

Form **990-T**

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 2019

▶ 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

- A Check box if address changed
- B Exempt under section
 - 501(C)(3)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Name of organization (Check box if name changed and see instructions)
THE MCCONNELL FOUNDATION

Number, street, and room or suite no. If a P O box, see instructions
800 SHASTA VIEW DRIVE

City or town, state or province, country, and ZIP or foreign postal code
REDDING, CA 96003

D Employer identification number (Employees' trust, see instructions.)
94-6102700

E Unrelated business activity code (See instructions.)
525990

C Book value of all assets at end of year
356,797,559

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust **04**

H Enter the number of the organization's unrelated trades or businesses. ▶ **2** Describe the only (or first) unrelated trade or business here ▶ **PASSIVE INVESTMENTS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

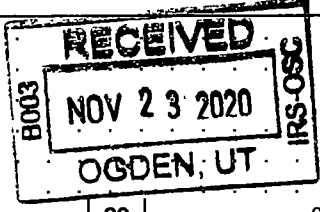
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **JOHN MANCASOLA** Telephone number ▶ **(530) 226-6200**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0		
b	Less returns and allowances	0		
1c	Balance ▶	0		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			0
4a	Capital gain net income (attach Schedule D)	327,214		327,214
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	376,224		376,224
4c	Capital loss deduction for trusts	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	(700,056)		(700,056)
6	Rent income (Schedule C)	0	0	0
7	Unrelated debt-financed income (Schedule E)	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
10	Exploited exempt activity income (Schedule I)	0	0	0
11	Advertising income (Schedule J)	0	0	0
12	Other income (See instructions; attach schedule)	0		0
13	Total. Combine lines 3 through 12	3,382	0	3,382

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

14	Compensation of officers, directors, and trustees (Schedule K)			0
15	Salaries and wages			0
16	Repairs and maintenance			0
17	Bad debts			0
18	Interest (attach schedule) (see instructions)			42,834
19	Taxes and licenses			15,013
20	Depreciation (attach Form 4562)		0	
21a	Less depreciation claimed on Schedule A and elsewhere on return		0	
21b			0	0
22	Depletion			59,740
23	Contributions to deferred compensation plans			0
24	Employee benefit programs			0
25	Excess exempt expenses (Schedule I)			0
26	Excess readership costs (Schedule J)			0
27	Other deductions (attach schedule)			583,436
28	Total deductions. Add lines 14 through 27			701,023
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			(697,641)
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			0
31	Unrelated business taxable income. Subtract line 30 from line 29			(697,641)



Part I

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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	263,745
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	263,745
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	263,745
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	0
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

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
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	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	0
47	Subtract line 46e from line 45	47	0
48	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)	48	0
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	51a	104,448
b	2019 estimated tax payments	51b	0
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	51g	0
52	Total payments. Add lines 51a through 51g	52	104,448
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 10.	55	104,448
56	Enter the amount of line 55 you want Credited to 2020 estimated tax 104,448 Refunded	56	0

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

57	At any time during the 2019 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
58	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.		✓
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 17		

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.

Signature of officer: *D. A. Hancock* Date: *11.16.20* Title: **PRESIDENT & CEO**

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

Paid Preparer Use Only	Print/Type preparer's name DIANE BROWN	Preparer's signature <i>[Signature]</i>	Date 11/16/2020	Check <input type="checkbox"/> if self-employed	PTIN P01578407
	Firm's name CROWE LLP	Firm's EIN 35-0921680		Phone no (916) 441-1000	
	Firm's address 400 CAPITOL MALL, SUITE 1400, SACRAMENTO, CA 95814-4434				

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0		
2 Purchases	2	0	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	0					
4a Additional section 263A costs (attach schedule)	4a	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
b Other costs (attach schedule)	4b	0					
5 Total. Add lines 1 through 4b	5	0					✓

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

(see instructions)

1. Description of property

(1) CENTRAL PARK APARTMENTS

(2) _____
 (3) _____
 (4) _____

2. Rent received or accrued

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	290,376	0
(2)		
(3)		
(4)		
Total 0	Total 290,376	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0

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 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			0	0
Total dividends-received deductions included in column 8 ▶				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)				

			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)
Totals			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	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		0		0

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		0	0			0

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		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	0				0

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

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20_____

▶ 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

Name of the organization

THE MCCONNELL FOUNDATION

Employer identification number

94-6102700

Unrelated Business Activity Code (see instructions) ▶ 531100

Describe the unrelated trade or business ▶ CENTRAL PARK RENTAL INCOME

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0				
b	Less returns and allowances	0	c Balance ▶	1c	0	
2	Cost of goods sold (Schedule A, line 7)			2	0	
3	Gross profit. Subtract line 2 from line 1c			3	0	0
4a	Capital gain net income (attach Schedule D)			4a	0	0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b	0	0
c	Capital loss deduction for trusts			4c	0	0
5	Income (loss) from a partnership or an S corporation (attach statement)			5	0	0
6	Rent income (Schedule C)			6	290,376	290,376
7	Unrelated debt-financed income (Schedule E)			7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9	0	0
10	Exploited exempt activity income (Schedule I)			10	0	0
11	Advertising income (Schedule J)			11	0	0
12	Other income (See instructions; attach schedule)			12	0	0
13	Total. Combine lines 3 through 12			13	290,376	290,376

