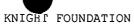




|                              | Corm        | 990-T                                 | Ex             | empt Organization   | Bus      | iness Ind             | come          | Tax Retur          | n            | ОМВ                      | No 1545-0687                               |
|------------------------------|-------------|---------------------------------------|----------------|---|----------|-----------------------|---------------|--------------------|--------------|--------------------------|--|
|                              | FOIII       | 330 1                                 | For caler      | (and proxy tax<br>ndar year 2018 or other tax year begin                  |          |                       | •             | • •                | ,            | 9                        | <b>⋒</b> 1Ω`                               |
|                              | Donor       | tment of the Treasury                 |                | ► Go to www.irs.gov/Form990   |          |                       |               |                    |              | ک                        | 910  |
|                              |             | I Revenue Service                     | ▶Do            | not enter SSN numbers on this form a                                      |          |                       |               |                    | )(3).        | Open to P<br>501(c)(3) ( | ublic Inspection for<br>Organizations Only |
|                              | A           | Check box if                          | -              | Name of organization ( Check be   |          |                       |               |                    | _            |                          | cation number                              |
|                              |             | address changed                       |                | KNIGHT FOUNDATION   |          | •                     |               |                    | (Emplo       | yees' trust, se          | e instructions )                           |
| 1                            | B Exe       | empt under section                    | 1              | ATTN: LISA MCKILLIP   | S        |                       |               |                    |              |                          |  |
|                              |             | 501( C )( 3)                          | Print          | Number, street, and room or suite no                                      |          | box see instruction   | ns            |                    | 91-1         | 791788                   |  |
|                              |             |                                       | or             | Trainber, street, and room or salte no                                    |          | DOX, DOC IIIOII GOING |               | <u> </u>           |              |                          | ss activity code                           |
|                              | -           | 408(e) 220(e)                         | ן יא פיין      | ONE BOWERMAN DRIVE  |          |                       |               |                    |              | structions )             |  |
| 1                            | -           | 408A530(a)                            |                | City or town, state or province, countr                                   | . and 7  | ID or foreign posts   | l codo        |                    |              |                          |  |
|                              |             | 529(a)                                |                |   | •        |                       | i wae         |                    | 5230         | nn                       |  |
|                              |             | ok value of all assets<br>and of year | لسيا           | BEAVERTON, OR 97005   |          |                       | <del></del> , |                    | 3230         |                          |  |
|                              |             | 1405077206                            |                | up exemption number (See instruct   |          |                       | 1             | · · · · ·          | 404(-)       | 1                        |  |
|                              |             | 1405077206.                           |                | ck organization type   X 501  |          |                       | 501(c         | ) trust            | 401(a)       |                          | Other trust                                |
|                              |             |                                       | •              | nization's unrelated trades or busine                                     | sses     |                       |               |                    | •            | (or first) u             |  |
|                              |             | ade or business hei                   |                |   |          | _                     | -             | complete Parts I-  |              |                          | describe the                               |
|                              |             | •                                     |                | end of the previous sentence, co  | mplete   | Parts I and II, co    | omplete a S   | ichedule M for eac | h addition   | nal                      |  |
|                              |             | ade or business, th                   |                |   |          |                       |               |                    |              |                          |  |
|                              |             |                                       |                | corporation a subsidiary in an affil                                      |          |                       | subsidiary of | controlled group?. |              | ▶ ∟                      | Yes X No                                   |
|                              |             |                                       |                | identifying number of the parent co                                       | rporatio | on 🕨                  |               |                    | 221671       | 2500                     |  |
|                              |             |                                       |                | SA MCKILLIPS  |          |                       |               | ne number ▶ (50    |              | 1-3500                   |  |
|                              | Pai         | t Unrelated                           | Trade o        | or Business Income  |          | (A) Inco              | me            | (B) Expens         | ses          | -                        | (C) Net                                    |
|                              | 1 a         | Gross receipts or                     | sales          |   |          |                       |               |                    |              |                          |  |
|                              | b           | Less returns and allowa               | inces          | c Balance ▶   | 1c       |                       |               |                    |              | ļ                        |  |
|                              | 2           | Cost of goods so                      | ld (Schedi     | ule A, line 7) ∧ . ∕  | 2        |                       |               |                    |              |                          |  |
| 1                            | 3           | Gross profit Sub                      | tract line     | 2 from line 1c  | 3        |                       |               |                    |              | <u> </u>                 |  |
|                              | 4a          | Capital gain net i                    | ncome (a       | ttach Schedule D)   | 4a       |                       | 3,088.        |                    |              |                          | 53,088.                                    |
| ່ເລ                          | b           | Net gain (loss) (Fo                   | rm 4797,       | Part II, line 17) (attach Form 4797)                                      | 4b       | -12                   | 9,455.        |                    |              |                          | -129,455.                                  |
| OB                           | С           | Capital loss dedu                     | ction for t    | rusts   | 4c       |                       |               |                    |              | ļ                        |  |
