| Form <b>990-T</b>   | E          | Exempt Organization Bus  |             |                           | ax Return                                | ı ļ      | OMB No 1545-0687   |
|---|------------|--|-------------|---------------------------|--|----------|--|
|   |            | (and proxy tax und   | er se       | ction 6033(e))            |  |          | 2040   |
|   | For ca     | lendar year 2018 or other tax year beginning   |             | , and ending              |  | _        | 2018   |
| Department of the Treasury<br>Internal Revenue Service                      |            | ▶ Go to www.irs.gov/Form990T for in<br>Do not enter SSN numbers on this form as it may |             |                           |  |          | Open to Public Inspection for 501(c)(3) Organizations Only     |
| A Check box if address changed  |            | Name of organization ( Check box if name c   | hanged      | and see instructions.)    |  | Emp      | loyer identification number<br>ployees' trust, see<br>uctions) |
| B Exempt under section  | Print .    | WILLIAM K. BOWES, JR. 1  | FOU         | NDATION                   |  |          | 4-3148482  |
| X 501(c03 )   | or<br>Type | Number, street, and room or suite no. If a P.O. box                                    | x, see ir   | structions.               |  |          | lated business activity code<br>instructions )                 |
| 408(e) 220(e)   | 1,,,,      | 1660 BUSH ST, NO. 300  |             |                           |  | 1        |  |
| 408A 530(a)<br>529(a)   |            | City or town, state or province, country, and ZIP o                                    |             | n postal code             |  | 900      | 099  |
| C Book value of all assets at end of year                                   |            | F Group exemption number (See instructions.)   | <u> </u>    |                           |  |          |  |
| 314,391,2   | 46.        | G Check organization type ► X 501(c) corg  | _           |                           | 401(a)                                   |          | Other trust  |
|   |            | tion's unrelated trades or businesses.   /ESTMENTS IN PARTNERSHI                       | 1           |                           | the only (or first) ur                   |          |  |
|   |            | ce at the end of the previous sentence, complete Pa                                    |             |                           | complete Parts I-V.  M for each addition |          |  |
| business, then complete   |            |  | ii to i aii | u II, complete a ochedule | W IOI CACH ADDITION                      | ai liaut | 5 UI   |
|   |            | poration a subsidiary in an affiliated group or a parer                                | nt-subsi    | diary controlled group?   | ▶ [                                      | Y        | es X No  |
| • •   |            | tifying number of the parent corporation.  |             |                           |  |          |  |
|   |            | PACIFIC FOUNDATION SERV  | ICES        |                           | one number 🕨 4                           |          |  |
| Part I Unrelated  | d Trac     | de or Business Income  |             | (A) Income                | (B) Expenses                             | s        | (C) Net  |
| 1 a Gross receipts or sale  |            |  | ١. ا        |                           |  |          |  |
| b Less returns and allow  |            | c Balance  | 1c<br>2     |                           |  |          |  |
| <ul><li>2 Cost of goods sold (S</li><li>3 Gross profit Subtract</li></ul>   |            | •  | 3           |                           |  |          | <del>                                     </del>               |
| 4 a Capital gain net incon  |            |  | 4a          |                           |  |          |  |
| , •   | ,          | art II, line 17) (attach Form 4797)  | 4b          |                           |  |          |  |
