Form	, 990-Т	Ex	kempt Gand	ization	Bus	iness In ler sectio	come	Retu	rn	OMB No 1545-0047
FUITI			•	•			•	1 / 1	2	@@ <b>4^</b>
		For caler	ndar year 2019 or other					-	20 —	ZW 19.
	rtment of the Treasury al Revenue Service	N. D.	► Go to www.irs.g	•					->/2>	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		not enter SSN numbers Name of organization (	E T		e changed and s				501(c)(3) Organizations Only eyer identification number
^ _	address changed		KNIGHT FOUN		UX II III BII	ie changed and s	see manachon	5 /		yees' trust, see instructions )
			ATTN: LISA		c					
	empt under section	Print				<u> </u>			]   01 1-	791788
1	1001( 9,745-7)	or	Number, street, and roo	om or suite no i	ira P O	box, see instructi	ons .		<b></b>	
<u> </u>	408(e) 220(e)	Type	0.15 501.55143							ated business activity code structions )
$\vdash$	408A530(a)		ONE BOWERMAI						1	
$\bot$	529(a)		City or town, state or p			=	al code			
	ok value of all assets end of year		BEAVERTON,	OR 97005	-645	3			52300	00
			up exemption number				,			
	2272552214.	G Che	ck organization type	▶ X 501	(c) cor	poration	501(c	trust	401(a)	trust Other trust
H E	nter the number of	the orga	nization's unrelated tra	ades or busine	sses l	<b>→</b> 1		Describe	e the only	(or first) unrelated
tr	ade or business her	e ▶ <u>A</u>	rch 1				If only one,	complete Parts I	-V If more	than one, describe the
fıı	rst in the blank spa	ce at the	end of the previous	sentence, cor	mplete	Parts I and II, c	omplete a S	chedule M for ea	ch addition	al
tr	ade or business, the	en comple	ete Parts III-V							
I D	uring the tax year,	was the	corporation a subsidia	ary in an affili	ated gr	oup or a parent	-subsidiary c	ontrolled group?		▶ Yes X No
lf	"Yes," enter the na	me and	identifying number of	the parent co	rporatio	n 🕨				
J TI	he books are in care	of ▶LI	SA MCKILLIPS				Telephon	e number ▶ (5	03)671	-3500
Pai	rt I Unrelated	Trade o	or Business Inco	me		(A) Inc	ome	(B) Exper	ises	(C) Net
1 a	Gross receipts or s	ales								
b	Less returns and allowa	nces		c Balance ▶	1c					
2	Cost of goods sol	d (Schedi	ule A, line 7)		2					
3			2 from line 1c		3					
4a	•		ttach Schedule D)		4a	42	25,021.			425,021.
b			Part II, line 17) (attach F		4b		9,455.			129,455.
c	- , , ,		rusts		4c					
5			an S corporation (attach stat		5	2	7,123.	ATCH 2		27,123.
6		•			6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	711011 2		
7			come (Schedule E)		7					
8			, , ,	ر	8				<del></del>	
9			nts from a controlled organiza		<del></del>					
			1(c)(7), (9), or (17) organizat	yon (Schedule G)	10					
10	·	•	ncome (Schedule I) .		<del></del>					
11			lule J)		11					
12	· · · · · · · · · · · · · · · · · · ·		tions, attach schedule)				1 500			E01 E00
13			ough 12				1,599.	1 1 1 1	<del>-                                    </del>	581,599.
Pai						ns for limita	tions on a	eductions.) (I	Deductio	ons must be directly
		<del>/</del>	ne unrelated busir						1	
14			directors, and trustees							
15	Salaries and wage	s ;	RECEIVED						15	
16	Repairs and main	tenance	ンインにこんにつ						16	
17	Bad debts	1001		79. · ·					17	
18	Interest (attach so	ကုဋ္ဌေပျe) (	see instructions)	-101				Aich S	18	111,911.
19	Taxes and license:	š  .		. 10					19	25,344.
20	Depreciation (atta	¢h Form	4562)	<b>⊣≝</b>			20	84		
21	Less depreciation	claimed	4562) on/Schedule A and el	sewhere on re	eturn .	[	21a		21b	84.
22	Depletion			<del>!</del>				<del></del>	22	
23	/		compensation plans .							
24	/		· · · · · · · · · · · · · · · · · · ·							
25 /			Schedule I)							
26			chedule J)							
29 27			chedule)							3,456,679.
<i>j</i> ′ 28			s 14 through 27							3,594,018.
										-3,012,419.
29			le income before n	· · · · · · ·						3,012,413.
	Deduction for net		g loss arising in tax y	-	_	•	•	•		-3,012,419.
30 31	Unrelated busines								31	

