal trade	or
	bus	siness, then complete l	Parts III-	·V.						
	l Du	ring the tax year, was	the corp	oration a subsidiary in an a	iffiliated group or a pare	nt-subs	diary controlled group?	. ▶	Ye	s X No
	If "	Yes," enter the name a	nd ident	ifying number of the paren	t corporation. 🟲					
•				. VALENTINE	•		Teleph	one number 🕨 ((650)876-7010
	Pa	rt:la Unrelated	Trac	le or Business Inc	ome		(A) Income	(B) Expense	:s	(C) Net
	1 a	Gross receipts or sale	S					*		
	b	Less returns and allov	vances		c Balancè	1c				
	2	Cost of goods sold (S	chedule	A, line 7)		2		W ()		
~	3	Gross profit. Subtract	line 2 fro	om line 1c		3	,	250		
202	4a	Capital gain net incom	ie (attacl	n Schedule D)		4a	192,812.		X 22 %	192,8,1/2.
=				art II, line 17) (attach Form	4797)	4b				
Ė		Capital loss deduction				4c				
<u></u>				hip or an S corporation (at	tach statement)	5	-191,434.	STMT	28**	-2/91,434.
0		Rent income (Schedul				6		***************************************	~~~~	
	-	Unrelated debt-finance		ne (Schedule F)		7	,			
RINED	. 8			nd rents from a controlled o	organization (Schedule F)	H			-	
	, a			n 501(c)(7), (9), or (17) or	-					
2	210	Exploited exempt activ			gamzanon (concadio a)	10				
~		Advertising income (S	-	• •	•	11				
- 2	~	Other income (See ins				12			£33344	-
•		Total. Combine lines				13	. 1,378.	38.46-x.388000006.5000.0000067.0000	9672399299902	1,378.
				t Taken Elsewher	e (See instructions for			L		270.00
	*********	(Deductions	must b	e directly connected wi	th the unrelated busi	ness in	come)			
	14	Compensation of offi	icers dir	ectors, and trustees (Sche	dule KY		RECEIVE		14	
	15	Salaries and wages		00.010, 0.70 0 00.000 (00.10		٣	RECEIVE	020 OSO SM	15	
	16	Repairs and mainten	ance			1		181	16	
	17	Bad debts	41100		•	\.	OGDEN	050 / 97/	17	
	18	Interest (attach sche	dule) (se	e instructions)		1	NOV 2 0 2		18	
	19	Taxes and licenses	uuic) (30	ic moducingno)		1	(4)	TIT	19	
	20	Depreciation (attach	Form 45	62\		'	OGDEN	. O.		
	21			Schedule A and elsewhere	on return		21a		21b	_
	22	Depletion	iiiieu on	Schedule A and eisewhere	5 OII IELUIII	•	Ziaj		22	
		Contributions to defe		nnanation plans			,			
	23			препзацоп рыпѕ					23	
	24	Employee benefit pro		hadula IV					24	
	25	Excess exempt exper	-						25	<u> </u>
	26	Excess readership co					•		26	
	27	Other deductions (att							27	
-	28	Total deductions. Ac		=					28	1 379
	29	/		come before net operating					29	1,378.
	30	/	erating lo	oss arising in tax years beg	inning on or after Janua	ary 1, 20	18			•
		(see instructions)							30	0.
	31/			come. Subtract line 30 from					31	1,378.
	02620	1 01 27 20 I LIA FO	r Panen	work Reduction Act Notice	see instructions					Form 990-T (2019)

