PUBLIC DISCLOSURE COPY

Exempt Organization Business Income Tax Return

OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending 09/30 , 20 20► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if D Employer identification number (Employees' trust, see instructions.) PUBLIC WELFARE FOUNDATION, INC. **B** Exempt under section Print **☑** 501(**C**)(**3**) Number, street, and room or suite no. If a P.O. box, see instructions. 54-0597601 or E Unrelated business activity code 408(e) 220(e) 1200 U STREET NORTHWEST Type (See instructions.) ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) WASHINGTON, DC 20009-4443 901101 C Book value of all assets at end of year Group exemption number (See instructions.) ▶ ☐ 501(c) trust 555,879,111 **G** Check organization type ► **7** 501(c) corporation 401(a) trust Other trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ▶ QUALIFIED PARTNERSHIP INTERESTS 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. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . 🕨 🗌 Yes 🗹 No If "Yes," enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ PUBLIC WELFARE FOUNDATION Telephone number ▶ (202) 965-1800 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net **1a** Gross receipts or sales b Less returns and allowances 0 **c** Balance ▶ 1c 0 2 Cost of goods sold (Schedule A, line 7) . . . 2 0 3 0 3 Gross profit. Subtract line 2 from line 1c. 0 730.902 Capital gain net income (attach Schedule D) 4a 730.902

Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 C 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 921.759 921.759 6 6 0 0 0 7 Unrelated debt-financed income (Schedule E) 7 0 0 0 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0 0 0 0 0 0 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 0 0 0 0 0 0 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 0 0 13 **Total.** Combine lines 3 through 12 13 1,652,661 0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14

| 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 | 7,122 |
| 20 | Depreciation (attach Form 4562) | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return 21a 0 | 21b | 0 |
| 22 | Depletion | 22 | 115,546 |
| 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 | 872,592 |
| 28 | Total deductions. Add lines 14 through 27 | 28 | 995,260 |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 657,401 |
| 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 | 657,401 |

| | II Total Unrelated Business Taxable Income | , , , , , , , , , , , , , , , , , , , | |
|--------|--|---|--|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | |
| | instructions) | 32 | 657,401 |
| 33 | Amounts paid for disallowed fringes | 33 | |
| | Charitable contributions (see instructions for limitation rules) | 34 | . 0 |
| | | | |
| | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line | 0.5 | 657 404 |
| | 34 from the sum of lines 32 and 33 | 35 | 657,401 |
| | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see | | |
| | instructions) | 36 | 657,401 |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 . | 37 | 0 |
| | 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, | | |
| 39 | enter the smaller of zero or line 37 | 39 | 0 |
| | | 39 | |
| | V Tax Computation | T 40 T | |
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 0 |
| | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on | | |
| | the amount on line 39 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| | Alternative minimum tax (trusts only) | 43 | |
| | Tax on Noncompliant Facility Income. See instructions | 44 | |
| | · | 45 | 0 |
| | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 140 | |
| | Tax and Payments | | - |
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a | - | |
| b | Other credits (see instructions) | 4 | |
| С | General business credit. Attach Form 3800 (see instructions) | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | |
| е | Total credits. Add lines 46a through 46d | 46e | 0 |
| 47 | Subtract line 46e from line 45 | 47 | 0 |
| 48 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 | 0 |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0 |
| | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | |
| 50 | | | |
| 51a | Fayments. A 2018 overpayment credited to 2013 | _ | |
| b | 2019 estimated tax payments | 1 1 | |
| С | Tax deposited with Form 8868 | _ | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 51d | | |
| е | Backup withholding (see instructions) | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | |
| g | Other credits, adjustments, and payments: Form 2439 | | |
| 9 | ☐ Form 4136 ☐ Other | | |
| | | 52 | 0 |
| 52 | | 53 | |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 0 |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid • | 55 | 0 |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ 0 Refunded ▶ | 56 | - 0 |
| Part ' | 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 oth | er autho | rity Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | have to | file |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign Bank and Financial Accounts. | eign cour | try |
| | here ▶ | | 1 |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | an trust? | . 🗸 |
| 00 | If "Yes," see instructions for other forms the organization may have to file. | O | |
| | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | 6 |
| _59 | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best | of my know | CONTRACTOR STATE OF THE PARTY O |
| Sian | | | |
| Sign | 1 // // // // // // // // // // // // // | | discuss this return eparer shown below |
| Here | 1 Day Charge We 11-1-14-11 CFAO | | ions)? Yes No |
| | Signature of Accer / Date / Title | | Taru |
| Paid | Print/Type preparer's name Preparer's signature Date One One One One One One One O | ck 🔲 if | PTIN |
| Prep | arer //worde de/ | employed | P00520729 |
| - | Firm's name CROWE LLP | 's EIN ▶ | 35-0921680 |
| Use | Firm's address > 9000 BROWNSBORO ROAD, SOTTE 400, EODISVILLE, RT 40241-1122 Prior | 10 110. | 502) 326-3996 |
| - | are Foundation, Inc. 2 8/9/2021 2:03:3 | 5 PM | orm 990-T (2019) |