| <b>E</b> ∃                   | 5           | Income (loss) from a p                | artnership or  | r an S corporation (attach statement)                                     | 5        | -31                   | 9,086.        | ATCH 2             |              |                          | -319,086.                                  |
| M Ecceived in Batching Ogden | 6           | Rent income (Sch                      | edule C)       |   | 6        |                       |               |                    |              | <u> </u>                 |  |
| Öğ                           | 7           | Unrelated debt-fi                     | nanced in      | come (Schedule E)   | 7        |                       |               |                    |              | _                        |  |
| 80 ::                        | 8           | Interest, annuities roys              | alties, and re | ints from a controlled organization (Schedule F)                          | 8        |                       |               |                    |              | 1                        |  |
| Þ                            | 9           | Investment income of a                | section 50     | 1(c)(7), (9), or (17) organization (Schedule G)                           | 9        |                       |               |                    | <del> </del> |                          |  |
|                              | 10          | Exploited exempt                      | activity in    | ncome (Schedule I)  | 10       |                       |               |                    |              | ļ                        |  |
| VOV                          | 11          | Advertising incom                     | ne (Sched      | lule J)   | 11       |                       |               |                    |              |                          |  |
| 7 2                          | 12          | Other income (Se                      | e instruc      | tions, attach schedule)   | 12       |                       |               |                    |              |                          |  |
|                              | 13          | Total. Combine li                     | nes 3 thre     | ough 12   | 13       |                       | 5,453.        | <u> </u>           |              |                          | -395,453.                                  |
| 2019                         | Pai         | t II Deductio                         | ns Not         | Taken Elsewhere (See inst   | ructio   | ns for limitat        | ions on c     | deductions ) (E    | xcept f      | or contri                | butions,                                   |
| <b>5</b>                     |             | deduction                             | is must        | be directly connected with t  | he ur    | related busi          | ness inco     | ome)               |              |                          |  |
| ත                            | 14          | Compensation of                       | officers,      | directors, and trustees (Schedule K)                                      |          |                       |               |                    | . 14         |                          |  |
| -<br>2019                    | 15          | Salaries and wage                     | es             |   |          |                       |               |                    | . 15         |                          | ·  |
|                              | 16          | Repairs and main                      | tenance        |   |          |                       |               |                    | . 16         |                          |  |
| <b>∞</b>                     | 17          | Bad debts                             |                |   |          | <i>.</i>              |               |                    | . 17         |                          |  |
| <del>-</del> 4               | 18          | Interest (attach s                    | chedule) (     | (see instructions)  |          |                       |               | ATCH 3             | . 18         |                          | 7,030.                                     |
| 0                            | 19          | Taxes and license                     | s              |   |          |                       |               |                    | . 19         |                          | 23,134.                                    |
| DE                           | 20          | Charitable contril                    | gutions (\$    | See instructions for limitation rules)                                    |          |                       |               |                    | . 20         |                          |  |
| _                            | 21          | Depreciation (atta                    | ach Form       | 4562)   |          |                       | 21            | 57                 | . [          |                          |  |
|                              | 22          | Less depreciation                     | olaimed        | on Schedule A and elsewhere on re   | eturn    | [                     | 22a           |                    | 22b          |                          | 57.  |
| Ž                            | 23          | Depletion                             | 151            | NUV   |          |                       |               |                    | . 23         |                          |  |
| ' <b>Z</b>                   | 24          | Contributions to                      | defelred       | compensation-plans UT   |          |                       |               |                    | . 24         |                          |  |
| <b>A</b>                     | 25          | Employee benefit                      | programs       | OGDE  |          |                       |               |                    | 25           |                          |  |
| SCANNED                      | 26          |                                       |                | Schedule I).  |          |                       |               |                    |              |                          |  |
|                              | 27          |                                       | ١              | chedule J)  |          |                       |               |                    |              | 1                        |  |
| ı                            | 28          |                                       |                | chedule)  |          |                       |               |                    |              | 1                        | 552,854.                                   |
| 1                            |             |                                       |                | s 14 through 28   |          |                       |               |                    |              | +                        | 583,075.                                   |
| I .                          | 29          |                                       |                | le income before net operating  |          |                       |               |                    |              |                          | -978,528.                                  |
| 1                            | 30          |                                       |                | g loss arising in tax years beginni                                       |          |                       |               |                    |              | +                        |  |
|                              | 31          |                                       |                | g loss arising in tax years beginning into the subtract line 31 from line |          |                       |               |                    |              | <del> </del>             | -978,528.                                  |
|                              | 32<br>For F |                                       |                | lotice, see instructions.   | . 30 .   | <del></del>           | <u></u>       | <u> </u>           | . 32         | F                        | m 990-T (20 8)                             |
|                              | 8X274       | 0 1,000<br>BVY0MD 18654               | 19             |   |          |                       | 1             | 42631-734-4        | 4.           | , ,                      |  |
| <b>A</b>                     |             |                                       | -              |   |          |                       | ` `           |                    | 1 1          |                          | · · · · · · · · · · · · · · · · · · ·      |