| c Capital loss deduction  |            |  | 4c          |                           |  |          |  |
| 5 Income (loss) from a  | partners   | ship or an S corporation (attach statement)  | 5_          | 24,050.                   | STMT :                                   | 15       | 24,050.  |
| 6 Rent income (Schedu   | le C)      |  | 6           |                           |  |          |  |
| 7 Unrelated debt-financ   |            | •  | 7           |                           |  |          |  |
| •   |            | nd rents from a controlled organization (Schedule F)                                   | 8           |                           |  |          |  |
|   |            | on 501(c)(7), (9), or (17) organization (Schedule G)                                   | 10          |                           |  |          |  |
| 10 Exploited exempt active 11 Advertising income (\$                        | •          | •  | 11          |                           |  |          |  |
| 12 Other income (See in:  |            | •  | 12          |                           | -  |          |  |
| 13 Total. Combine lines   | 3 throu    | gh 12  | 13          | 24,050.                   |  |          | 24,050.  |
| Part II Deductio  | ns No      | ot Taken Elsewhere (See instructions for   | or limita   | ations on deductions)     |  |          |  |
|   |            | utions, deductions must be directly connected  | l with t    | he unrelated business     | income)                                  | ,        |  |
| •   | icers, di  | rectors, and trustees (Schedule K)   |             |                           |  | 14       | <del> </del>   |
| <ul><li>15 Salaries and wages</li><li>16 Repairs and mainten</li></ul>      |            |  |             |                           |  | 15       |  |
| <ul><li>16 Repairs and mainten</li><li>17 Bad debts</li></ul>               | ance       |  |             |                           |  | 17       |  |
| 18 Interest (attach sche  | dule) (s   | ee instructions)   |             |                           |  | 18       |  |
| 19 Taxes and licenses   | / (-       | •  |             |                           |  | 19       | 2,911.   |
| 20 Charitable contributi  | ons (Se    | e instructions for limitation rules) STATEME   | ENT         | 18 SEE STAT               | EMENT 16                                 | 20       | 0.   |
| 21 Depreciation (attach   | Form 45    | 562)   |             | 21                        |  | 1        | ļ  |
| 22 Less depreciation cla  | aimed or   | n Schedule A and elsewhere dn returnRECE   | <b>IVF</b>  | [ <u>  22a  </u>          |  | 22b      |  |
|   |            |  |             |                           |  | 23       |  |
| 24 Contributions to defe<br>25 Employee benefit pro                         |            | mpensation plans   | 201         | 9 (38)                    |  | 24       | -  |
| <ul><li>25 Employee benefit pro</li><li>26 Excess exempt expenses</li></ul> |            | chedule 1)   | . ZUI       | 2 2                       |  | 26       |  |
| 27 Excess readership co   |            | hedule J)  | ,,          |                           |  | 27       |  |
| 28 Other deductions (at   |            |  | <u>V.</u> i | SEE STAT                  | EMENT 17                                 | 28       | 6,400.   |
| 29 Total deductions. A  |            |  |             |                           |  | 29       | 9,311.   |
|   |            | ncome before net operating loss deduction. Subtrac                                     |             |                           |  | 30       | 14,739.  |
|   | _          | loss arising in tax years beginning on or after Janua                                  | ry 1, 20    | 18 (see instructions)     |  | 31       | 14 730   |
| 32 Unrelated business t   | axable II  | ncome. Subtract line 31 from line 30   |             |                           |  | 32       | 14,739.  |