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

| Contracts, fo | I below with the exception of Form 8870, I or which an extension request must be sent to form, visit www.irs.gov/e-file-providers/e-file- | the IRS ir | n paper format (see instr | | | | |
|--|--|---|---|-----------------------------|-----------------|-----------------|----------------|
| Automatic | 6-Month Extension of Time. Only subn | nit origina | I (no copies needed). | | | | |
| All corporati | ions required to file an income tax return othe orm 7004 to request an extension of time to file | r than Forr | n 990-T (including 1120- | -C filers), partnersh | nips, | REMICs, | and trusts |
| Type or print | Name of exempt organization or other filer, see in PUBLIC WELFARE FOUNDATION, INC. | structions. | | Taxpayer identificati 54 | ion nu -0597 | | 1) |
| File by the due date for | Number, street, and room or suite no. If a P.O. bo 1200 U STREET NORTHWEST | ox, see instru | ictions. | | | | |
| filing your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009-4443 | | | | | | | |
| Enter the Re | eturn Code for the return that this application i | s for (file a | separate application for | each return) . | | | 0 7 |
| Application Is For | n | Return Code | Application Is For | | | | Return Code |
| Form 990 c | or Form 990-EZ | 01 | Form 990-T (corporation | on) | | | 07 |
| Form 990-E | BL . | 02 | Form 1041-A | | | | 08 |
| Form 4720 | (individual) | 03 | Form 4720 (other than | individual) | | | 09 |
| Form 990-F | PF | 04 | Form 5227 | | | | 10 |
| Form 990-7 | Γ (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990-7 | Γ (trust other than above) | 06 | Form 8870 | | | | 12 |
| If this is fo for the whole | e No. ► (202) 965-1800 nization does not have an office or place of but a Group Return, enter the organization's fout a group, check this box ► □ . If it is e names and TINs of all members the extension | usiness in t r digit Grou t is for part | the United States, check up Exemption Number (| GEN) | | If this | s is |
| the o ►□ ►□ •□ | uest an automatic 6-month extension of time organization named above. The extension is for calendar year 20 or tax year beginning 10/01 etax year entered in line 1 is for less than 12 mange in accounting period | or the organ | nization's return for: 19 , and ending | 09/30 | | | |
| | s application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions. | 990-T, 4720 | 0, or 6069, enter the te | ntative tax, less | 3a | \$ | 0 |
| | s application is for Forms 990-PF, 990-T, 4 nated tax payments made. Include any prior y | | | | 3b | \$ | 0 |
| | nce due. Subtract line 3b from line 3a. Incl g EFTPS (Electronic Federal Tax Payment Sys | | | , if required, by | 3с | \$ | 0 |
| Caution: If you | ou are going to make an electronic funds withdrawa | l (direct deb | it) with this Form 8868, see | Form 8453-EO and | Form | 8879-EO | for payment |
| For Privacy A | Act and Paperwork Reduction Act Notice, see in | structions. | Cat. No. 2 | 7916D | F | orm 8868 | (Rev. 1-2020) |