· Sur P

| Form | 990-T (2018)   |  |                | Page 2          |
|------|--|--|----------------|-----------------|
| Par  | t III Total Unrelated Business Taxable Income  |  |                |                 |
| 33   | Total of unrelated business taxable income computed from all unrelated trades or businesses (see   |  |                |                 |
|      | ınstructions)  | 33   | -97            | 78,528.         |
| 34   | Amounts paid for disallowed fringes  | 34   |                |                 |
| 35   | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see  |  |                |                 |
| • •  | instructions),   | 35   |                |                 |
| 36   | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum  |  |                |                 |
| 50   | of lines 33 and 34   | 36   | -97            | 78,528.         |
| 37   | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 37   |                | 1,000.          |
|      |  | <del>                                     </del> |                | _,              |
| 38   | Unrelated business taxable income. Subtract line 37 from line 36 lf line 37 is greater than line 36, enter the smaller of zero or line 36  | 38   | -9-            | 78,528.         |
| Do   |  | 30   |                | 707320.         |
|      | t IV Tax Computation   | 120  |                |                 |
| 39   | Organizations 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  | 40   |                |                 |
|      | the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)   | 40   |                |                 |
| 41   | Proxy tax. See instructions  | 41   |                |                 |
| 42   | Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·   |  |                |                 |
| 43   | Tax on Noncompliant Facility Income. See instructions  |  |                |                 |
| 44   | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  | 44   |                |                 |
| Par  |  |  |                |                 |
| 45 a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a  |  |                |                 |
|      | Other credits (see instructions)   |  |                |                 |
| С    | General business credit Attach Form 3800 (see instructions)  | 1 1  |                |                 |
|      | Credit for prior year minimum tax (attach Form 8801 or 8827)   | ]  |                |                 |
| е    | Total credits. Add lines 45a through 45d   | 45e  |                |                 |
| 46   | Subtract line 45e from line 44   | 46   |                |                 |
| 47   | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .  | 47   |                |                 |
| 48   | Total tax. Add lines 46 and 47 (see instructions)  | 48   |                | 0.              |
| 49   | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   | 49   |                |                 |
| 50 a | Payments A 2017 overpayment credited to 2018   |  |                |                 |
|      | 2018 estimated tax payments  | ]  |                |                 |
|      | Tax deposited with Form 8868   | ]  |                |                 |
|      | Foreign organizations Tax paid or withheld at source (see instructions) 50d  | 1  |                |                 |
|      | Backup withholding (see instructions)  | 1  |                |                 |
|      | Credit for small employer health insurance premiums (attach Form 8941) 50f   | 1  |                |                 |
|      | Other credits, adjustments, and payments Form 2439   | 1 1  |                |                 |
| 3    | Form 4136 Other Total ▶ 50g  |  |                |                 |
| 51   | Total payments Add lines 50a through 50g   | 51   | 8              | 80,451.         |
| 52   | Estimated tax penalty (see instructions) Check if Form 2220 is attached  | 52   |                |                 |
| 53   | Tax due, If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  | 53   |                |                 |
| 54   | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  | 54   | {              | 80,451.         |
| 55   | Enter the amount of line 54 you want  Credited to 2019 estimated tax ▶80, 451. Refunded ▶  | 55   |                | •               |
|      | tVI Statements Regarding Certain Activities and Other Information (see instruction   |  |                |                 |
| 56   | At any time during the 2018 calendar year, did the organization have an interest in or a signature or  |  | authority      | Yes No          |
| -    | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may   |  | -              |                 |
|      | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the   | •  | <b>I</b>       |                 |
|      | here   | ro, e.g.,  | 000,           | X               |
|      |  |  | <del></del>    | X               |
| 57   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore  | ign trust  | ″····-         | <del> </del> -  |
|      | If "Yes," see instructions for other forms the organization may have to file   |  |                |                 |
| 58   | Enter the amount of tax-exempt interest received or accrued during the tax year   Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the tax year. | nest of m  | v knowledge at | nd belief it is |
| 0:-  | true, correct, And/complete, Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge   | , 01 111   | ,omeuge a      |                 |
| Sig  |  |  | IRS discuss    |                 |
| Her  | e P PRESIDENT WI   | th the   | preparer sho   | wn below        |
|      |  | e instructio                                     | ons)? X Yes    | No.             |
| Daid | Print/Type preparer's name Preparer's signature Date Chec  | k 🗀 ıf   | PTIN           |                 |
| Paid | NOBERT D TARRY TRINCITAL Sell-e  | mployed  |                |                 |
|      |  | EIN 🕨  | 13-4008        |                 |
|      | Firm's address THREE EMBARCADERO CENTER 20TH FLOOR, SAN FRANCISCO, CA 94111 Phon   | eno 41   | 5-498-5        | 000             |
|      |  |  | _ ^^           | A T             |