| Part I     | I Total Unrelated Business Taxa  | ble Income  |  |                         |                  |                          |
|------------|--|---|--|-------------------------|------------------|--------------------------|
| 33         | Total of unrelated business taxable income comput  | ed from all unrelated trades or businesses  | (see instructions)                                 |                         | 33               | 14,739.                  |
| 34         | Amounts paid for disallowed fringes  |   | ,  |                         | 34               |                          |
| 35         | Deduction for net operating loss arising in tax year   | s beginning before January 1, 2018 (see in  | structions) S                                      | TMT 20                  | 35               | 14,739.                  |
| 36         | Total of unrelated business taxable income before  |   |  |                         | "  -             |                          |
| 30         | lines 33 and 34  | specific deductions outsides fine of from a   | 10 00111 01  |                         | 36               |                          |
| 27         | Specific deduction (Generally \$1,000, but see line 3  | 27 instructions for excentions)   |  |                         | 37               | 1,000.                   |
| 37         |  |   | lung 26  |                         | <del>-"  -</del> |                          |
| 38         | Unrelated business taxable income. Subtract line enter the smaller of zero or line 36                              | 37 HOTH line 30. If fine 37 is greater than   | ilile 30,  |                         | 38               | 0.                       |
| Part I     |  | <del> </del>  |  |                         | <u> </u>         |                          |
| ·          |  | line 20 his 2197 (0.21)   |  |                         | 20               | 0.                       |
| 39         | Organizations Taxable as Corporations. Multiply  |   | 00 (   |                         | 39               |                          |
| 40         | Trusts Taxable at Trust Rates. See instructions fo   | ·   | unt on line 38 from                                | _                       |                  |                          |
|            | Tax rate schedule or Schedule D (Fo  | rm 1041)  |  |                         | 40               |                          |
| 41         | Proxy tax. See instructions  |   |  |                         | 41               |                          |
| 42         | Alternative minimum tax (trusts only)  |   |  |                         | 42               | <del></del>              |
| 43         | Tax on Noncompliant Facility Income. See Instru  |   |  |                         | 43               |                          |
| 44         | Total. Add lines 41, 42, and 43 to line 39 or 40, wh   | ichever applies   |  |                         | 44               | 0.                       |
| Part \     |  |   | 11   |                         | Г Г              |                          |
|            | Foreign tax credit (corporations attach Form 1118,   | trusts attach Form 1116)  | 45a  |                         | 1 1              |                          |
|            | Other credits (see instructions)   |   | 45b  | <u></u>                 | 1                |                          |
|            | General business credit. Attach Form 3800  |   | 45c  |                         | {                |                          |
| đ          | Credit for prior year minimum tax (attach Form 880   | 01 or 8827)   | 45d  |                         |                  |                          |
| е          | 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  | n 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               | 0.                       |
| 50 a       | Payments A 2017 overpayment credited to 2018   |   | 50a  | <u>18,300.</u>          |                  |                          |
| b          | 2018 estimated tax payments  |   | 50b  |                         |                  |                          |
| С          | Tax deposited with Form 8868   |   | 50c  |                         | ]                |                          |
| d          | Foreign organizations: Tax paid or withheld at sour  | ce (see instructions)   | 50d  |                         |                  |                          |
| е          | Backup withholding (see instructions)  |   | 50e  |                         |                  |                          |
