Form 990-T	E	Exempt Organization Bu	sine	ss Income T	ax Returr	۱	OMB No 1545-0687
		(and proxy tax un	der se	ection 6033(e))		ı	2040
<i>_</i> .	For ça	lendar year 2018 or other tax year beginning		, and ending		_	2018
Department of the Treasury Internal Revenue Service	•	► Go to www irs.gov/Form990T for Do not enter SSN numbers on this form as it ma					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	change	d and see instructions.)		(Empl	oyer identification number loyees' trust, see ictions)
B Exempt under section	Print	MARGUERITE CASEY FOUNDATION				91	L-2062197
x 501(c (1)3.)	or	Number, street, and room or suite no. If a P.O. b	ox. see ii	nstructions.			ated business activity code
408(e) 220(e)	Туре	1425 4TH AVENUE, NO. 900	,			(366 11	istructions)
408A 530(a)		City or town, state or province, country, and ZIP	or foreig	n postal code		1	
529(a)		SEATTLE, WA 98101-2222	_	•		52599	10
C Book value of all assets at end of year	•	F Group exemption number (See instructions.)					
722,179	,910.	G Check organization type ► x 501(c) co	rporatio	n 501(c) trust	401(a)	trust	Other trust
	-	ation's unrelated trades or businesses.	1		the only (or first) un		
trade or business here					complete Parts I-V.		
		ace at the end of the previous sentence, complete I	Parts I ar	nd II, complete a Schedule	M for each addition	al trade	; or
business, then complete						1	
		poration a subsidiary in an affiliated group or a par	ent-subs	idiary controlled group?	▶ 1	Ye	s X No
		tifying number of the parent corporation.		Tolonh	one number > 2	06 60	1 2124
J The books are in care of		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale		de or business income		(77) 1110011110	(D) EXPONDE		(0)
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S			2				
3 Gross profit. Subtract		- ^	3			. –	
4a Capital gain net incom		4 `	4a	159,503.	 ,		159,503.
• •	•	Part II, line 17) (attach Form 4797)	4b	-7,175.			-7,175.
c Capital loss deduction			4c				
5 Income (loss) from a	partner	ship or an S corporation (attach statement)	5	-363,558.	STMT 24		-363,558.
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-financ	ed incoi	me (Schedule E)	7				
		and rents from a controlled organization (Schedule F					
9 Investment income of	a section	on 501(c)(7), (9), or (17) organization (Schedule G					
10 Exploited exempt activ	•	,	10				
11 Advertising income (S		·	11		- -		
12 Other income (See ins			12	211 220			_211 230
13 Total. Combine lines			13	-211,230.			-211,230.
		ot Taken Elsewhere (See instructions utions, deductions must be directly connect			s income)		
14 Compensation of off	ıcers, dı	rectors, and trustees (Schedule K)				14	•
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts			7	400 400 000 000 000 000 000 000 000 000	T 05	17	56 672
18 Interest (attach sche	dule) (s	ee instructions) RECEIVED	Λ	SEE STATEMEN	I. 52	18 19	56,673. 39.
19 Taxes and licenses	(0-	1	<u>کا</u>			20	
		e instructions for limitation rules)	IRS-0	21		20	
21 Depreciation (attach		NOV 21 2019	82	22a		22b	
22 Less depreciation cla23 Depletion	imea o	. Comount in Gift	-	224		23	
24 Contributions to defe	arrad co	mpensation plans OGDEN, UT				24	
25 Employee benefit pro		impondation plans				25	
26 Excess exempt expe	-	chedule I)				26	
27 Excess readership co		•				27	
28 Other deductions (at	•			SEE STATEMEN	г 26	28	111,599.
29 Total deductions. A		•				29	168,311.
		ncome before net operating loss deduction. Subtra	act line 2	9 from line 13		30	-379,541.
		loss arısıng ın tax years beginning on or after Janu				31	
•		ncome. Subtract line 31 from line 30				32	-379,541.
		nunck Reduction Act Notice see instructions					Form 990-T (2018)