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Form **990-T** (2018)



| Form 990-T (2018)  |                       | _                     |  |             |  | Page   |
|--|-----------------------|-----------------------|--|-------------|--|--|
| Schedule A - Cost of G   | oods Sold. Ei         | nter method           | of inventory valuation   | <b>&gt;</b> | -                                      |  |
| 1 Inventory at beginning of  |                       |                       |  |             | ar                                     | 6  |
| 2 Purchases  | 2                     |                       |  |             | ld. Subtract line                      |  |
| 3 Cost of labor  | - T                   |                       | 6 from   | line 5 En   | ter here and in                        |  |
| 4a Additional section 263A of  | <del></del>           |                       | Part I, line   | 2           |  | 7  |
| (attach schedule)  | 4a                    |                       |  |             | section 263A (w                        | oth respect to Yes No  |
| b Other costs (attach sched  |                       |                       | property   | produced    | or acquired for                        | resale) apply  |
| 5 Total. Add lines 1 through   | 14b · 5               |                       | to the org   | anization?  | <u> </u>                               | X  |
| Schedule C - Rent Incom  | e (From Real F        | roperty ar            | nd Personal Property   | Leased V    | Vith Real Proper                       | ty)  |
| (see instructions)   | •                     |                       |  |             |  |  |
| 1 Description of property  |                       |                       |  |             |  |  |
| (1)  |                       |                       | · · · · · · ·  |             |  |  |
| (2)  |                       |                       |  |             |  |  |
| (3)  |                       |                       |  |             |  |  |
| (4)  |                       |                       |  |             | ·                                      |  |
|  | 2. Rent rece          | ved or accrue         | ed   |             |  |  |
| (a) From personal property (if the   |                       |                       | rom real and personal property   |             |  | rectly connected with the income a) and 2(b) (attach schedule)           |
| for personal property is more t<br>more than 50%   |                       |                       | age of rent for personal property<br>if the rent is based on profit or |             | in Columns 2(                          | a) and 2(b) (attach schedule)  |
| (1)  |                       |                       |  |             |  |  |
| (2)  |                       |                       | -  |             |  |  |
| (3)  |                       |                       |  |             |  |  |
| (4)  |                       |                       |  |             |  |  |
| Total  |                       | Total                 |  |             |  |  |
| (c) Total income. Add totals of  | columns 2(a) and 2    | (b) Enter             |  |             | (b) Total deduction Enter here and on  |  |
| here and on page 1, Part I, line   | 6, column (A)         | ▶                     |  |             | Part I, line 6, colun                  |  |
| Schedule E - Unrelated E   | Debt-Financed i       | <b>ncome</b> (se      | e instructions)  |             |  |  |
|  |                       | .=.                   | 2 Gross income from or   | 3 [         | Deductions directly con<br>debt-financ | nnected with or allocable to   |
| 1 Description of de  | ebt-financed property |                       | allocable to debt-financed   | (a) Straigh | nt line depreciation                   | (b) Other deductions   |
|  | -                     |                       | property   |             | ch 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) |                       | able to<br>i property | 6 Column<br>4 divided<br>by column 5                                   |             | income reportable<br>n 2 x column 6)   | 8 Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |
| (1)  | 1                     |                       | %  |             |  |  |
| (2)  |                       |                       | 0/-  | 1           |  |  |