32	t III Total Unrelated Business Taxable Income				
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	32			
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	• • •			
33	, and the second se	20			0
	34 from the sum of lines 32 and 33 , , , ,	35			
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	37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	_		
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0
Par	t IV Tax Computation	, ,,			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	<del>  70  </del>			
41					
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	-	-		
42	Proxy tax. See instructions				
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	45			
Par	tV Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
b	Other credits (see instructions)	1			
	Other credits (see instructions)	1			
٠	Condit for any year many man ton (attach Form 9904 or 9907)	1			
a	credit for prior year minimum tax (attach Form 6601 or 6627).	1			
	Total credits. Add lines 46a through 46d				
47	Subtract line 46e from line 45	47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
49	Total tax. Add lines 47 and 48 (see instructions)	49			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51a	Payments A 2018 overpayment credited to 2019				
	2019 estimated tax payments	1			
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	1			
	· · · · · · · · · · · · · · · · · ·	1 1			
	Backup withholding (see instructions)	1			
Ť	Credit for small employer health insurance premiums (attach Form 8941)	- 1			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 51g	Į			
52	Total payments. Add lines 51a through 51g	52		80,	451
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached,	5 <b>B</b>			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		80,	151
5.6	Enter the amount of line 55 you want  Credited to 2020 estimated tax ▶80, 451. Refunded ▶	56			
_	t VI Statements Regarding Certain Activities and Other Information (see instructions				
ı aı	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		outhority	Yes	No
E7	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		-		
57		-			
57			i country		
57	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign			
57	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ▶				Х
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				X
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ▶				
58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file				
58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the interest received or accrued during the tax year.  Under penalties of penury   declare that   have examined this return, including accompanying schedules and statements, and to the big of the penalties of penury   declare that   have examined this return, including accompanying schedules and statements, and to the big of the penalties of penury   declare that   have examined this return, including accompanying schedules and statements, and to the big of the penalties of penury   declare that   have examined this return, including accompanying schedules and statements.	gn trust	?	and bel	Х
58 59	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file  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 bitrue, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	gn trust	y knowledge		X ef, it
58 59 Sigı	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign in the second of the interest received or accrued during the tax year.  Under penalties of penjury I declare that I have examined this return, including accompanying schedules and statements, and to the burne, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	gn trust	y knowledge	this i	X ef, it
58 59 Sigı	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the second of the interest received or accrued during the tax year.  Under penalties of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of the penalties of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burdless of penjury   declare that   have examined this return, including accompanying schedules and statements   have examined this return, including accompanying schedules and statements   have examined this return, including accompanying schedules and statements   have examined this return, including accompanying schedules   have examined this return, in	est of may the	y knowledge	this i	ef, it
58 59 Sigı	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the interest received or accrued during the tax year see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year see instructions for other forms the organization may have to file.  Under penalties of penury 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the but true, correct and pomplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the property of the preparer has any knowledge.  Base of the preparer has any knowledge.  Base of the preparer has any knowledge.  Base of the preparer has any knowledge.	gn trust	y knowledge IRS discuss preparer st ons)2X Ye	this i	ef, it
58 59 Sigi Her	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year   Under penalties of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the burden true, correct and bomplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Date  Check	gn trust	y knowledge  IRS discuss preparer shons)? X Ye	this r	ef, it eturn pelow
58 59 Sigi Her Paid	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the tax year, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year.  Under penalties of penjury I declare that I have examined this return, including accompanying schedules and statements, and to the big true, correct and pomplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name.  Preparer's signature.  Preparer's signature.  Date  11/05/2020  Check self-eight.	gn trust	y knowledge  IRS discuss preparer shons) <sup>2</sup> X Ye  PTIN  P006	this rices	ef, it eturn pelow
58 59 Sign Her Paid Prep	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the tax year, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year.  Under penalties of penjury   declare that   have examined this return, including accompanying schedules and statements, and to the big true, correct and pomplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name.  Preparer's signature.  Preparer's signature.  Preparer's signature.  Preparer's signature.  Prim's name.  PRICEWATERHOUSECOOPERS LLP.  Firm's name.	gn trust	y knowledge  IRS discuss preparer shons)? X Ye  PTIN	this rices	ef, it
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the same of the grantor of the	gn trust	y knowledge  IRS discuss preparer shons) <sup>2</sup> X Ye  PTIN  P006	this recover to	ef, it eturn pelow

