- /	(0)				۷	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
· .		Exempt Orga	nization Rus	inace Inc	ome T	av Return	. 1	OMB No 1545-0047
Foi	A. "		nd proxy tax und			ax netum	' -	
	For ca	lendar year 2019 or other tax yea				G 31 202	οl	2019
	Į/"."		.irs.gov/Form990T for in				*	2013
Department of the Treasury Internal Revenue Service	l ▶	Do not enter SSN numbe				, , ,	1) ()	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name of			2.000	D Emplo	yer identification number
address changed		Traine or or games or (<u>-</u>				oyees' trust, see stions)
B Exempt under sestion	Print	ARNOLD AND	MABEL BECKM	AN FOUNDA	MOITA		9!	5-3169713
X 501(c)(3)	_ 07	Number, street, and room	or suite no. If a P.O. bo	x, see instructions.				ted business activity code
408(e) 220(e)	Туре	100 ACADEMY	DRIVE	•			""	su dollons ,
408A 530(a)		City or town, state or pro-	vince, country, and ZIP o	r foreign postal co	de		}	
529(a)		IRVINE, CA	92617				5230	000
C Book value of all assets at end of year		F Group exemption numb		<u> </u>				
611,277,1		G Check organization typ			501(c) trust	401(a)	trust	Other trust
H Enter the number of the	-			1		the only (or first) un		
		EE STATEMENT				complete Parts I-V.		
		ace at the end of the previou	us sentence, complete Pa	irts I and II, comple	ete a Schedule	M for each addition	al trade	or
business, then complete			off-lines of arrows are a para-	at autautusu aast	allad arawa?			x No
-		poration a subsidiary in an a tifying number of the paren		nt-subsidiary contr	onea group?		Yes	S _A_ NO
		JACKIE CHAMB			Telephr	one number > 9	49-	531-0478
	_	de or Business Inc		(A)	Income	(B) Expenses		(C) Net
1 a Gross receipts or sale				<u> </u>				
b Less returns and allo			c Balance	10				<i>)</i>
2 Cost of goods sold (S	Schedule	A, line 7)	,	2				
3 Gross profit. Subtrac	t line 2 f	rom line 1c		3				
4a Capital gain net incor	ne (attac	:h Schedule D)		4a 7,4	9,316.			/149,316.
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form	ı 4797)	4b				
c Capital loss deduction	n for tru:	sts		4c			_	
, ,	•	ship or an S corporation (at	ttach statement)		8,903.	STMT	L 5	118,903.
6 Rent income (Schedu				6		/		
7 Unrelated debt-finance		` '		7				
· · · · · · · · · · · · · · · · · · ·		and rents from a controlled o	-	8				
		on 501(c)(7), (9), or (17) or	rganization (Schedule G)	10				
10 Exploited exempt act11 Advertising income (3)	•	` ,		11				
12 Other income (See in		·		12				
13 Total. Combine lines		,			8,219.			868,219.
Part II Deduction	ns No	ot Taken Elsewher	(See instructions fo	or limitations on o	deductions)			
(Deductions	must b	be directly connected wi	th the unrelated busin	ess income)				
14 Compensation of of	icers, di	rectors, and trustees (Sche	due K) RECE	VED			14	
15 Salaries and wages							15	
16 Repairs and mainter	nance		JAN 0 4	1 2021 181			16	
17 Bad debts				2021			17	
18 Interest (attach sche	edule) (s	ee instructions)	L				18	
19 Taxes and licenses	_ /		OGDE	۷, UT	1 1		19	
20 Depreciation (attach		<i>7</i> '			20			
	aimed ði	n Schedule A and elsewhere	e on return		21a		21b	
22 Depletion	orod an	mnancation plans					22	
23 Contributions to def24 Employee benefit or	,	mpensation plans					23	
25 Excess exempt expe		chedule I)					25	
26 Excess readership c							26	·
27 Other deductions (a				SI	EE STAT	EMENT 16	27	348,660.
28 Total deductions. A				5-			28	348,660.
, ,		ncome before net operating	loss deduction. Subtrac	t line 28 from line	13		29	519,559.
11		loss arising in tax years be					<u> </u>	
(see instructions)	3						30	0.
	taxable i	ncome. Subtract line 30 fro	m line 29				31	519,559.
7		rwork Reduction Act Notice				91	13	Form 990-T (2019)
			1			91.	()	•

2

16140 SAND CANYON AVENUE

Firm's address ► IRVINE, CA 92618

Phone no. 949-910-2727

Form 990-T (2019)