| f          | Credit for small employer health insurance premiui   | ns (attach Form 8941)   | 50f  |                         |                  |                          |
| g          | Other credits, adjustments, and payments.  | orm 2439  |  |                         |                  |                          |
|            | Form 4136 <b>X</b> 0   | ther 3 , 080 . Total  | ▶ 50g  | 3,080.                  |                  |                          |
| 51         | Total payments. Add lines 50a through 50g  | SEE S   | STATEMENT  | 19                      | 51               | 21,380.                  |
| 52         | Estimated tax penalty (see instructions). Check if F   | orm 2220 is attached 🕨 🔲  |  |                         | 52               |                          |
| 53         | Tax due. If line 51 is less than the total of lines 48,  | 49, and 52, enter amount owed   |  | <b>•</b>                | 53               |                          |
| 54         | Overpayment. If line 51 is larger than the total of I  | nes 48, 49, and 52, enter amount overpaid   | . t  | <b>&gt;</b>             | 54               | 21,380.                  |
| 55         | Enter the amount of line 54 you want Credited to   |   | 8,300. Re  |                         | 55               | 3,080.                   |
| Part \     | I Statements Regarding Certain   | Activities and Other Informa  | ition (see instru                                  | ictions)                |                  |                          |
| 56         | At any time during the 2018 calendar year, did the   | organization have an interest in or a signat  | ture or other authori                              | ty                      |                  | Yes No                   |
|            | over a financial account (bank, securities, or other)  | in a foreign country? If "Yes," the organiza  | ation may have to fil                              | e                       |                  |                          |
|            | FinCEN Form 114, Report of Foreign Bank and Fina   | ncial Accounts. If "Yes," enter the name of   | the foreign country                                |                         |                  |                          |
|            | here   |   |  |                         | _                | X                        |
| 57         | During the tax year, did the organization receive a  | distribution from, or was it the grantor of, o  | or transferor to, a fo                             | reign trust?            |                  | X                        |
|            | If "Yes," see instructions for other forms the organi  | zation may have to file.  |  |                         |                  |                          |
| 58         | Enter the amount of tay-exempt interest received o   |   | 63,750   |                         |                  |                          |
| Sia-       | Under penalties of perury, I declare that have examined correct, and complete Dictaration of penalties (other than | this return, including accompanying schedules and taxpayer) is based on all information of which prej | d statements, and to the<br>parer has any knowledg | best of my knowled<br>e | dge and beli     | ef, it is true,          |
| Sign       |  |   |  | M                       | ay the IRS d     | iscuss this return with  |
| Here       | May Justin   | TREAS   | URER, CFO  |                         |                  | hown below (see          |
|            | Signature of officer   | Date Title  | , . <del></del>                                    | ins                     |                  | X Yes No                 |
|            | Print/Type preparer's name   | Preparer's signature  | Date   | Check i                 | f PTIN           |                          |
| Paid       | L  |   | 11/15/19   | self- employed          |                  | 1000010                  |
| Prepa      | rer MAGA E. KISRIEV  | 1000  | 1////  |                         |                  | 1008919                  |
| Use C      | nly Firm's name ► HOOD & STRON   |   |  | Firm's EIN              | 94               | <u>-1254756</u>          |
|            |  | Y ST, STE 900   |  |                         | 1                | 01 0702                  |
|            |  | SCO, CA 94111   |  | Phone no. 4             |                  | 81.0793                  |
| 823711 01- | 09-19  |   |  |                         |                  | Form <b>990-T</b> (2018) |