A	

Form 990-1 (2019)			· =				_			Page 3
Schedule A - Cost of Go	oods Sold. En	ter method	d of inventory valuati	on ]	<u> </u>					
1 Inventory at beginning of y	ear 1		6 Inven	ory a	at end of yea	ar	6			
2 Purchases	2					ld. Subtract line				
3 Cost of labor	3		6 from	n lin	e 5 Enter	here and in Part	1			
4a Additional section 263A co	osts		I, line	2			7			
(attach schedule)	4a					section 263A (v		espect to	Yes	No
<b>b</b> Other costs (attach schedu			prope	rty	produced	or acquired for	resa	ile) apply		
5 Total. Add lines 1 through	, · <del>                                    </del>					<u>.</u>				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Prope	erty	Leased V	Vith Real Prope	rty)	-		
(see instructions)	•	, ,	•	_		-				
1 Description of property						-				
(1)										
(2)		_								
(3)					_	<u></u>	-			
(4)			-			********				
	2. Rent recei	ved or accru	ed			<u> </u>		_		
(a) From porcenal property (if the		oorty (	(if the	3(a) Deductions d	rectly c	onnected with	the inco	ome		
for personal property is more than 10% but not percenta			rom real and personal property (if the age of rent for personal property exceeds			3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach scheen				JIIIC
			if the rent is based on profit or income)							
(1)		-						<del></del>		
(2)	<del></del>									
(3)	<del></del>									
(4)						-		-		
Total	<del></del>	Total	<del>-</del>							
	-lumna 2(a) and 2(					(b) Total deduction		_		
(c) Total income. Add totals of co here and on page 1, Part I, line 6		-				Enter here and or Part I, line 6, colu				
Schedule E - Unrelated D			ne instructions)			Tart I, IIIIe o, colu	···· (D)			
Schedule E - Officiated De	ebt-i manced ii	icome (se	,		3 [	Deductions directly co	nnected	with or allocat	le to	
1 Description of deb	t-financed property		Gross income from allocable to debt-finance			debt-finan		_ <del></del>		
	, , , , , , , , , , , , , , , , , , , ,		property			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)					(0.1.0					
(2)								•		
(3)										
(4)										
4. Amount of average	5. Average adjus	sted hasis	<u> </u>							
acquisition debt on or	of or allocal	ble to	6. Column 4 divided		7 Gross	income reportable		Allocable dec umn 6 x total		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by column 5		(columi	n 2 x column 6)	(COIL	3(a) and 3(		1113
	(attach sche			%						
(1)			. —	%						
2)				%						
(3)	_			% %						
(4)				70	Enter has	e and on page 1,	Enta	er here and o	n paca	
				Ì		e and on page 1, le 7, column (A)		t I, line 7, co		

Form **990-T** (2019)

Total dividends-received deductions included in column 8 .

Schedule F – Interest, Ann	uities, Royalties			ontrolled Org			Zauc	JIIS (See	Instructi	ioris)	
Name of controlled organization	2 Employer identification numb	e		lated income instructions)	4. Total payme	of spec	اید	ıncluded	column 4 ti in the contro on's gross in	olling	Deductions directly connected with income in column 5
(1)											
(2)	<del></del>					`					
(3)											
(4)											
Nonexempt Controlled Organiz	zations					,			-	,	
7. Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific payments made		inc	cluded	In the cor			Deductions directly     nnected with income in     column 10
(1)											
(2)											
(3)											
(4)											<u>.                                    </u>
Totals	ocome of a Sec	::ion 501(	c)(7),	(9), or (17		Pa	art I, lı		ructions)		ster here and on page 1, art I, line 8, column (B)
1. Description of income	2 Amount of	ıncome		directly con (attach sch	nected		4. Set-asides (attach schedule)			et-asides and set-aside	
(1)		•	+								
(2)									·		
(3) (4)			+								
Totals ▶ Schedule I – Exploited Exe	Enter here and o	olumn (A)	or Th	an Adverti	sing Ir	com	9 (50	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe		come, ou	161 111				e (se	e ilisti u	Clions)		_
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business in	y with n of ed	4. Net incomfrom unrelation business 2 minus column scot cols 5 through the column state of the column sta	ed trade (column umn 3) ompute	from	n activ not uni	ncome ity that related income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)				1							
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Paline 10, col	arti,						Enter here and on page 1, Part II, line 25		
Schedule J- Advertising In	come (see instri	uctions)								-	
Part I Income From Per			onsol	idated Bas	is						
Name of periodical	2. Gross advertising income	3. Direct advertising	ct	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	ising s) (col ol 3) If npute	5	Circu		6 Reade	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								_			
(2)											
(3)		· -						-	_		
(4)											
<del>: :</del>	1									-	
Totals (carry to Part II, line (5))											- 000 T

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

1.	Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
				-			
					· -		
als fro	om Part I ▶		-			_	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
als, Pa	art II (lines 1-5)						
hedu	le K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri			
neau	ile K - Compensatio	ii oi Oilicers, L	inectors, and	11	Trustees (See mon	Trustees (See IIISH UCHOTIS)	

. 1. Name	3 Percent of ime 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		

Form **990-T** (2019)

27,123.