%

%

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

| Schedule F-Interest, Anni           | ines, Noyanes   | ·   |                         | ntrolled Org  |  |              | adons (se  | e manuon   | J(13)   | <del></del>   |  |
|-------------------------------------|---|---|-------------------------|---|--|--------------|--|--|---------|---|--|
| Name of controlled     organization | 2 Employer identification numb  | er 3 No   | et unrela               | ted income<br>structions)   | 4 Total                                  |              | fied 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)                                 |   |   |                         |   |  |              |  |  |         |   |  |
| Nonexempt Controlled Organiz        | zations   | <del> ,</del>   |                         |   |  |              |  |  |         |   |  |
| 7 Taxable Income                    | 8 Net unrelated in (loss) (see instruc                                | I .   |                         | otal of specific<br>syments made  |  | inc          | Part of column<br>luded in the co<br>inization's gros  | ontrolling   |         | Deductions directly inected with income in column 10  |  |
| (1)                                 |   |   |                         |   |  |              |  |  |         |   |  |
| (2)                                 |   |   |                         | · · ·   |  |              |  |  |         |   |  |
| (3)                                 |   |   |                         |   |  |              |  |  |         | -   |  |
| (4)                                 |   |   |                         |   |  |              |  |  |         |   |  |
| Totals                              | come of a Sec   | tion 501(   | <br>c)(7), (            | (9), or (17   |  | Pa           |  | tructions)   |         | er here and on page 1,<br>rt I, line 8, column (B)  |  |
| 1 Description of income             | 2 Amount of   | income  | <u> </u>                | directly cor<br>(attach sch   | nected                                   |              |  |  |         | and set-asides (col 3 plus col 4)   |  |
| (1)                                 |   |   | 1                       |   |  |              |  |  |         |   |  |
| (2)                                 |   |   | ┿                       |   |  |              |  |  |         |   |  |
| (3)                                 |   |   | -                       |   |  |              |  |  |         |   |  |
| (4)                                 | Enter here and<br>Part I, line 9, co                                  |   |                         |   |  |              |  | <u>-</u> ·   |         | Enter here and on page 1<br>Part I, line 9, column (B)  |  |
| Schedule I – Exploited Exe          | mpt Activity In   | come, Oth   | er Tha                  | an Advert   | ising In                                 | come         | see instri   | uctions)   |         |   |  |
| 1 Description of exploited activity | 2. Gross<br>unrelated<br>business income<br>from trade or<br>business | 3 Expens<br>directly<br>connected<br>productio<br>unrelate<br>business in | /<br>with<br>n of<br>ed | 4 Net incor<br>from unrelat<br>or business<br>2 minus co<br>If a gain, c<br>cols 5 thro | ed tradé<br>(column<br>lumn 3)<br>ompute | from<br>is n | 5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5 |  | able to | 7 Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |  |
| (1)                                 | _   |   |                         |   |  |              |  | ļ  |         |   |  |
| (2)                                 |   |   |                         |   |  |              |  |  |         |   |  |
| (3)                                 |   |   |                         |   |  |              |  |  |         |   |  |
| (4)                                 | -   |   |                         |   |  |              |  |  |         |   |  |
|                                     | Enter here and on page 1, Part I, line 10, col (A)                    | Enter here a<br>page 1, Pa<br>line 10, col                                | arti,                   |   |  |              |  | · · · · · · · · · · · · · · · · · · ·  |         | Enter here and<br>on page 1,<br>Part II, line 26  |  |
| Totals                              |   |   |                         |   |  |              |  |  |         |   |  |
| Schedule J-Advertising Ir           |   |   | 1                       | detect Dec  |  |              |  |  |         |   |  |
| Part I Income From Per              | iodicais Report   | ed on a Co  | onsoil                  | dated Bas   | SIS                                      | ī            |  | 1  |         | T   |  |
| 1 Name of periodical                | 2 Gross<br>advertising<br>income                                      | 3 Directad advertising  |                         | 4 Adver<br>gain or (los<br>2 minus co<br>a gain, co<br>cols 5 thre                      | ss) (col<br>ol 3) If<br>mpute            | 5            | Circulation income   | 6 Read<br>cos  |         | 7 Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4)   |  |
| (1)                                 |   |   |                         |   |  | •            |  | 1  |         |   |  |
| (2)                                 |   |   |                         |   |  | -            |  |  |         | _   |  |
| (3)                                 |   |   |                         |   |  |              |  |  |         | 7   |  |
| (4)                                 |   |   |                         |   |  |              |  |  |         |   |  |
|                                     | <del>                                     </del>                      |   |                         |   |  |              |  | 1  |         |   |  |
| Totals (carry to Part II, line (5)) |   | <u>.</u> .  |                         |   |  |              |  |  |         | Form <b>990-T</b> (2018   |  |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