Form 990-1	(2018) MARGUERITE CASEY FOUNDATION 91	-206219	97	Page 2
Part I	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	V: Tax Computation		<u> </u>	
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:			
	Tax rate schedule or 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 \				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		1450	
	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)			
	Total credits, Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach)	, echadula)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	,cirouaia,	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.
-	Payments: A 2017 overpayment credited to 2018		1 SHEN	
	2018 estimated tax payments 50b		130	
	Tax deposited with Form 8868 50c			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d 50d			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) Other gradual advertises and payments [1] Form 8420			
9	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ [50g]		高層的	
51	Total payments. Add lines 50a through 50g		51	
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	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55	
Part N		.)		IV. IV.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	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			建筑基金
	here >			<u>x</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	rust?		X
	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 >\$ 4,879.			10 to
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	t of my kno	wledge and	bellef, it is true,
Sign		M	lay the IRS d	scuss this return with
Here	Wa llega- Margres 1/12/19 PRESIDENT & CEO		•	nown below (see
	Signature of officer Date Title	in	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature, Date Check	. []	if PTIN	
Paid	Self-e	mployed		
Prepa	rer Jane M. SEARING JANE M. SEARING 11/09/19		P000	00565
Use C		's EIN 🕨	91-	194016
- J- J- C	10900 NE 4TH STREET, SUITE 1400			
	Firm's address BELLEVUE WA 98004 Phot	ne no. 4	25-454-	4919

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold S	Subtract I	ine 6		
3 Cost of labor	3		from line 5. Enter here	e and in f	Part I,		
4a Additional section 263A costs			line 2			7	_
(attach schedule)	4a		8 Do the rules of section	n 263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Prop	perty) 	
Description of property							
(1)							
(2)							
(3)							
(4)		<u> </u>					
		ed or accrued			3(a) Deductions directly	connected with the	e income in
(a) From personal property (if the present for personal property is monomore than 50% but not more than 50%.	re than	of rent for p	and personal property (if the percent personal property exceeds 50% or in this based on profit or income)	tage f		d 2(b) (attach sche	
(1)							·
(2)							-
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ın (A)	.		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated De	bt-Financed	I Income (see	instructions)	,			
			2 Gross income from		3 Deductions directly conn to debt-finance		able
1 Description of debt-	Inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	- <u></u>	
(1)			·	<u> </u>			
(2)				1			
(3)							
(4)						T	
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)	(column 6 x 1	le deductions total of columns and 3(b))
(1)	<u> </u>	-	%			<u> </u>	·
(2)	<u> </u>		%				
(3)			%				
(4)	1		%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here ar Part I, line 7	nd on page 1, , column (B)
Totals			•		0,		0.
Total dividends-received deductions in	ncluded in column	8					0.

1. Rams of controlled organization 2. Employer infentional flowed flower infentional flo	Schedule F - Interest,	Aimuitie	s, noya	illes, ai		Controlled O			Latio	iis (see in:	struction	<u> </u>
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29 39 40 40 40 40 40 40 40 4	7 Taxable Income				9 Total		ments	in the control	ng orga	nization's		eductions directly connected h income in column 10
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Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (5)		 -			 							
Add columns 5 and 10 Enter here and on page 1, Part 1, line 6, column (8) 0 0 0		_			 						 	
Add columne a and 10 Enter here and on page 1, Part 1, line 8, column (8) 0. 0. 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 2, Amount of income 3 and 3 Descriptions (each schedule) (1) 2.		-						· · · · ·				
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(3) (4) Enter here and on page 1, Part 1, line 9, column (A) Column (B) Column (Column (Column (B) Column (Column (Col			_					<u> </u>				
Continue Column (A) Enter here and on page 1, Part Inne 9, column (B) Enter here and on page 1, Part Inne 9, column (B) Column (B)	(2)										_	
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(See instructions) 2. Gross urrelated business income exploited activity and income from trade or business income in trade or business income	Totals						1				_	0.
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1 Description of exploited activity unrelated business income unrelated business unrelated business unrelated with production of unrelated with production of unrelated with production of unrelated with production of unrelated business income				3. Ev	nenses							7. Excess exempt
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)		unrelated incom	business e from	directly o with pro of unr	onnected iduction elated	business (co minus columi gain, compute	business (column 2 from activity that minus column 3) If a is not unrelated gain, compute cols 5 business incom		hat ed	at attributable to		expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income 2. Gross advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)	(1)											
(4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income 3 Direct advertising costs of 3 Direct advertising costs income 1 Name of periodical 3 Direct advertising costs frough 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute col 4. Advertising gain or (loss) (col 2 minus column 4) If a column 5, but not more than column 4)	(2)											
(4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income 3 Direct advertising costs of 3 Direct advertising costs income 1 Name of periodical 3 Direct advertising costs frough 7 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute col 4. Advertising gain or (loss) (col 2 minus column 4) If a column 5, but not more than column 4)	(3)	<u> </u>										<u> </u>
Enter here and on page 1, Part 1, line 10, col (A) Totals O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income Income 3 Direct advertising costs advertising costs col s 5 through 7 (2) (3) (4)	(4)							-				
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising income advertising costs of advertising costs column 6 income or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1)		page 1	Part I,	page 1	, Part I,							on page 1,
Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2. Gross advertising all pincome 3 Direct advertising costs coll 2 minus coll 3) If a gain, compute colls 5 through 7 (1) (2) (3) (4)	Totals		- 1									0.
1 Name of periodical 2. Gross advertising income 3 Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4)	Schedule J - Advertisi	ng Incol	ne (see 11	nstruction	ıs)							
1 Name of periodical advertising costs advertising costs advertising costs cols 5 through 7 (1)	Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis				_	
(2) (3) (4)	1 Name of periodical		advertising			or (loss) (co	ol 2 minus iin, compute					costs (column 6 minus column 5, but not more
(2) (3) (4)	(1)											
(3) (4)	(2)											
(4)	(3)											
	(4)											
IDIAIS (CATTY TO PART II IIIDP (5))	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.			<u> </u>	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