Page 3

| Schedule A - Cost of Goods   | Sold. Enter             | method of inven  | tory v  | aluation > N/A   |           |   | _ <del>-</del> -                           |                      |
|--|-------------------------|--|---------|--|-----------|---|--|----------------------|
| 1 Inventory at beginning of year   | 1                       |  | 6       | Inventory at end of year   | ar        | Ü   | 6  |                      |
| 2 Purchases  | 2                       |  | ] 7     | Cost of goods sold. S  | ubtract l | ine 6   | -  |                      |
| 3 Cost of labor  | 3                       |  |         | from line 5. Enter here  | and in F  | Part I,   |  |                      |
| 4 a Additional section 263A costs  |                         |  |         | line 2   |           |   | 7  |                      |
| (attach schedule)  | 4a                      |  | 8       | Do the rules of section  | 263A (v   | with respect to   |  | Yes No               |
| b Other costs (attach schedule)  | 4b                      |  |         | property produced or a   | acquired  | I for resale) apply to  |  |                      |
| 5 Total. Add lines 1 through 4b  | 5                       |  |         | the organization?  |           |   |  |                      |
| Schedule C - Rent Income (   | (From Real F            | Property and   | Per     | sonal Property L   | .ease     | d With Real Prope   | erty)                                      |                      |
| (see instructions)   |                         |  |         | <del></del>  |           |   |  |                      |
| 1. Description of property   |                         |  |         |  |           | i   |  |                      |
| (1)  |                         |  |         |  |           |   |  |                      |
| (2)  |                         |  |         |  |           |   |  |                      |
| (3)  |                         |  |         |  |           |   |  |                      |
| (4)  |                         |  |         |  |           | ,   |  |                      |
|  |                         | d or accrued   |         |  |           | 3(a) Deductions directly  | connected with the in                      | come in              |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | centage of<br>than      | of rent for p  | ersonai | conal property (if the percental<br>property exceeds 50% or if<br>aed on profit or income) | ge        | columns 2(a) and  | d 2(b) (attach schedul                     | le)                  |
| (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                         | n (A)                   | <b>&gt;</b>  |         |  | 0.        | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | <b>▶</b>                                   | 0.                   |
| Schedule E - Unrelated Deb   | t-Financed              | Income (see  | ınstru  | ictions)   |           |   |  |                      |
|  |                         |  | 2       | 2. Gross income from   |           | 3. Deductions directly conn to debt-finance                               |  | le                   |
| 1. Description of debt-fir   | nanced property         |  |         | or allocable to debt-<br>financed property   | (a)       | Straight line depreciation (attach schedule)                              | (b) Other de                               | eductions<br>hedule) |
|  |                         |  |         | •  |           |   |  |                      |
| (1)  |                         |  |         |  |           |   |  |                      |
| (2)  |                         |  |         |  |           |   |  |                      |
| (3)  |                         |  |         |  |           |   |  |                      |
| (4)  |                         |  |         |  |           |   |  |                      |
| 4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)          | of or all<br>debt-finan | ad <sub>l</sub> usted basis<br>llocable to<br>iced property<br>schedule) | (       | 5. Column 4 divided<br>by column 5   |           | 7. Gross income<br>reportable (column<br>2 x column 6)                    | 8. Allocable<br>(column 6 x tot<br>3(a) an | tal of columns       |
| (1)  |                         |  |         | %  |           |   |  |                      |
| (2)  |                         |  |         | %  |           |   |  |                      |
| (3)  | 1                       |  |         | %  |           |   |  |                      |
| (4)  | ĺ                       |  |         | %  |           |   |  |                      |
|  |                         |  |         |  |           | nter here and on page 1,<br>Part I, line 7, column (A)                    | Enter here and<br>Part I, line 7, c        |                      |
| Totals   |                         |  |         | <b>•</b>   |           | 0.  |  | 0.                   |
| Total dividends-received deductions In   | ncluded in column       | 8  |         |  |           | <b></b>   |  | 0.                   |
|  |                         | -  |         |  |           |   | Form                                       | 990-T (2018)         |