	90-13019) THE SUBRATU FAMILY FUNDATION		- UJ40J1ZPage Z
	Total Unrelated Business Taxable Income		
/32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,378.
33	Amounts påid for disallowed fringes	\$ 3	
34	Charitable contributions (see instructions for limitation rules) STMT 32 STMT 33	4 34	38.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 3	35 35	1,340.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	·
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 37	1,340.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	Q 38	1,000.
		$\Delta \vdash \frac{\pi}{L}$	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	$\Pi \Pi \Lambda$	240
	enter the smaller of zero or line 37	[/ [] 39	340.
Pari	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	► 40	71.
41	Trusts Taxaple at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax hate schedule or Schedule D (Form 1041)	> 4 1	
42	Proxy tax. See instructions	▶ 42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1 45	71.
	Tax and Payments	11.4	1
		260%	
			,
D	Other credits (see instructions) 46b	-1383	/ \
C	General business credit. Attach Form 3800 . 46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Ådd lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	71.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	e) 48	,
49	Total tax. Add lines 47 and 48 (see instructions)	4 49	71.
- 50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 50	0.
	Payments: A 2018 overpayment credited to 2019	285.0	
	2019 estimated tax payments 51b	$\dashv \ggg$	
		$\dashv \ggg$	
	E Tax deposited with Form 8868	‱	
a	I Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
		— ‱	
е	Backup withholding (see instructions) 51e		
e f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
e f			
e f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
e f g	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439	52	
e f g	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Total payments. Add lines 51a through 51g	52 53	
e f g 52	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	71.
e f g 52 53 54	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total > 51f Total > 51g Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 29	53 ► 5,4	71.
e f g 52 53 54 55	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total T	53 54 55	71.
6 f g 52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total T	53 ► 5,4	71.
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6 f g 52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 29 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded TyVI. Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	53 54 55	71. Yes No
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e f g 52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 29 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded tyVI. Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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	53 54 55	Yes No
e f g 52 53 54 55 56 [Pair]	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed STATEMENT 29 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded Tay III Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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	53 54 55	Yes No
e f g 52 53 54 55 56	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total T	53 54 55	Yes No
e f g 52 53 54 55 56 [Pair]	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total T	53 54 55	Yes No
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52 53 54 55 56 Part 57 58 59 Sign Here	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Other Total Form 4136 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Refunded Tax due. If line 52	snowledge a May the IR the preparainstruction If PTI ed P 9	Yes No X X X X S discuss this return with er shown below (see s)? X Yes No N 01280203 4-1341042
52 53 54 55 56 Part 57 58 59 Sign Here Prep Use	Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments:	snowledge a May the IR the preparr instruction If PTI ed P	Yes No X X X X X S discuss this return with er shown below (see s)? X Yes No N 01280203 4-1341042

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year	1 1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ıbtract l	ine 6	338		
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
 Other costs (attach schedule) 	4b			property produced or a	cquired	i for resale) apply to			23
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	perty)		
1. Description of property		•							
(1)									
(2)			1						
(3)					_				
(4)	_ 								
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) a	y connected nd 2(b) (atta	I with the income i ich schedule)	.n
(1)				<u> </u>	-,				
(2)		 			_				
(3)		<u> </u>							
(4)		<u> </u>						·	
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstruc	tions)					
			2	Gross income from		Deductions directly cor to debt-finan-			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(1	O) Other deduction (attach schedule)	ıs
(1)							 	 	
(2)		•					 	,	
(3)				-		·			
(4)							1	*****	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis affocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct umn 6 x total of co 3(a) and 3(b))	
(1)	<u> </u>			%		· · · · · · · · · · · · · · · · · · ·	T		
(2)			 	%					
(3)				%			\top		
(4)				%					
			•	-		nter here and on page 1, Part I, line 7, column (A)		er here and on pag t I, line 7, column	
Totals			-			0	.[0.
Total dividends-received deductions in	icluded in column	ı 8			L				0.
. U.Z. GITIGONGS (COCITEG GEOGRAPHONS)									<u> </u>

Form 990-T (2019)

Schedule F - Interest, A				Controlled C	•		2	123010		<u>, </u>
1. Name of controlled organizate	identi	nployer fication nber		elated income instructions)		al of specified ments made	ınclud	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)					$\overline{}$		·			
(2)									(
(3)										
(4)		•	<u> </u>	,			<u> </u>		L	
Nonexempt Controlled Organia	zations -								,	·
7. Taxable Income	8. Net unrelated inco (see instructio	me (loss) ns)	9. Total	of specified pay made	ments	10. Part of colu , in the control gros	mn 9 tha ling orgar s income	nization's	11. Ded with i	uctions directly connected ncome in column 10 \
(1)					,					
(2)							-		•	
(3)										
(4)										<u>. </u>
)	,	٢				Add colu Enter here and line 8,		3 1, Part I, A).	Enter he	re and on page 1, Part I, ne 8, column (B).
Totals								0.		0.
Schedule G - Investme		Section	1 501(c)(7), (9), or	(17) Oi	ganizatio	n'			
(see instr	ription of income	•		2. Amount o	f income	3. Deduction directly conn (attach sche	ected	4. Set-a		, 5. Total deductions and set-asides (col 3 plus col 4)
(1)			•			(attach sche	ouie,			(cor 5 pius cor 4)
(2)				 						
	r		- ,	-						
(4)				 				·		<u>-</u> -
Totals			>	Enter here and Part I, line 9, co	olumn (A)					Enter here and on page 1 Part I, line 9, column (8).
Schedule I - Exploited (see instru		y incom	e, Othe	r Than Ac	dvertisi	ing Incom	е		-	, 1
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	penses connected oduction related ss income	4. Net incor from unrelate business (c minus colun gain, compu through	d trade or olumn 2 in 3) If a te cols 5	5. Gross inc from activity is not unrela business inc	that ited	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) 4		<u> </u>	•		,	٠.				<u> </u>
(2)		Ť	-	1		•				
(3)										
(4)	1	1	``			1				,
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertising	na Income (see	1	0.	TX-65000000000000000000000000000000000000	100.000 E		NA ARABARA			*1 0 .
Part Income From				solidated	Basis			 -		
		- I	a Ooii	- -		·		T		<u></u>
1. Name of periodical	2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (col 3) If a g	tising gain ol 2 minus pain, compu hrough 7	5. Circula te incom		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	```									
(2)									2000	
(3)						*				
(4)										
		-								
Totals (carry to Part II, line (5))	 	0.	0					L		0.0