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

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

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 23
BUSINESS ACTIVITY

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 (L	OSS) FROM PARTNERSHIPS	STATEMENT 24
DESCRIPTION		NET INCOME OR (LOSS)
ADAMS STREET PARTNERSHIP FUND - 2	007 NON-U.S. FU -	
ORDINARY BUSINESS INCOME ADAMS STREET 2008 DIRECT FUND, L.	P ORDINARY BUSINESS	-1,174.
INCOME (LOSS) ADAMS STREET PARTNERSHIP FUND - 2	008 NON-II.S. FII -	2,134.
ORDINARY BUSINESS INCOME		286.
ADAMS STREET PARTNERSHIP FUND - 2 BUSINESS INCOME (008 U.S. FUND, - ORDINAL	RY 8,147.
ADAMS STREET 2011 U.S. FUND, L.P. INCOME (LOSS)	- ORDINARY BUSINESS	-103,878.
ADAMS STREET CO-INVESTMENT FUND I	II A, L.P ORDINARY	·
BUSINESS INCOME (LOSS BROOKFIELD CAPITAL PARTNERS IV L.	P ORDINARY BUSINESS	-93,431.
INCOME (LOSS) GSO ENERGY SELECT OPPORTUNITIES F	IIND LP - ORDINARY	45,456.
BUSINESS INCOME (LOSS)		23,367.
GSO ENERGY SELECT OPPORTUNITIES F BUSINESS INCOME (LO		-85,242.
CLEARLAKE CAPITAL PARTNERS IV (AI BUSINESS INCOME (V-ATLAS), L.P ORDINAF	₹Y -72,103.
GREEN EQUITY INVESTORS VII, LP -	ORDINARY BUSINESS INCOME	·
(LOSS) GREENOAK US III, LP - ORDINARY BU		-31,243. -73,888.
GSO ENERGY SELECT OPPORTUNITIES F BUSINESS INCOME (LO	UND AIV-5 LP - ORDINARY	15,582.
CLEARLAKE CAPITAL PARTNERS IV, L.	P ORDINARY BUSINESS	
INCOME (LOSS) OAKTREE POWER OPPORTUNITIES FUND	V, LP - ORDINARY BUSINES	385. SS
INCOME (LOSS) CLEARLAKE CAPITAL PARTNERS IV (AI	V-JUPITER), L.P	-3,238.
ORDINARY BUSINESS INCOME		52,094.
CLEARLAKE CAPITAL PARTNERS V, LP INCOME (LOSS)	- URDINARY BUSINESS	51,214.
BAIN CAPITAL FUND XII, LP - ORDIN (LOSS)	ARY BUSINESS INCOME	3,362.
ARTEMIS REAL ESTATE PARTNERS FUND	III, LP - ORDINARY	
BUSINESS INCOME (LOSS)		6,420.

MARGUERITE CASEY FOUNDA	ATION	91-20621	97			
DUNES POINT CAPITAL FUND (LOSS)	II LP - ORDINARY BUSINESS INCOME	-107,8	308.			
TOTAL INCLUDED ON FORM 99	00-T, PAGE 1, LINE 5	-363,5	558.			
FORM 990-T	INTEREST PAID	STATEMENT	25			
DESCRIPTION		AMOUNT				
ADAMS STREET 2008 DIRECT ADAMS STREET 2011 U.S. FU ADAMS STREET CO-INVESTMEN ADAMS STREET PARTNERSHIP ADAMS STREET PARTNERSHIP BROOKFIELD CAPITAL PARTNE CB OFFSHORE EQUITY FUND DI GREEN EQUITY INVESTORES V GSO ENERGY SELECT OPPORTU GSO ENERGY SELECT OPPORTU GSO ENERGY SELECT OPPORTU OAKTREE POWER OPPORTUNITY TOTAL TO FORM 990-T, PAGE	33. 457. 1,507. 4. 220. 3,926. 26,113. 9,717. 271. 4,386. 1,733. 8,306.					
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	26			
DESCRIPTION		AMOUNT				
PROFESSIONAL FEES DEPLETION DEPRECIATION		98,6	800. 690. 109.			
TOTAL TO FORM 990-T, PAGE	E 1, LINE 28	111,5	599.			