|  |   | Exer  | npt Controlled (                              | Organizati   | ons   |   |                              |          |   |
|--|---|---|---|--|---|---|------------------------------|----------|---|
| 1. Name of controlled organizat                | identi  | mployer 3. N<br>fication (los<br>mber   | let unrelated income<br>s) (see instructions) | 4. Tot payr  | al of specified<br>nents made                                       | 5. Part of a included in organization         | the contr                    | olling   | 6. Deductions directly connected with income in column 5                                    |
| 1)   |   |   |   |  |   | Ì   |                              |          |   |
| (2)  |   |   |   |  |   |   |                              |          |   |
| (3)  |   |   |   | <u> </u>   |   |   |                              | _        |   |
| (4)  |   |   |   |  |   |   |                              | <u> </u> |   |
| Ionexempt Controlled Organi                    | zations   |   |   |  |   |   |                              |          |   |
| 7. Taxable Income                              | Net unrelated inco (see instruction                               |   | Total of specified pa<br>made                 | yments   | 10. Part of column the controllingross                              | mn 9 that is ii<br>ing organizati<br>s income | ncluded<br>on's              |          | ductions directly connected<br>income in column 10  |
| (1)  |   |   |   |  |   |   |                              |          |   |
| (2)  |   |   |   |  |   |   |                              |          | ,   |
| (3)  |   |   |   |  |   |   |                              |          |   |
| (4)  |   |   |   |  |   |   |                              |          |   |
|  |   |   |   |  | Enter here and  | nns 5 and 10<br>on page 1, P<br>column (A)    | art I,                       | Enter h  | id columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                     |
| Totals .                                       |   |   |   | ▶  |   |   | 0.                           |          | 0   |
| Schedule G - Investme                          | nt Income of a  | Section 501   | c)(7), (9), or                                | (17) Org   | anization   |   |                              |          |   |
| (see insti                                     | ructions)   |   |   |  |   |   |                              |          | <u>-</u>  |
| 1. Desc  | ription of income   |   | 2. Amount o                                   | f income   | 3 Deduction directly conne (attach sched)                           | cted  | 4 Set-a<br>(attach s         |          | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |
| (1)  |   |   |   |  |   |   |                              |          |   |
| (2)  |   |   |   |  |   |   |                              |          |   |
| (3)  |   |   |   |  |   |   |                              |          |   |
| (4)  |   |   |   |  |   |   |                              |          |   |
|  |   |   | Enter here and<br>Part I, line 9              |  |   |   |                              | 1        | Enter here and on page<br>Port I, lino 9, column (B)  |
| Totals   |   |   | <b>•</b>                                      | 0.   |   |   |                              |          | 0   |
| Schedule I - Exploited<br>(see instru          | -   | / Income, Ot  | her Than Ad                                   | vertisin   | g Income  |   |                              |          |   |
| Description of exploited activity              | 2 Gross<br>unrelated business<br>income from<br>trade or business | 3. Expenses<br>directly connecte<br>with production<br>of unrelated<br>business incom | minus colui                                   | od trade or<br>column 2<br>nn 3) If a<br>rte cols 5      | 5. Gross inco<br>from activity t<br>is not unrelat<br>business inco | hat<br>ed                                     | 6. Exp<br>attributa<br>colur | able to  | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)  |   |   |   |  |   |   |                              |          |   |
| (2)  |   |   |   |  |   |   |                              |          |   |
| (3)  |   |   |   |  |   |   |                              |          |   |
| (4)  | Enter here and on<br>page 1, Part I,<br>line 10, col (A)          | Enter here end c<br>page 1, Part I,<br>line 10, col (B)                               |   |  |   |   | -                            |          | Enter here and<br>on page 1,<br>Part II, line 26  |
| <sub>[otals</sub> ►<br>Schedule J - Advertisii | O.  |   | 0.  |  |   |   |                              |          | ] 0   |
|  | ng income (see<br>Periodicals Rep                                 |   | onsolidator                                   | Racie  |   |   |                              |          |   |
| Part I income From                             | renoulcais nep  | orted on a C  | onsondated                                    | Dasis  | _   |   |                              |          |   |
| 1. Name of periodical                          | 2. Gross<br>advertising<br>income                                 | 3. Direi<br>advertising   | ct or (loss) (<br>costs col 3) If a           | rtising gain<br>col 2 minus<br>gain, comput<br>through 7 | 5. Circulat   |   | 6. Reade<br>cost             |          | Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4)      |
| (1)  |   |   |   |  |   |   |                              |          |   |
| (2)  |   |   |   | •  |   |   |                              |          |   |
| (3)  |   |   |   |  |   |   |                              |          |   |
| (4)  |   |   |   |  |   |   |                              |          |   |
| otals (carry to Part II, line (5))             |   | 0.  | 0.  |  |   |   |                              |          | 0   |
| orais (carry to rait ii, lille (3))            |   | <u> </u>  | <u> </u>                                      |  |   |   |                              |          | Form <b>990-T</b> (201  |