| 1 Name of periodical          | 2 Gross<br>advertising<br>income                   | 3. Direct advertising costs                              | 4 Advertising<br>gain or (loss) (cot<br>2 minus cot 3) If<br>a gain, compute<br>cots 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>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<br>page 1, Part I,<br>line 11, col (B) |  |                      |                    | Enter here and<br>on page 1,<br>Part II, line 27  |
| Totals, Part II (lines 1-5) ▶ |  |  |  |                      |                    |   |
| Schedule K - Compensatio      | n of Officers, D                                   | irectors, and Tr   | ustees (see instri   | uctions)             |                    |   |
|                               |  |  |  | 3 Percent of         | 4 Compensate       | on attributable to  |

| 1 Name   | 2 Title                                       | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---|---------------------------------------|---|
| (1)  |   | %                                     |   |
| (2) ATCH 5   |   | %                                     |   |
| 3)   |   | %                                     |   |
| 4)   |   | %                                     |   |
| Total. Enter here and on page 1, Part II, line 14. | · · · · · · · · · <u>· · · · · · · · · · </u> |                                       |   |
|  |   |                                       |   |

Form **990-T** (2018)

ATTACHMENT 2

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

KF INVESTORS, LP - TRADE/BUSINESS LOSS KF INVESTORS, LP - INTEREST INCOME KF INVESTORS, LP - OTHER INCOME

-395,157. 4,189.

71,882.

INCOME (LOSS) FROM PARTNERSHIPS

-319,086.

91-1791788

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

7,030.

## ATTACHMENT 4

| FORM | 990T | _ | PART | ΙI | _ | LINE | 28 | _ | $\mathtt{TOTAL}$ | OTHER | DEDUCTIONS |  |
|------|------|---|------|----|---|------|----|---|------------------|-------|------------|--|
|      |      |   |      |    |   |      |    |   |                  |       |            |  |

ACCOUNTING FEES
AMORTIZATION ON SECTION 59(E)(2)
KF INVESTORS, LP - OTHER DEDUCTIONS

27,120. 151,463. 374,271.

PART II - LINE 28 - OTHER DEDUCTIONS

552,854.