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

14	Compensation of officers, directors, and trustees (Schedule K)			14	0	
15	Salaries and wages			15	0	
16	Repairs and maintenance			16	0	
17	Bad debts			17	0	
18	Interest (attach schedule) (see instructions)			18	0	
19	Taxes and licenses			19	23,131	
20	Depreciation (attach Form 4562)		20	0		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	0	21b	0
22	Depletion			22	0	
23	Contributions to deferred compensation plans			23	0	
24	Employee benefit programs			24	0	
25	Excess exempt expenses (Schedule I)			25	0	
26	Excess readership costs (Schedule J)			26	0	
27	Other deductions (attach schedule)			27	3,500	
28	Total deductions. Add lines 14 through 27			28	26,631	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29	263,745	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	0	
31	Unrelated business taxable income. Subtract line 30 from line 29			31	263,745	

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Name of Partnership	EIN	UBI
PASSIVE INVESTMENTS		
(1) AIM CEMETERY INFRASTRUCTURE, L P	47-1002966	-6,011
(2) AIM EDUCATION, L P	81-2691548	-7,686
(3) AIM MARINAS, LP	47-5200188	-319,189
(4) AMERICAN INFRASTRUCTURE MLP FUND II, L P	45-5071312	-189,181
(5) CALERA CAPITAL PARTNERS V AIV II, LP	35-2579438	-66,045
(6) CENTERFIELD CAPITAL PARTNERS III, LP	80-0730434	7,087
(7) EURO CHOICE V LP	98-1019863	554
(8) EURO CHOICE VI L P		866
(9) FR XIII CHARLIE AIV, LP	98-1162303	-174,752
(10) KCO IMAGINETICS, LLC	46-1404502	-51,013
(11) MARATHON EUROPEAN CREDIT OPPORTUNITY FUND II, LP	46-4092033	47,005
(12) MILLENNIUM TECHNOLOGY VALUE PARTNERS II,LP	26-3566651	-3,376
(13) NHREF VII GLOBAL-TE (U S) III, L P C/O MORGAN STANLEY TAX	27-1845365	-9,293
(14) NORTH HAVEN REAL ESTATE FUND VII GLOBAL-TE (U S) II, L P C/O MORGAN STANLEY TAX	26-2981433	-38,607
(15) PINE BROOK CAPITAL PARTNERS II (CAYMAN) AV HM-1, LP	98-1427453	16,475
(16) PINE BROOK CAPITAL PARTNERS II, L P	37-1699332	106,087
(17) PORTFOLIO ADVISORS SECONDARY FUND III, L P	32-0477812	-8,531
(18) PRIVATE EQUITY US OPPORTUNITIES III, LP	81-2389800	-4,446
	Total	-700,056

Description	Amount
PASSIVE INVESTMENTS	
(1) BUSINESS INTEREST EXPENSE	42,834
Total for Part II, Line 18	42,834

Description	Amount
PASSIVE INVESTMENTS	
(1) FOREIGN TAXES	14,763
(2) STATE TAXES - NEW YORK	250
Total	15,013
CENTRAL PARK APARTMENTS	
(3) STATE TAXES - CALIFORNIA	23,131

Description	Amount
PASSIVE INVESTMENTS	
(1) AMERICAN INFRASTRUCTURE MLP FUND II, L P 45-5071312	1,470
(2) CENTERFIELD CAPITAL PARTNERS III, LP 80-0730434	21,617
(3) EURO CHOICE V LP 98-1019863	555
(4) FR XIII CHARLIE AIV, LP 98-1162303	231,346
(5) MARATHON EUROPEAN CREDIT OPPORTUNITY FUND II, LP 46-4092033	34,305
(6) MILLENNIUM TECHNOLOGY VALUE PARTNERS II,LP 26-3566651	1,819
(7) PINE BROOK CAPITAL PARTNERS II (CAYMAN) AV HM-1, LP 98-1427453	.44
(8) PINE BROOK CAPITAL PARTNERS II, L P 37-1699332	260,139
(9) PORTFOLIO ADVISORS SECONDARY FUND III, L P 32-0477812	8,146
(10) TAILWIND CAPITAL PARTNERS III (FF DELAWARE), LP 82-3094040	23,995
Total	583,436
CENTRAL PARK APARTMENTS	
(11) PROFESSIONAL FEES	3,500

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
PASSIVE INVESTMENTS					
2018	831,627		0	0	831,627
2019	697,641		0	0	697,641

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2016	1,287	0			1,287	2021
2017	282,178	0			282,178	2022
2018	7,868,860	0			7,868,860	2023
2019	8,089,118	0	0		8,089,118	2024
Totals	16,241,443	0	0	0	16,241,443	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	703,842		306,915	263,745	133,182	2036
2017	905,324		0		905,324	2037
Totals	1,609,166	0	306,915	263,745	1,038,506	

**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

2019

Name
THE MCCONNELL FOUNDATION

Employer identification number
94-6102700

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	1,600	0	0	1,600
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 (0)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 1,600

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				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	325,614	0	0	325,614
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 (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 325,614

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	1,600
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	325,614
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	327,214

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

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

Cat No 11460M

Schedule D (Form 1120) 2019

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.

Name(s) shown on return THE MCCONNELL FOUNDATION	Social security number or taxpayer identification number 94-6102700
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you 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 for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(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 combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS			1,600				1,600
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) ►			1,600	0		0	1,600

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 other side
 THE MCCONNELL FOUNDATION

Social security number or taxpayer identification number
 94-6102700

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (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

1	(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 <i>Column (e)</i> 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 combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG-TERM GAIN/LOSS FROM INVESTMENTS			325,614				325,614
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►			325,614	0		0	325,614

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.