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

1. Name of periodical	2. Gross / advertising income	3. Direct advertising costs	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	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	on of Officers,	Directors, and	d Trustees (see in	structions)		

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

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 27 BUSINESS ACTIVITY

THE FOUNDATION IS INVESTED IN PASS-THROUGH INVESTMENTS THAT GENERATE TRADE OR BUSINESS INCOME AND LOSSES. ORDINARY AND RENTAL INCOME/LOSSES FROM THESE SOURCES ARE REPORTED AS UNRELATED BUSINESS INCOME.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 28
DESCRIPTION	NET INCOME OR (LOSS)
STRATEGIC PARTNERS FUND III RE, LP - ORDINARY BUSINESS	
INCOME (LOSS)	1,978.
STRATEGIC PARTNERS FUND III RE, LP - NET RENTAL REAL	105
ESTATE INCOME	-195
STRATEGIC PARTNERS FUND III RE, LP - INTEREST INCOME	1. 177.
STRATEGIC PARTNERS FUND III RE, LP - OTHER INCOME (LOSS)	177.
UNIVERSITY TECHNOLOGY VENTURES - ORDINARY BUSINESS INCOME	-18.
(LOSS) EUROPEAN STRATEGIC PARTNERS 2008 'B', LP - DIVIDEND INCOME	2.
EUROPEAN STRATEGIC PARTNERS 2008 'B', LP - OTHER INCOME	2.
(LOSS)	-39
STRATEGIC PARTNERS FUND IV, LP - ORDINARY BUSINESS INCOME	
(LOSS)	1,073
STRATEGIC PARTNERS FUND IV, LP - NET RENTAL REAL ESTATE	
INCOME	-54
STRATEGIC PARTNERS FUND IV, LP - INTEREST INCOME	22.
STRATEGIC PARTNERS FUND IV, LP - DIVIDEND INCOME	5.
STRATEGIC PARTNERS FUND IV, LP - ROYALTIES	1.
STRATEGIC PARTNERS FUND IV, LP - OTHER INCOME (LOSS)	3,358
NEWBURY EQUITY PARTNERS II (CAYMAN), LP - ORDINARY	6 746
BUSINESS INCOME (LOSS)	6,746
NEWBURY EQUITY PARTNERS II (CAYMAN), LP - NET RENTAL REAL	-19
ESTATE INCOME NEWBURY EQUITY PARTNERS II (CAYMAN), LP - INTEREST INCOME	2.
NEWBURY EQUITY PARTNERS II (CAYMAN), LP - ROYALTIES	1.
NEWBURY EQUITY PARTNERS II (CAYMAN), LP - OTHER INCOME	- '
(LOSS)	-1,215
DCPF VI OIL AND GAS COINVESTMENT FUND, LP - ORDINARY	,
BUSINESS INCOME (LOSS)	759,980
DCPF VI OIL AND GAS COINVESTMENT FUND, LP - OTHER INCOME	
(LOSS)	-280,632
SEI VI TPT AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-14,727
CHARLESBANK EQUITY FUND VIII, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-3,345
CHARLESBANK EQUITY FUND VIII, LP - INTEREST INCOME	2,000
CHARLESBANK EQUITY FUND VIII, LP - OTHER INCOME (LOSS)	-7,632