923711 01-27-20

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	6 Inventory at end of year			
2 Purchases	2		7 Cost of goods sold. S	ubtract li	ne 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	1 263A (v	vith respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	<u> </u>	
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ((see instructions)	(From Real F	Property and	Personal Property L	_ease	d With Real Prope	erty) 	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receive				2/a \ Daductions directly o	connected with the income in	
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	1ge	columns 2(a) and	connected with the income in I 2(b) (attach schedule)	
(1)							
(2)		•				· · · · · · · · · · · · · · · · · · ·	
(3)							
(4)			*** ** * * *			· · · · - · · · · · · · · · · · · · · ·	
Total	0.	Total		0.			
(c) Total income. Add totals of columns		er		•	(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column		b la compa		0.	Part I, line 6, column (B)	<u> </u>	
Schedule E - Unrelated Deb	t-rinanceu	income (see	instructions)	1	2 Dodustions directly cons	nated with an allegable	
			2. Gross income from		Deductions directly connected to debt-finance		
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
					(and on constant)		
(1)			**********	 			
(2)				†			
(3)			******	1			
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed of or allocable to		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			. %				
(2)			%				
(3)			%				
(4)	L		%_	ļ			
					nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			>	·	0.	0.	
Total dividends-received deductions in	icluded in column	8	<u> </u>			0.	
						Form 990-T (2019)	

41			Exempt	Controlled O	ganızatı	ons				
1. Name of controlled organizat	ıden			related income e instructions) 4. To		ments made include		Part of column 4 that is luded in the controlling nization's gross income		6. Deductions directly connected with income in column 5
(1)							<u> </u>			<u> </u>
(2)						· · · · · · · · · · · · · · · · · · ·				
(3)			,	,						
(4)									Î	
Nonexempt Controlled Organi	zations						•			
7. Taxable Income	8. Net unrelated inc		9. Total	of specified payn made	nents	10. Part of coluin the controllingross	mn 9 that ing organ s income	ization's		uctions directly connected ncome in column 10
(1)										
(2)										
(3)					`					
(4)									,	
				•		Add culun Enter here and line 8, d		1, Part I, 4)	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
^{rotals} Schedule G - Investme	nt Income of a	Section	501(c)/7	7) (Q) or (anization'		0.		0
see instigation (see instigation)		SECTION	, 20 HG/(1	,, (a), or (i i j Org	janizaliVN				
1. Desc	ription of income			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)				1						
^r otals	•		, •	Enter here and o Part I, line 9, co	umn (A)	THE CONTRACTOR	mit s mi	the order because of	romanna de contrata	Enter here and on page Part I line 9 column (R)
Schedule I - Exploited (see instru	-	y Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	xpenses connected roduction irelated ss income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	that ted .	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)					•	· Çau				
(1)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 25
Totals 🕨	0.		0.	5.54.1	W. W.		10.00	yr. F	E POST	0
Schedule J - Advertisi Part II Income From				solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulate income		6. Reade cost		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	• Contract to the second					150	0 Form 990-T (201

Form 990-T (2019) ARNOLD AND MABEL BECKMAN FOUNDATION 95-31697

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.	WER CHARLE			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 26	
Totals, Part II (lines 1-5)	0.	0.				0.	

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 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 14
BUSINESS ACTIVITY

