

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

2018

For calendar year 2018 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 SEE STATEMENT 23

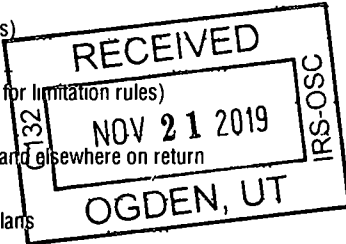
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JOYCE LEE Telephone number 206-691-3134

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Deduction description, Amount. Rows 14-32 including Total deductions and Unrelated business taxable income.



SEE STATEMENT 25

SEE STATEMENT 26

913

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-379,541.
34	Amounts paid for disallowed fringes	34	28,231.
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 of lines 33 and 34	36	-351,310.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-351,310.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> 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	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 4,879.		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Ruz Ulega-Margis 11/12/19 PRESIDENT & CEO
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: JANE M. SEARING
 Preparer's signature: *Jane M. Searing*
 Date: 11/09/19
 Check if self-employed
 PTIN: P00000565
 Firm's name: CLARK NUBER, P.S.
 Firm's address: 10900 NE 4TH STREET, SUITE 1400, BELLEVUE, WA 98004
 Firm's EIN: 91-1194016
 Phone no.: 425-454-4919

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B) 0.
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Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (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)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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 Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 28

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 23
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MARGUERITE CASEY FOUNDATION RECEIVES UNRELATED BUSINESS INCOME AND LOSSES FROM PARTNERSHIPS IN WHICH THE FOUNDATION HOLDS AN INTEREST.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 24
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DESCRIPTION	NET INCOME OR (LOSS)
ADAMS STREET PARTNERSHIP FUND - 2007 NON-U.S. FU - ORDINARY BUSINESS INCOME	-1,174.
ADAMS STREET 2008 DIRECT FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)	2,134.
ADAMS STREET PARTNERSHIP FUND - 2008 NON-U.S. FU - ORDINARY BUSINESS INCOME	286.
ADAMS STREET PARTNERSHIP FUND - 2008 U.S. FUND, - ORDINARY BUSINESS INCOME (8,147.
ADAMS STREET 2011 U.S. FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-103,878.
ADAMS STREET CO-INVESTMENT FUND III A, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-93,431.
BROOKFIELD CAPITAL PARTNERS IV L.P. - ORDINARY BUSINESS INCOME (LOSS)	45,456.
GSO ENERGY SELECT OPPORTUNITIES FUND LP - ORDINARY BUSINESS INCOME (LOSS)	23,367.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-2 LP - ORDINARY BUSINESS INCOME (LO	-85,242.
CLEARLAKE CAPITAL PARTNERS IV (AIV-ATLAS), L.P. - ORDINARY BUSINESS INCOME (-72,103.
GREEN EQUITY INVESTORS VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-31,243.
GREENOAK US III, LP - ORDINARY BUSINESS INCOME (LOSS)	-73,888.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-5 LP - ORDINARY BUSINESS INCOME (LO	15,582.
CLEARLAKE CAPITAL PARTNERS IV, L.P. - ORDINARY BUSINESS INCOME (LOSS)	385.
OAKTREE POWER OPPORTUNITIES FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,238.
CLEARLAKE CAPITAL PARTNERS IV (AIV-JUPITER), L.P. - ORDINARY BUSINESS INCOME	52,094.
CLEARLAKE CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	51,214.
BAIN CAPITAL FUND XII, LP - ORDINARY BUSINESS INCOME (LOSS)	3,362.
ARTEMIS REAL ESTATE PARTNERS FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	6,420.

DUNES POINT CAPITAL FUND II LP - ORDINARY BUSINESS INCOME
(LOSS)

-107,808.

TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5

-363,558.

FORM 990-T INTEREST PAID STATEMENT 25

DESCRIPTION	AMOUNT
ADAMS STREET 2008 DIRECT FUND, L.P.	33.
ADAMS STREET 2011 U.S. FUND, L.P.	457.
ADAMS STREET CO-INVESTMENT FUND III, L.P.	1,507.
ADAMS STREET PARTNERSHIP FUND 2008 NON U.S. FUND, L.P.	4.
ADAMS STREET PARTNERSHIP FUND 2008 U.S. FUND, L.P.	220.
BROOKFIELD CAPITAL PARTNERS IV, L.P.	3,926.
CB OFFSHORE EQUITY FUND IX, L.P.	26,113.
GREEN EQUITY INVESTORES VII, LP	9,717.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-2-LP	271.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-5-LP	4,386.
GSO ENERGY SELECT OPPORTUNITIES FUND LP	1,733.
OAKTREE POWER OPPORTUNITIES FUND V, LP	8,306.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	56,673.

FORM 990-T OTHER DEDUCTIONS STATEMENT 26

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	12,800.
DEPLETION	98,690.
DEPRECIATION	109.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	111,599.

Name: **MARGUERITE CASEY FOUNDATION** Employer identification number: **91-2062197**

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	138.			-421.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges 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 h			7	-421.

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	164,912.			159,924.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	159,924.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	159,503.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	159,503.

Note: If losses exceed gains, see Capital losses in the instructions

Marguerite Casey Foundation
 EIN: 91-2062197
 FORM 990-T, PART II, LINE 31
 12/31/2018

Net Operating Loss Carryforward Schedule

Year End	Original NOL	Current Year Amount Available	Current Year Amount Utilized	Amount Expired	Amount Carryforward
12/31/14	\$ 220,732	\$ 169,290	\$ -		\$ 169,290
12/31/15	\$ 275,137	\$ 275,137	\$ -		\$ 275,137
12/31/16	\$ 10,990	\$ 10,990	\$ -		\$ 10,990
12/31/17	\$ 64,408	\$ 64,408	\$ -		\$ 64,408
12/31/18	\$ 351,310	\$ 351,310	\$ -		\$ 351,310
		\$ 871,135	\$ -	\$ -	\$ 871,135
Total NOL carryforward to 12/31/2019:					\$ 871,135

Marguerite Casey Foundation
 EIN: 91-2062197
 FORM 990-T, PART II, LINE 20
 12/31/2018

Charitable Contribution Carryforward Schedule

Year End	Original Amount	Current Year Amount Available	Current Year Amount Utilized	Amount Expired	Amount Carryforward
12/31/13	\$ 26,769,692	\$ 26,769,692	\$ -	\$ 26,769,692	\$ -
12/31/14	\$ 21,300,101	\$ 21,300,101	\$ -		\$ 21,300,101
12/31/15	\$ 29,996,425	\$ 29,996,425	\$ -		\$ 29,996,425
12/31/16	\$ 22,297,654	\$ 22,286,664	\$ -		\$ 22,286,664
12/31/17	\$ 29,784,556	\$ 29,784,556	\$ -		\$ 29,784,556
12/31/18	\$ 29,197,580	\$ 29,197,580	\$ -		\$ 29,197,580
		<u>\$ 159,335,018</u>	<u>\$ -</u>	<u>\$ 26,769,692</u>	<u>\$ 132,565,326</u>

Total charitable contribution carryforward to 12/31/2019: \$ 132,565,326