THE SOBRATO FAMILY FOUNDATION	77-0348912
DELOSFCA, LLC - ORDINARY BUSINESS INCOME (LOSS)	11,200.
CC PF AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	16,053.
CC PF AIV, LP - OTHER INCOME (LOSS)	-9,998.
DEL TARRIGERATO LE CERTANDE LICENTECE TROOME (LOCC)	-18,802.
RW INDUSTRIOUS AIV, LP - ORDINARY BUSINESS INCOME (LOSS) BW INDUSTRIOUS AIV LP - INTEREST INCOME	244.
WA INDODIKIOOD MIA' DI INIDKEDI INCOME	211
DELOS MBHE, LLC - ORDINARY BUSINESS INCOME (LOSS) DELOS MBHE, LLC - OTHER INCOME (LOSS) RW VACASA AIV, LP - ORDINARY BUSINESS INCOME (LOSS) RW VACASA AIV, LP - INTEREST INCOME RW VACASA AIV, LP - OTHER INCOME (LOSS) DELOS CR I, LLC - ORDINARY BUSINESS INCOME (LOSS) DELOS CR I, LLC - ROYALTIES DELOS PATRIOT, LLC - ORDINARY BUSINESS INCOME (LOSS) CCSL AIV, LP - ORDINARY BUSINESS INCOME (LOSS) CCPPV AIV, LP - ORDINARY BUSINESS INCOME (LOSS) CCPPV AIV, LP - OTHER INCOME (LOSS) RIVERWOOD CAPITAL PARTNERS II, L - OTHER INCOME (LOSS) ATLAS CAPITAL RESOURCES II (A3), LP - ORDINARY BUSINESS INCOME (LOSS)	1,0/1.
DELOS MBHE, LLC - OTHER INCOME (LOSS)	-4,049. 11 750
RW VACASA AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-11,750.
RW VACASA AIV, LP - INTEREST INCOME	2.
RW VACASA AIV, LP - OTHER INCOME (LOSS)	-6.
DELOS CR I, LLC - ORDINARY BUSINESS INCOME (LOSS)	-89.
DELOS CR I, LLC - ROYALTIES	21.
DELOS PATRIOT, LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,043.
CCSL AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,823.
CCPPV AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,989.
CCPPV AIV, LP - OTHER INCOME (LOSS)	-4,652.
RIVERWOOD CAPITAL PARTNERS II, L - OTHER INCOME (LOSS)	-93.
ATLAS CAPITAL RESOURCES II (A3), LP - ORDINARY BUSINESS	
INCOME (LOSS) ATLAS CAPITAL RESOURCES II (A3), LP - OTHER INCOME (LOSS)	19,081.
ATLAS CAPITAL RESOURCES II (A3), LP - OTHER INCOME (LOSS) ATLAS CAPITAL RESOURCES II (A7) - ORDINARY BUSINESS INCOME	-859.
(LOSS)	40,244.
ATLAS CAPITAL RESOURCES II (A9), LP - ORDINARY BUSINESS	
INCOME (LOSS)	-14,875.
ATLAS CAPITAL RESOURCES II (A9), LP - OTHER INCOME (LOSS)	-6.
ATLAS CAPITAL RESOURCES II (A10) - ORDINARY BUSINESS	
INCOME (LOSS)	4,361.
ATLAS CAPITAL RESOURCES II (A10) - INTEREST INCOME	276.
ATLAS CAPITAL RESOURCES II (A10) - OTHER INCOME (LOSS)	-90.
PRIOR YEAR PASSIVE ACTIVITY LOSS CARRYOVER - ORDINARY	301
BUSINESS INCOME (LOSS)	-594,037.
PRIOR YEAR PASSIVE ACTIVITY LOSS CARRYOVER - NET RENTAL	331,037.
REAL ESTATE INCOME	-281,586.
SUSPENDED PASSIVE ACTIVITY LOSS - NET RENTAL REAL ESTATE	·
INCOME	203,090.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-191,434.
FORM 990-T INTEREST AND PENALTIES	STATEMENT 29
TAX FROM FORM 990-T, PART IV LATE PAYMENT INTEREST	71. 1.
LATE PAYMENT PENALTY	1.
TOTAL AMOUNT DUE	73.