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

Name

Employer identification number

MARGUERITE CASEY FOUNDATION 91-2062197

Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gar or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	ı) [*]	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.	559.			-421.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	·			5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine	7	-421.			
Part II Long-Term Capital Gai					
See instructions for how to figure the amounts	(d)	(a)	(g) Adjustments to gain	_	(h) Courses (cons) Subtract
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	9.	(N) 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					<u> </u>
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	164,912.	4,988.			159,924.
11 Enter gain from Form 4797, line 7 or 9		_		11	
12 Long-term capital gain from installment sales	·	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		15	159,924.
Part III Summary of Parts I and		···			
16 Enter excess of net short-term capital gain (lin		, ,		16	450 500
17 Net capital gain. Enter excess of net long-term			')	17	159,503.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	159,503.
Note: If losses exceed gains, see Capital loss	es in the instructions				

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

Schedule D (Form 1120) 2018

JWA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

91-2062197

MARGUERITE CASEY FOUNDATION 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. Transact	ions involving capi	tal assets you held	1 year or less are ge	enerally short-term (se	e instructio	ons) For long-term	
transactions, see page 2 Note: You may aggregate al	l short-term transa	ctions reported on	Form(s) 1099-B show	wing basis was repor	led to the If	RS and for which no	adjustments or
codes are required Enter the fou must check Box A, B, or C below.	Check only one b	Schedule D, line 1	a, you aren't required	to report these tran	sactions or	Form 8949 (see instate Form 8949, page 1.	ructions) for each applicable box
you have more short-term transactions than w	ill fit on this page for o	one or more of the box	es, complete as many fo	orms with the same box	checked as ye	ou need	
(A) Short-term transactions re		•	•	="	e Note ab	ove)	
(B) Short-term transactions re		•	-	ported to the IRS			
X (C) Short-term transactions no	ot reported to yo	u on Form 1099	В	·	A -11	-	,
(a)	(b)	(c)	(d)	(e)		nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	l ın column	(a), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of (Mo, day, yr)	(,	Note below and	,). See instructions.	from column (d) &
		(IVIO, day, yi)		see Column (e) ın	(f) Code(s)	(g) Amount of	combine the result
				the instructions	Coue(s)	adjustment	with column (g)
DAMS STREET PARTNERSHIP						ļ	
UND 2008 U.S. FUND, L.P.	VARIOUS	VARIOUS	1.	0.			1.
ROOKFIELD CAPITAL PARTNERS		ļ					
V, L.P.	VARIOUS	VARIOUS	137.	0.			137.
SO ENERGY SELECT							
PPORTUNITIES FUND, L.P.	VARIOUS	VARIOUS	0.	559.			<559.
					_		
						_	
	•						
Totals. Add the amounts in colum	nns (d), (e), (g), a	ınd (h) (subtract				_	
negative amounts). Enter each to							
Schedule D, line 1b (If Box A abo							
above is checked), or line 3 (if Bo			138.	559.			<421.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

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

Social security number or taxpayer identification no.

91-2062197

MARGUERITE CASEY FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, 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 88449, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (a) (d) (e) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co.) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) 70) see Column (e) in combine the result Amount of with column (g) Code(s) the instructions adjustment ADAMS STREET 2011 U.S. 0 4,988 <4.988.> VARTOUS VARTOUS FUND, L.P. ADAMS STREET 2007 NON U.S. 2,359. 0. VARIOUS VARIOUS FUND, L.P. 2,359. ADAMS STREET PARTNERSHIP O 29,315. FUND 2008 U.S. FUND L.P. 29,315 VARTOUS VARIOUS BROOKFIELD CAPITAL PARTNERS 132,930. VARTOUS VARIOUS 132,930 O GREEN EQUITY INVESTORS VII 308 L.P. VARIOUS VARIOUS 308 0 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 164,912 4,988 above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

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		iginal NOL	-	ırrent Year nt Avaılable	 errent Year ant Utilized	Amount Expired	Car	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		

Marguerite Casey Foundation

EIN: 91-2062197

FORM 990-T, PART II, LINE 20

12/31/2018

Charitable Contribution Carryforward Schedule

Year End	Orı	gınal Amount	Current Year unt Avaılable			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
		•	\$ 159,335,018	\$		\$	26,769,692	\$	132,565,326

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