Form 990-T (2018) WILLIAM K. BOWES, JR. FOUNDATION 94-31484

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<br>advertising<br>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<br>costs (column 6 minus<br>column 5, but not more<br>than column 4) |
|-----------------------------|--|--|---|-----------------------|---------------------|---|
| (1)                         |  |  |   |                       |                     |   |
| (2)                         |  |  |   |                       |                     |   |
| (3)                         | <u> </u>   |  |   | -                     |                     |   |
| (4)                         |  |  |   |                       | , "                 |   |
| Totals from Part I          | 0.   | 0.   |   |                       | AND STATES          | ٠. 0  |
|                             | Enter here and on<br>page 1, Part I,<br>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) | 0.   | 0.   |   |                       |                     | 0 .   |

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

| 1. Name  | 2. Title | 3. Percent of 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 INCOM  | ME (LOSS) FROM PARTNERSHIPS   | STATEMENT 15   |
|---|---|--|
| DEGGETEMTON   |   | NET INCOME<br>OR (LOSS)  |
| DESCRIPTION   |   | OK (LOSS)  |
| MISSION BAY CAPITAL - ORDINAI<br>MISSION BAY CAPITAL II, LP -   |   | -63  |
| (LOSS)<br>ALPHAKEYS CARLYLE REALTY PART   | INERS, LP - ORDINARY BUSINESS   | -8,734   |
| INCOME (LOSS) ALPHAKEYS SELECT SERIES I. LI   | LC - ORDINARY BUSINESS INCOME   | 11,586   |
| (LOSS)  | LLC - ORDINARY BUSINESS INCOME  | 29,523   |
| (LOSS)  |   | 9,151  |
| (LOSS)  | LP - ORDINARY BUSINESS INCOME   | -70,608  |
| EQT MIDSTREAM PARTNERS, LP - (LOSS)   |   | 2,278  |
| SPECTRA ENERGY PARTNERS, LP - (LOSS)  | - ORDINARY BUSINESS INCOME  | -8,943   |
|   |   | 10 000   |
|   |   | 19,868   |
|   |   | 39,992   |
| MBC BIOLABS SF, LP - ORDINARY   | Y BUSINESS INCOME (LOSS)  |  |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T  | Y BUSINESS INCOME (LOSS)  | 39,992   |
| ORPHAN FUND, LP - ORDINARY BUMBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T FORM 990-T DESCRIPTION/KIND OF PROPERTY                 | Y BUSINESS INCOME (LOSS) , PAGE 1, LINE 5  CONTRIBUTIONS  METHOD USED TO DETERMINE FMV                | 24,050   |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T FORM 990-T DESCRIPTION/KIND OF PROPERTY  | Y BUSINESS INCOME (LOSS) , PAGE 1, LINE 5 . CONTRIBUTIONS   | 39,992<br>24,050<br>STATEMENT 16   |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T FORM 990-T   | Y BUSINESS INCOME (LOSS)  , PAGE 1, LINE 5  CONTRIBUTIONS  METHOD USED TO DETERMINE FMV N/A           | 39,992<br>24,050<br>STATEMENT 16   |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T  FORM 990-T  DESCRIPTION/KIND OF PROPERTY  CASH GRANTS                               | Y BUSINESS INCOME (LOSS)  , PAGE 1, LINE 5  CONTRIBUTIONS  METHOD USED TO DETERMINE FMV N/A           | 39,992<br>24,050<br>STATEMENT 16<br>AMOUNT<br>64,417,478                 |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T  FORM 990-T  DESCRIPTION/KIND OF PROPERTY  CASH GRANTS  TOTAL TO FORM 990-T, PAGE 1, | Y BUSINESS INCOME (LOSS)  , PAGE 1, LINE 5  CONTRIBUTIONS  METHOD USED TO DETERMINE FMV N/A           | 39,992<br>24,050<br>STATEMENT 16<br>AMOUNT<br>64,417,478                 |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T  FORM 990-T  DESCRIPTION/KIND OF PROPERTY  CASH GRANTS  TOTAL TO FORM 990-T, PAGE 1, | Y BUSINESS INCOME (LOSS)  , PAGE 1, LINE 5  CONTRIBUTIONS  METHOD USED TO DETERMINE FMV  N/A  LINE 20 | 39,992 24,050  STATEMENT 16  AMOUNT 64,417,478                           |
| MBC BIOLABS SF, LP - ORDINARY TOTAL INCLUDED ON FORM 990-T  FORM 990-T  DESCRIPTION/KIND OF PROPERTY  CASH GRANTS                               | Y BUSINESS INCOME (LOSS)  , PAGE 1, LINE 5  CONTRIBUTIONS  METHOD USED TO DETERMINE FMV  N/A  LINE 20 | 39,992 24,050  STATEMENT 16  AMOUNT 64,417,478  64,417,478  STATEMENT 17 |