| Form 9 | 90-T (2019) | | | | | | | | | Page 3 |
|---------|---|--------------------|---|--------|------------|--------------------------|---|--|---|---------------|
| Sche | dule A-Cost of Goods Sold | . En | ter method of in | nven | tory va | luation > | | | | |
| 1 | Inventory at beginning of year | \neg | 1 | 0 | 6 | | at e | end of year | 6 | 0 |
| 2 | Purchases | | 2 | 0 | 7 | - | | ods sold. Subtract line | | |
| 3 | Cost of labor | -; | 3 | 0 | | | | . Enter here and in Part | | |
| 4a | Additional section 263A costs | | | | | I, line 2 | | | 7 | 0 |
| | (attach schedule) | 4 | a | 0 | 8 | Do the ru | ıles | s of section 263A (with | respect to | Yes No |
| b | Other costs (attach schedule) | 4 | b | 0 | | | | duced or acquired for re | | |
| 5 | Total. Add lines 1 through 4b | | 5 | 0 | | to the orga | ani | zation? | | V |
| Sche | dule C-Rent Income (From | Rea | I Property and | d Pe | rsonal | Property | Le | eased With Real Prop | erty) | |
| (see | e instructions) | | | | | | | | | |
| 1. Desc | cription of property | | | | | | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | 2. Rent re | eceive | ed or accrued | | | | | | | |
| | om personal property (if the percentage of r personal property is more than 10% but no more than 50%) | | (b) From real ar percentage of rent 50% or if the rent | for pe | rsonal pro | perty exceeds | eeds in columns 2(a) and 2(b) (attach schedule) | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Total | | 0 | Total | | | | 0 | /h) Tatal daduations | | |
| | tal income. Add totals of columns 2(and on page 1, Part I, line 6, column (A) | | I 2(b). Enter | | | | 0 | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ | | 0 |
| Sche | dule E—Unrelated Debt-Fina | nce | ed Income (see | instr | ructions | s) | | | | |
| | | | | 2. | Gross inc | come from or | | Deductions directly conne debt-finance | | ocable to |
| | 1. Description of debt-financed | prope | erty | allo | | debt-financed perty | (| (a) Straight line depreciation (attach schedule) | (b) Other do | |
| (1) | | | | | | | T | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | acquisition debt on or allocable to debt-financed debt | of or a ot-fina | e adjusted basis allocable to inced property h schedule) | | 4 di | olumn vided lumn 5 | | 7. Gross income reportable (column 2 × column 6) | 8. Allocable (column 6 × tot 3(a) and | al of columns |
| (1) | | | | | | % | | | | |
| (2) | | | | | | % | | | | |
| (3) | | | | | | % | | | | |
| (4) | | | | | | % | | | | |
| | , | | | , | | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and Part I, line 7, | |
| Totals | | | | | | • | | 0 | | 0 |
| | dividends-received deductions inclu | ded i | n column 8 | | | | | | | 0 |