## ATTACHMENT 2

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

LP - TRADE/BUSINESS LOSS LP - INTEREST INCOME LP - DIVIDEND INCOME LP - OTHER INCOME	-4,936. 14,062. 11,543. 6,454.
DI OTHER INCOME	0,434.
	LP - INTEREST INCOME LP - DIVIDEND INCOME

INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

111,911.

#### ATTACHMENT 4

#### FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

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

3,906. 151,462. 3,301,311.

3,456,679.

PART II - LINE 27 - OTHER DEDUCTIONS

ATTACHMENT 5

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
PHILIP H KNIGHT NIKE INC. ONE BOWERMAN DRIVE BEAVERTON, OR 97005	PRES/TREAS/DIRECTOR	0	0.
PENELOPE P KNIGHT NIKE INC. ONE BOWERMAN DRIVE BEAVERTON, OR 97005	DIRECTOR/VP	0	0.
LISA MCKILLIPS NIKE INC. ONE BOWERMAN DRIVE BEAVERTON, OR 97005	ASST SEC/ASST TREAS	. 0	0.
TRAVIS A KNIGHT NIKE, INC. ONE BOWERMAN DRIVE BEAVERTON, OR 97005	VP/SEC/DIRECTOR	0	0.
TOTAL COMPENSATION	•		0.

BVY0MD 6549 42631-734-4

#### **SCHEDULE D** (Form 1120)

# **Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

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

	ATTN: LISA MCKILLIPS					91-1791788
	e corporation dispose of any investment(s) in a	a qualified opportunit	v fund during the ta	ax vear?	▶	Yes X No
	s," attach Form 8949 and see its instructions fo		-	-	ss	
Part					•	
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments or loss from For 8949, Part I, lin	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)	,	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					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
	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	37,948.				37,948.
4	Short-term capital gain from installment sales from l	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	( )
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column l	h	. <b></b>	. 7	37,948.
Part						
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments	-	(h) Gain or (loss)
	the lines below  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 For 8949, Part II, lir column (g)		Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	45,863.				45,863.
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9			· • • • • • • • • • • • • • • • • • • •	11	341,210.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37			12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
	Net long-term capital gain or (loss) Combine lines 8	la through 14 in column	h	<u> </u>	15	387,073.
Part	Summary of Parts I and II				_	
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capita	I loss (line 15)		16_	37,948.
17	Net capital gain Enter excess of net long-term capi	tal gain (line 15) over ne	et short-term capital lo	ss (line 7)	17	387,073.
18	Add lines 16 and 17 Enter here and on Form 1120	, page 1, line 8, or the p	proper line on other re	turns	18	425,021.
	Note: If losses exceed gains, see Capital Losses in the	e instructions				

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

JSA 9E18011000 BVY0MD 6549

Schedule D (Form 1120) 2019

# Sales ar Other Dispositions of Cap

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

OMB No 1545-0074

Sequence No

Department of the Treasury Internal Revenue Service

▶ 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

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Δ ጥጥΝΙ •	TITSA	MCKTLLTP	S

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page

or one or more of the boxes, com	iplete as mar	ny forms with	the same box ch	iecked as you n	eed		
(A) Short-term transactions (B) Short-term transactions (X) (C) Short-term transactions (A)	eported on F	orm(s) 1099-	B showing basis	•	•	e <b>Note</b> above)	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a lift you enter a consequence of See the separate	(h) Gain or (loss) Subtract column (i	
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) ar combine the resu with column (g)
T CAPITAL GAIN FROM PARTNERSHIP			37,948				37,948
***							
					. =	-	

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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

37.948

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 Form **8949** (2019)

37,948

Page 2

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).

	ou <i>must</i> check Box D, E, <i>or</i> F b separate Form 8949, page 2, fo							
	ore of the boxes, complete as m							<b>3</b>
_	X (D) Long-term transactions r	•		-		o the IRS (see	e <b>Note</b> above)	
r	(E) Long-term transactions r	•		_			·	
r	(F) Long-term transactions r							
	(a)  Description of property  (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	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) Gain or (loss). Subtract column (e) from column (d) and
						(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT	r CAPITAL GAIN FROM PARTNERSHIP			45,863.				45,863
_								
_								
_								
_								
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_								
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					-			
-	2 Totals. Add the amounts in columns	-						

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

45.863

Form 8949 (2019)

45.863

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) ▶

## • ATTACHMENT 1

# ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

FLOWTHROUGH FROM PARTNERSHIP INVESTMENTS