UNDERLYING ACTIVITY FROM PASSIVE PARTNERSHIP INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 15
	NET INCOME
DESCRIPTION	OR (LOSS)
BLACKSTONE REP (OFFSHORE) VII - NET RENTAL REAL ESTATE	
INCOME	-9,102.
BLACKSTONE REP (OFFSHORE) VII - INTEREST INCOME	593.
BLACKSTONE REP (OFFSHORE) VII - DIVIDEND INCOME	117.
BLACKSTONE REP (OFFSHORE) VII - OTHER INCOME (LOSS)	-3,864.
BLACKSTONE REP (OFFSHORE) VII-NQ - ORDINARY BUSINESS	
INCOME (LOSS)	2,236.
BLACKSTONE REP (OFFSHORE) VII-NQ - NET RENTAL REAL ESTATE	05 040
INCOME	25,010.
BLACKSTONE REP (OFFSHORE) VII-NQ - INTEREST INCOME	25,510.
BLACKSTONE REP (OFFSHORE) VII-NQ - DIVIDEND INCOME	117.
BLACKSTONE REP (OFFSHORE) VĪĪ-NQ - OTHER PORTFOLIO INCOME	500
(LOSS)	588.
BLACKSTONE REP (OFFSHORE) VII-NQ - OTHER INCOME (LOSS)	-23,668.
BLACKSTONE REAL ESTATE PARTNERS VII L.P ORDINARY	1 522
BUSINESS INCOME (LOSS)	-1,523.
BLACKSTONE REAL ESTATE PARTNERS VII L.P NET RENTAL REAL	-101,305.
ESTATE INCOME BLACKSTONE REAL ESTATE PARTNERS VII L.P OTHER INCOME	-101,305.
(LOSS)	-14,765.
BLACKSTONE REAL ESTATE PARTNERS VII-NQ L.P ORDINARY	-14,703.
BUSINESS INCOME (LOSS	31,520.
BLACKSTONE REAL ESTATE PARTNERS VII-NQ L.P NET RENTAL	31,320.
REAL ESTATE INCOME	-22,168.
BLACKSTONE REAL ESTATE PARTNERS VII-NQ L.P OTHER INCOME	22,100.
(LOSS)	302.
BLACKSTONE REAL ESTATE PARTNERS VII-VD L.P INTEREST	
INCOME	1,991.
BLACKSTONE REAL ESTATE PARTNERS VII-VD L.P OTHER	·
PORTFOLIO INCOME (LOSS)	20.
BLACKSTONE REAL ESTATE PARTNERS VII-VD L.P OTHER INCOME	
(LOSS)	-214.
KAYNE ANDERSON ENERGY IV - ORDINARY BUSINESS INCOME (LOSS)	-185.
KAYNE ANDERSON ENERGY FUND V (QP), L.P ORDINARY	
BUSINESS INCOME (LOSS)	296,893.
MONTAUK TRI-GUARD III-A - ORDINARY BUSINESS INCOME (LOSS)	-4,945.
MONTAUK TRI-GUARD IV - ORDINARY BUSINESS INCOME (LOSS)	-35,298.
MONTAUK TRI-GUARD V - ORDINARY BUSINESS INCOME (LOSS)	-68,267.
OCM OPP VI - ORDINARY BUSINESS INCOME (LOSS)	13,751.
OCM OPP VIIB AIF (DELAWARE) - NET RENTAL REAL ESTATE	
INCOME	-346.
SALIENT - ORDINARY BUSINESS INCOME (LOSS)	5,642.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS - ORDINARY BUSINESS	
INCOME (LOSS)	-714.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS - INTEREST INCOME	749.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS - DIVIDEND INCOME	211.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS - OTHER PORTFOLIO	2.0
INCOME (LOSS)	-36. 53.
STATE STREET RUSSELL 3000 INDEX NL - DIVIDEND INCOME	53.

A DATOT D	AND	MARET.	DECKMAN	FOUNDATION
AKNOLD	MIND	MADEL	DECVINAN	LOUNDALION

95-3169713

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

118,903.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 16
DESCRIPTION		AMOUNT
PASS THROUGH DEDUCTIONS FRO	M PARTNERSHIP	348,660.
TOTAL TO FORM 990-T, PAGE 1	, LINE 27	348,660.

FORM 990-T	CONTRIBUTIONS	STATEMENT 17
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	27,261,490.
PASS THROUGH CHARITABLE CONTRIBUTIONS FROM PARTNERSHIP	N/A	1,013.
TOTAL TO FORM 990-T, PAGE 2, LI	NE 34	27,262,503.

FORM 990-T CONTRIBUTIONS SUMMARY	<u> </u>	STATEMENT 18
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2014 27,325,087		
FOR TAX YEAR 2015 27,382,111		
FOR TAX YEAR 2016 24,609,302		
FOR TAX YEAR 2017 25,908,154		
FOR TAX YEAR 2018 20,934,568		
TOTAL CARRYOVER	126,159,222	
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	27,262,503	
TOTAL CONTRIBUTIONS AVAILABLE	153,421,725	•
TAXABLE INCOME LIMITATION AS ADJUSTED	51,856	
EXCESS CONTRIBUTIONS	153,369,869	-
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	153,369,869	,
ALLOWABLE CONTRIBUTIONS DEDUCTION		51,856
TOTAL CONTRIBUTION DEDUCTION		51,856