Form 990-T (2019) Page **4**

| Schedule F-Interest, Ann | uities, Royalties, | | | | anizations (se | e instrud | ctions) | |
|---------------------------------------|---|----------------|--|---|--|-------------|---|---|
| | | Exempt | Controlled | d Organizations | | | | |
| Name of controlled organization | 2. Employer identification number | | lated income instructions) | 4. Total of specified payments made | 5. Part of colum included in the corganization's gro | ontrolling | conne | eductions directly ected with income in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Nonexempt Controlled Organiz | zations | | | | | | | |
| | | | | | 10. Part of colum | n 0 that is | 11 D | eductions directly |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruct | | | otal of specified yments made | included in the o | ontrolling | conne | cted with income in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | Add columns 5 Enter here and c Part I, line 8, co | n page 1, | Enter h | columns 6 and 11. nere and on page 1, line 8, column (B). |
| Totals | | | | ▶ | | | 0 | 0 |
| Schedule G-Investment | Income of a Sect | ion 501(| | | zation (see inst | ructions | | |
| 1. Description of income | 2. Amount o | f income | dire | . Deductions ctly connected ach schedule) | 4. Set-aside (attach schedu | | and s | otal deductions set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | Enter here and Part I, line 9, c | | , | | | | | re and on page 1, ne 9, column (B). |
| Totals | | | 0 | | | | | 0 |
| Schedule I—Exploited Exe | empt Activity Inc | ome, Otl | ner Than | Advertising In | come (see inst | ructions | s) | |
| 1. Description of exploited activ | 2. Gross unrelated business inco from trade of business | me conr pro | Expenses directly sected with duction of nrelated ess 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 | attribu | penses table to umn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals | Enter here and page 1, Part line 10, col. (A | I, pag | here and on e 1, Part I, 10, col. (B). | | | | | Enter here and on page 1, Part II, line 25. |
| Schedule J-Advertising I | ncome (see instru | - | | | | | | |
| | eriodicals Repor | | Consoli | dated Basis | | | | |
| | | | | 4. Advertising | | | | 7. Excess readership |
| 1. Name of periodical | 2. Gross advertising income | | . Direct tising costs | gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | | 6. Readership costs costs minus column for more the column 4) | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals (carry to Part II, line (5)) . | • | 0 | 0 | 0 | | | | 0 |
| , , ,,,,, | 1 | | | | | ı | | - 000 T (2242) |

Form 990-T (2019)

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-b | y-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 |
| | 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 |
| | O(() D: | 1 | | \ | | |

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** (2019)

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

| Name of Partnership | EIN | UBI |
|---------------------------------|-------|---------|
| QUALIFIED PARTNERSHIP INTERESTS | | |
| (1) INVESTMENT IN PARTNERSHIPS | | 921,759 |
| | Total | 921,759 |

| _ | | | | |
|------|------|--------|-----|----|
| Corm | 990T | Dort I | ino | 40 |
| | | | | |
| | | | | |

Taxes and Licenses

| Description | Amount |
|---------------------------------|--------|
| QUALIFIED PARTNERSHIP INTERESTS | |
| (1) STATE TAXES PAID | 7,122 |

Form 990T Part II, Line 27

Other Deductions

| Description | Amount |
|---|---------|
| QUALIFIED PARTNERSHIP INTERESTS | |
| (1) OTHER DEDUCTIONS FROM PARTNERSHIP INVESTMENTS | 861,622 |
| (2) PROFESSIONAL FEES | 10,970 |
| Total | 872,592 |

| Form 990T Part II, Line 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 |
|----------------------------|---|
|----------------------------|---|

| Year Generated Amount Generated | | Converted Contributions Amount Used in Prior Years | | Amount Used in Current Year | Amount Remaining | | | | | | | |
|---------------------------------|---------------------------------|--|---|--------------------------------|------------------|--|--|--|--|--|--|--|
| QUALIFIED PARTNERS | QUALIFIED PARTNERSHIP INTERESTS | | | | | | | | | | | |
| 2018 | 156,209 | | 0 | 0 | 156,209 | | | | | | | |
| 2019 | | 65,740 | | | 65,740 | | | | | | | |
| Totals | 156,209 | 65,740 | 0 | 0 | 221,949 | | | | | | | |

Form 990T Part III, Line 34

Charitable Contributions

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Converted to NOL | Amount Remaining | Contribution Carryover Expires |
|----------------|------------------|-------------------------------|--------------------------------|-------------------------|------------------|-----------------------------------|
| 2014 | 20,604,626 | 0 | 0 | | 20,604,626 | 2019 |
| 2015 | 20,715,620 | 0 | 0 | | 20,715,620 | 2020 |
| 2016 | 21,066,287 | 0 | 0 | | 21,066,287 | 2021 |
| 2017 | 21,635,821 | 0 | 0 | | 21,635,821 | 2022 |
| 2018 | 21,256,206 | 0 | 0 | | 21,256,206 | 2023 |
| 2019 | 20,674,086 | 0 | 0 | 65,740 | 20,608,346 | 2024 |
| Totals | 125,952,646 | 0 | 0 | 65,740 | 125,886,906 | |