#### **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

|       | KNIGHT FOUNDATION  |                                       |                          |                                     |                  |  |
|-------|--|---------------------------------------|--------------------------|-------------------------------------|------------------|--|
|       | ATTN: LISA MCKILLIPS   | /0                                    |                          |                                     |                  | 91-1791788                                     |
| Pari  | •  | (See Instructions                     | )                        | T (=) A d                           | 4                | T (h) Colo on (loca)                           |
|       | See instructions for how to figure the amounts to enter on the lines below   | (d)                                   | (e)                      | (g) Adjustments<br>or loss from For |                  | (h) Gain or (loss)<br>Subtract column (e) from |
|       | This form may be easier to complete if you round off cents to  | Proceeds<br>(sales price)             | Cost<br>(or other basis) | 8949, Part I, Im-                   |                  | column (d) and combine                         |
|       | whole dollars  | (sales price)                         | (or other basis)         | column (g)                          |                  | the result with column (g)                     |
| та    | 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   | <del>-</del>                          |                          |                                     |                  |  |
|       | 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   | 4,612.                                |                          | 1                                   |                  | 4,612.   |
|       |  | · · · · · · · · · · · · · · · · · · · |                          | ·                                   |                  | · ·  |
| 4     | Short-term capital gain from installment sales from I  | Form 6252 line 26 or 3                | 7                        |                                     | 4                |  |
| 7     | Short-term capital gain from installment sales from  | 01111 0232, line 20 01 3              | <i>.</i>                 |                                     | <del>-</del>     |  |
| -     | Chart torm conital main or (loss) from like kind avaba   | nace from Form 9924                   |                          |                                     | _                |  |
| 5     | Short-term capital gain or (loss) from like-kind exchain   | nges from Form 6624                   |                          |                                     | 5                |  |
| _     |  |                                       |                          |                                     |                  | <b>,</b>                                       |
| 6     | Unused capital loss carryover (attach computation)   |                                       |                          | · • • • • • • • •                   | 6                |  |
|       |  |                                       |                          |                                     | İ                | 4 610  |
|       | Net short-term capital gain or (loss) Combine lines  | <del></del>                           |                          |                                     | 7                | 4,612.   |
| Part  | -  | (See instructions)                    |                          | 1                                   |                  | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |
|       | See instructions for how to figure the amounts to enter on the lines below   | (d)                                   | (e)                      | (g) Adjustments<br>or loss from For |                  | (h) Gain or (loss)<br>Subtract column (e) from |
|       | This form may be easier to complete if you round off cents to  | Proceeds                              | Cost                     | 8949, Part II, Iir                  |                  | column (d) and combine                         |
|       | whole dollars  | (sales price)                         | (or other basis)         | column (g)                          |                  | 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   | 48,476.                               |                          |                                     |                  | 48,476.  |
|       | Totals for all transactions reported on Form(s) 8949   | H                                     |                          |                                     |                  |  |
| _     | with Box E checked   |                                       |                          |                                     |                  |  |
| 10    | Totals for all transactions reported on Form(s) 8949   |                                       |                          |                                     |                  |  |
|       | with Box F checked   |                                       |                          |                                     |                  |  |
|       |  |                                       |                          |                                     | Т                |  |
| 11    | Enter gain from Form 4797, line 7 or 9   |                                       |                          |                                     | 11               |  |
| • • • | Effet gain from Form 4797, line 7 of 9   |                                       |                          |                                     | <del>  ''-</del> |  |
| 40    |  | COFO h OC O                           | •                        |                                     | 4.0              |  |
| 12    | Long-term capital gain from installment sales from F   | orm 6252, line 26 or 3                | ·                        |                                     | 12               |  |
|       |  |                                       |                          |                                     |                  |  |
| 13    | Long-term capital gain or (loss) from like-kind exchar   | nges from Form 8824                   |                          | . <b></b> .                         | 13               |  |
|       |  |                                       |                          |                                     |                  |  |
| 14    | Capital gain distributions (see instructions)  |                                       |                          |                                     | 14               | <u>.</u>                                       |
|       |  |                                       |                          |                                     |                  |  |
| 15    | Net long-term capital gain or (loss) Combine lines 8   | a through 14 in column                | h <u></u>                |                                     | 15               | 48,476.  |
| Part  | Summary of Parts I and II  |                                       |                          | -                                   |                  |  |
|       |  |                                       |                          |                                     |                  |  |
| 16    | Enter excess of net short-term capital gain (line 7) o   | ver net long-term capita              | l loss (line 15)         |                                     | 16               | 4,612.   |
|       |  | <u> </u>                              | • • • •                  |                                     |                  |  |
| 17    | Net capital gain. Enter excess of net long-term capit  | tal gain (line 15) over no            | et short-term capital lo | ss (line 7)                         | 17               | 48,476.  |
| 18    | Add lines 16 and 17 Enter here and on Form 1120,   |                                       |                          |                                     |                  | , , ,  |
| .0    | Note: If losses exceed gains, see Capital losses in the  |                                       |                          |                                     | _ 10             | 53,088.  |
|       | itote. Il 103363 exceed gaills, see Capital 103883 III (III  | o manuciona                           |                          |                                     |                  | 55,000.  |