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

ARNOLD AND MABEL B	BCKMAN FOUNDAT	'ION		95-	3169713
Did the corporation dispose of any investment	nt(s) in a qualified opportun	ity fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru			r gain or loss		
Part I Short-Term Capital Ga	ns 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	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) 	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					
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			1 .		-1,872.
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-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	•			6	(
7 Net short-term capital gain or (loss). Combin				7	-1,872.
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)			ı
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 gail or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					E 4 10C
Form(s) 8949 with Box F checked					54,186. 697,002.
11 Enter gain from Form 4797, line 7 or 9		_		11	697,002.
12 Long-term capital gain from installment sales		(12	
13 Long-term capital gain or (loss) from like-kin	o exchanges from Form 8824			13	
14 Capital gain distributions	luna On Abrauch 44 un natura	- L		14	751,188.
15 Net long-term capital gain or (loss). Combined Part III Summary of Parts I and		1 11		15	/31,100.
16 Enter excess of net short-term capital gain (lii		Lines (line 15)		16	<u> </u>
17 Net capital gain. Enter excess of net long-term	·	, ,	۵ 7۱	16	749,316.
18 Add lines 16 and 17. Enter here and on Form		· · · · · ·	· · /	17 18	749,316.
Note: If losses exceed gains, see Capital Los		ppor line on outer returns		10	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total in 100000 0,00000 game, 500 Capital Los	353 III IIIV IIIVII UVIIVIII				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.	_	s	chedule D (Form 1120) 2019

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

Name(s) shown on return

Social security number or taxpayer identification no.

ARNOLD AND MAB							169713
Before you check Box A, B, or C bel statement will have the same inform	ow, see whether ation as Form 10	you received any 99-B Either will :	/ Form(s) 1099-B e show whether you	or substitute staterr ir basis (usually you	ent(s) fron r cost) was	n your broker A su reported to the IF	ibstitute RS by your
Part I Short-Term. Transact	oox to cneck ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	ınstruction	s) For long-term	_
transactions, see page 2 Note: You may aggregate a codes are required. Enter the	Il short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	d to the IRS	and for which no ac	
You must check Box A, B, or C below. If you have more short-term transactions than we	Check only one bo	X. If more than one b	ox applies for your sho	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	
(A) Short-term transactions re							
(B) Short-term transactions re		•	•	•		,	
X (C) Short-term transactions no	ot reported to you	on Form 1099-	B				
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	ın column	où enter an amount (g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh. XYZ Co)	(Mo , day, yr)	disposed of	(Sales price)	basis See the Note below and	column (f	. See instructions.	from column (d) &
		(Mo , day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
BLACKSTONE REP							
(OFFSHORE) VII-NQ							<2,895.
INDUSTRY VENTURES				<u> </u>			
PARTNERSHIP							
HOLDINGS							1,023.
	_			ļ			
							
	ļ						
							
				<u> </u>			
							
				<u> </u>			
	 			 			
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	1	-					
	1					· · 	
							
							
							
	<u> </u>			† · · · ·			
2 Totals. Add the amounts in colu	mns(d)(e)(o)a	nd (h) (subtract		-	l		
negative amounts) Enter each to							
Schedule D, line 1b (if Box A ab							
above is checked), or line 3 (if E		•					<1,872.>

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

_name(s) shown on return. Name and 33N or taxpayer identification no not required it shown on page 1						taxpayer identification no.	
ARNOLD AND MABEL BECKMAN FOUNDATION						95-3169713	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which I	ow, see whether y	ou received any	Form(s) 1099-B	or substitute statem ir basis (usually you	ent(s) from yo r cost) was rej	ur broker A su	bstitute
Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	generally long-term (s	ee instructions)	For short-term t	ransactions,
see page 1 Note: You may aggregate al codes are required. Enter the							
You must check Box D, E, or F below. (If you have more long-term transactions than will	Check only one bo	X. If more than one b	ox applies for your long	-term transactions, compl	ete a separate For		
(D) Long-term transactions rep					· ·)	
(E) Long-term transactions rep	, ,		•	eported to the IRS			
X (F) Long-term transactions not	T - 1	1		,	Adjustment is	lany to goin or	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	Adjustment, if any, to gai loss. If you enter an amo in column (g), enter a coo		(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of	(sales price)	basis See the	in column (g) column (f). S	, enter a code in ee instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) In	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
BLACKSTONE REP							13 750
(OFFSHORE) VII-NQ INDUSTRY VENTURES						···	13,759.
PARTNERSHIP				<u> </u>	 	···	
HOLDINGS		-					40,427.
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				<u> </u>			
	-						
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	<u> </u>					·	
-			 				
						·	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract							

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

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54,186.

Schedule D, line 8b (if $\mathbf{Box}\ \mathbf{D}$ above is checked), line 9 (if $\mathbf{Box}\ \mathbf{E}$

above is checked), or line 10 (if Box F above is checked)