FORM 990-T	· LA	TE PAYMENT	INTER	EST ———————		STA	TEMENT	30
DESCRIPTION	DATE	AMOUNT	BA	LANCE	RATE	DAYS	INTERE	ST
TAX DUE DATE FILED	07/15/20 11/15/20	71	•	71. 72.	.0300	123		1.
TOTAL LATE PAYMENT	INTEREST							1.
FORM 990-T	LAT	E PAYMENT	PENALT	Y		STA	TEMENT	31
DESCRIPTION	DATE	AMOUI	NT	BALANCE	MO	NTHS	PENALT	Y.
TAX DUE DATE FILED	07/15/ 11/15/		71.		71. 71.	4		1.
TOTAL LATE PAYMENT	PENALTY					=		1.
FORM 990-T	1	CONTRIBUTIO	ONS			STA	PEMENT	32
DESCRIPTION/KIND OF	PROPERTY	METHOD USE	O TO DI	ETERMINE	FMV	1	AMOUNT	,
VARIOUS CASH GRANTS ATTACHED	- SEE 1	N/A				3!	9,626,5	77.
TOTAL TO FORM 990-T	, PAGE 2, LIN	E 34	`			3 9	9,626,5	77.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	33
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016	~	(
FOR TAX	YEAR 2017 YEAR 2018	,		
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	39,626,577		•
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	39,626,577		
EXCESS 100	TRIBUTIONS . OR CONTRIBUTIONS	39,626,539		
	CONTRIBUTIONS CONTRIBUTIONS DEDUCTION	39,626,539		38
TOTAL CONT	RIBUTION DEDUCTION			38

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No 1545-0123

Schedule D (Form 1120) 2019

Employer identification number

THE SOBRATO FAMILY	FOUNDATION		,	77-	0348912
Did the corporation dispose of any investme	nt(s) in a qualified opportur	ity fund during the tax	year?	-	Yes X No
If "Yes," attach Form 8949 and see its instru					
Part Short-Term Capital Ga	ins and Losses (See I	nstructions)	٠ ر		· · · · · · · · · · · · · · · · · · ·
See instructions for how to figure the amounts to enter on the lines below.	, (d) -	(e)	(g) Adjustments to gain	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9,	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		٠,			9,
1b Totals for all transactions reported on					· .
Form(s) 8949 with Box A checked	,				
2 Totals for all transactions reported on			,		,
Form(s) 8949 with Box B checked					<u> </u>
3 Totals for all transactions reported on)
Form(s) 8949 with Box C checked	,		<u></u>		<u> </u>
4 Short-term capital gain from installment sales		•		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824		`	5	
6 Unused capital loss carryover (attach computed)	,			6	(,)
7 Net short-term capital gain or (loss). Combin				7	<u> </u>
Rartilla Long-Term Capital Gai	ns and Losses (See II	nstructions) / .			* * *
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	•				
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked	· · · · · · · · · · · · · · · · · · ·				
9 Totals for all transactions reported on	,				
Form(s) 8949 with Box E checked			<u> </u>		
10 Totals for all transactions reported on					1 270
Form(s) 8949 with Box F checked			<u> </u>		1,378.
11 Enter gain from Form 4797, line 7 or 9	-			11	191,434.
12 Long-term capital gain from installment sales		,		12	· · · -
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	100 010
15 Net long-term capital gain or (loss). Combine		1 h		15	192,812.
Rart III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lii				16	465 345
17 Net capital gain. Enter excess of net long-term			ne 7)	17	192,812.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	192,812.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				,

921051 12-16-19

LHA

78

2019.05000 THE SOBRATO FAMILY FOUNDATI 86133-01

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

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

77-0348912

THE	SOBRATO	FAMILY	FOUNDATION

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, 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) oxed (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 you on Form 1099-B Adjustment, if any, to gain or (h) (b) (c) (d) (e) loss. If you enter an amount **Proceeds** Gain or (loss). Description of property Date sold or Cost or other Date acquired in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co.) (Mo., day, yr) disposed of Note below and from column (d) & (Mo, day, yr) . (q) combine the result see Column (e) in Amount of Code(s) with column (g) the instructions adjustment STRATEGIC PARTNERS 93. FUND III RE, LP **EUROPEAN STRATEGIC** PARTNERS 2008 'B' 2. $\overline{\text{LP}}$ STRATEGIC PARTNERS FUND IV, LP NEWBURY EQUITY 1,259. PARTNERS II 24. (CAYMAN), LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 1,378. above is checked), or line 10 (if Box F above is checked)

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 (2019)