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

Schedule D (Form 1120) 2018

Form 8949

# Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

20**18** 

Attachment Sequence No 12A

Department of the Treasury

Name(s) shown on return KNIGHT FOUNDATION

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

ATTN: LISA MCKILLIPS

91-1791788

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 must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com  | low. Check of page 1, for e        | only one box.<br>ach applicab  | If more than one<br>le box If you ha | e box applies for<br>ve more short-                   | or your short-<br>term transac                                      | term transaction:                            | S,   |
| (A) Short-term transactions r (B) Short-term transactions r  | eported on F                       | orm(s) 1099                    | -B showing basis                     | •   | ,   | e <b>Note</b> above)                         |  |
| X (C) Short-term transactions r  | not reported t                     | to you on For                  | m 1099-B                             |   |   |  |  |
| 1 (a)  | (b) Date acquired                  | (c)<br>Date sold or            | (d)<br>Proceeds                      | Cost or other basis<br>See the Note below             | Adjustment, if a<br>If you enter an a<br>enter a co<br>See the sepa | (h)<br>Gain or (loss)<br>Subtract column (e) |  |
| Description of property (Example 100 sh XYZ Co)  | (Mo, day, yr)                      | disposed of<br>(Mo , day, yr ) | (sales price)<br>(see instructions)  | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions                                 | (g)<br>Amount of<br>adjustment               | from column (d) and<br>combine the result<br>with column (g) |
| ST CAPITAL GAIN FROM PARTNERSHIP   |                                    |                                | 4,612                                |   |   |  | 4,612  |
|  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
|  | -                                  |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  | _  |
|  |                                    |                                |                                      |   |   |  |  |
| ·  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
| · · · · · · · · · · · · · · · · · · ·  |                                    |                                |                                      |   |   |  |  |
|  |                                    |                                |                                      |   |   |  |  |
| 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 C ab | here and incl<br>is checked), line | lude on your                   | 4,612                                |   |   |  | 4,612  |

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

| m 8949 (2018)   | Attachment Sequence No 12A | Page 2  |
|-----------------|----------------------------|---------|
| III 0343 (2010) | Attachment Sequence no 127 | i ugc 🕳 |

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

Social security number or taxpayer identification number

KNIGHT FOUNDATION

91-1791788

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.

|   | Х | OD) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) |
|---|---|--|
| ſ |   | (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

| (a)  Description of property (Example 100 sh XYZ Co)   | (b)<br>Date acquired<br>(Mo , day, yr ) | (с)<br>Date sold or<br>disposed of<br>(Мо , day, уг) | (d)<br>Proceeds<br>(sales pnce)<br>(see instructions) | (e) Cost or other basis See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions. |                                | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) and |
|--|---|--|---|--|--|--------------------------------|--|
|  |   |  |   |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment | combine the result<br>with column (g)                                |
| LT CAPITAL GAIN FROM PARTNERSHIP   |   |  | 48,476  | _  | _  |                                | 48,476   |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
|  |   |  |   |  |  |                                |  |
| 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 above is checked), or line 10 (if Box F above is checked) ▶ |   |  | 48,476  |  |  |                                | 48,476   |

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)