| FORM 990-T                               | CONTR  | IBUTIONS SUMMARY   |                                 | STATEMENT | 18 |
|--|--|--|---------------------------------|-----------|----|
| QUALIFIED                                | CONTRIBUTIONS SUBJECT  | TO 100% LIMIT  |                                 |           |    |
| FOR TAX<br>FOR TAX<br>FOR TAX<br>FOR TAX | OF PRIOR YEARS UNUSED<br>YEAR 2013<br>YEAR 2014<br>YEAR 2015<br>YEAR 2016<br>YEAR 2017 | CONTRIBUTIONS 37,324,396 50,585,409 56,072,656 73,276,615 70,132,431 |                                 |           |    |
| TOTAL CARE                               | RYOVER<br>RENT YEAR 10% CONTRIBUT  | rions  | 287,391,507<br>64,417,478       |           |    |
| ,  | RIBUTIONS AVAILABLE<br>COME LIMITATION AS ADD  | JUSTED   | 351,808,985<br>0                | _         |    |
| EXCESS 100                               | CONTRIBUTIONS CONTRIBUTIONS CSS CONTRIBUTIONS  | -  | 351,808,985<br>0<br>351,808,985 | _         |    |
| ALLOWABLE                                | CONTRIBUTIONS DEDUCTION  | ON ,   |                                 | _         | 0  |
| TOTAL CONT                               | RIBUTION DEDUCTION   | ,  |                                 | •         | 0  |

| FORM 990-1                       | т отні                         | ER CREDITS AND PA                                 | YMENTS                    | STATEMENT 19              |
|----------------------------------|--------------------------------|---|---------------------------|---------------------------|
| DESCRIPTIO                       | N                              |   |                           | AMOUNT                    |
| FORM 8827,                       | LINE 8C                        | -   |                           | 3,080.                    |
| TOTAL INCI                       | LUDED ON FORM 990-T            | , PAGE 2, PART V,                                 | LINE 50G                  | 3,080.                    |
| FORM 990-T                       | r NET                          | OPERATING LOSS D                                  | EDUCTION                  | STATEMENT 20              |
|                                  |                                |   |                           |                           |
| TAX YEAR                         | LOSS SUSTAINED                 | LOSS<br>PREVIOUSLY<br>APPLIED                     | LOSS<br>REMAINING         | AVAILABLE<br>THIS YEAR    |
| 12/31/10                         | 76,554.                        | PREVIOUSLY APPLIED 76,554.                        | REMAINING 0.              | THIS YEAR 0.              |
| TAX YEAR 12/31/10 12/31/11       | 76,554.<br>68,112.             | PREVIOUSLY APPLIED 76,554. 56,279.                | 0.<br>11,833.             | THIS YEAR  0. 11,833.     |
| 12/31/10<br>12/31/11<br>12/31/16 | 76,554.<br>68,112.<br>144,311. | PREVIOUSLY<br>APPLIED<br>76,554.<br>56,279.<br>0. | 0.<br>11,833.<br>144,311. | 0.<br>11,833.<br>144,311. |
| 12/31/10                         | 76,554.<br>68,112.             | PREVIOUSLY APPLIED 76,554. 56,279.                | 0.<br>11,833.             | THIS YEAR  0. 11,833.     |

Department of the Treasury Internal Revenue Service

**Credit for Prior Year Minimum Tax - Corporations** 

OMB No. 1545-0123 20:18

Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

| Name   | Employer identification number |         |  |
|--|--------------------------------|---------|--|
| WILLIAM K. BOWES, JR. FOUNDATION   | 94-                            | 3148482 |  |
| 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626  | 1                              |         |  |
| 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827  | 2                              | 6,160.  |  |
| 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)  | 3                              |         |  |
| 4 Add lines 1, 2, and 3  | 4                              | 6,160.  |  |
| 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)   | 5                              | 0.      |  |
| 6 Enter the refundable minimum tax credit (see instructions)   | 6                              | 3,080.  |  |
| 7 Add lines 5 and 6  | 7                              | 3,080.  |  |
| 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions  | 8a                             | 3,080.  |  |
| b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d  |                                |         |  |
| (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c | 8b                             | 0.      |  |
| c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this  |                                |         |  |
| amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)   | 8c                             | 3,080.  |  |
| 9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years   | 9                              | 3,080.  |  |