Form 990T Part III, Line 36

Deduction for net operating loss arising in tax years beginning before January 1, 2018

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|----------------------------|-------------------------------|--------------------------------|------------------|-------------|
| 2012 | 156,179 | | 0 | 156,179 | 0 | 2032 |
| 2013 | 162,759 | | 0 | 162,759 | 0 | 2033 |
| 2014 | 78,638 | | 0 | 78,638 | 0 | 2034 |
| 2015 | 174,905 | | 0 | 174,905 | 0 | 2035 |
| 2016 | 90,120 | | 0 | 84,920 | 5,200 | 2036 |
| 2017 | 225,876 | | 0 | 0 | 225,876 | 2037 |
| Totals | 888,477 | 0 | 0 | 657,401 | 231,076 | |

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 PUB | LIC WELFARE FOUNDATION, INC. | | | Em | | ntification number 54-0597601 |
|-------------|--|----------------------------------|--|--|---------|--|
| | he corporation dispose of any investment(s) in a qual | lified opportunity fu | und during the tax | x year? . | | ► ☐ Yes 🗹 No |
| | es," attach Form 8949 and see its instructions for add | | | our gain or | loss. | |
| Pa | - | | • | (-) A -1: | -4- 4! | (I-) O-i (I) |
| | 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) Adjustme or loss from 8949, Part I, column (g) | Form(s) | (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 | | | (3) | | 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 | 13,359 | 0 | | 0 | 13,359 |
| 4 | Short-term capital gain from installment sales from Forr | m 6252, line 26 or 3 | 7 | | . 4 | |
| 5 | Short-term capital gain or (loss) from like-kind exchange | | | | . 5 | |
| 6 | Unused capital loss carryover (attach computation) . | | | | . 6 | (0) |
| 7 | Net short-term capital gain or (loss). Combine lines 1a t | hrough 6 in column | h | | . 7 | 13,359 |
| Par | | | | | | |
| | 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) Adjustme or loss from 8949, Part II, column (g) | Form(s) | (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 | | | COLUMN (g) | | 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 | 311,282 | 0 | | 0 | 311,282 |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | | . 11 | 406,261 |
| 12 | Long-term capital gain from installment sales from Form | n 6252, line 26 or 3 | 7 | | . 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchange | es from Form 8824 | | | . 13 | |
| 14 | Capital gain distributions (see instructions) | | | | . 14 | |
| 15 Par | Net long-term capital gain or (loss). Combine lines 8a th | nrough 14 in column | ıh | <u></u> | . 15 | 717,543 |
| 16 | Enter excess of net short-term capital gain (line 7) over | net long-term capit | al loss (line 15) | | . 16 | 13,359 |
| 17 | Net capital gain. Enter excess of net long-term capital g | | | | | 717,543 |
| 18 | Add lines 16 and 17. Enter here and on Form 1120, page | | | | . 18 | 730,902 |
| | Note: If losses exceed gains, see Capital Losses in t | he instructions. | | | | |

8949 Form

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2019

Attachment
Sequence No. 12A

Name(s) shown on return PUBLIC WELFARE FOUNDATION, INC.

Social security number or taxpayer identification number 54-0597601

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.

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 F | orm 1099-B | | | | |
|--|---|-------------------------------|---|--|--|---|--|
| 1 (a) | (b) | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | 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) |
| Description of property (Example: 100 sh. XYZ Co.) | Date acquired (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) and see Column (e) in the separate instructions | | (f) (g) Code(s) from Amount of adjustment | | from column (d) and combine the result with column (g) |
| SHORT TERM GAIN/LOSS FROM FORM 6781 | | | 753 | | | | 753 |
| FROM SCHEDULE K1 (FORM 1065) | | | 12,606 | | | | 12,606 |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and incl is checked), lin | ude on your le 2 (if Box B | 13,359 | 0 | | 0 | 13,359 |

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.

Form 8949 (2019) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PUBLIC WELFARE FOUNDATION, INC.

Social security number or taxpayer identification number 54-0597601

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

| (F) Long-term transactions | not reported | to you on re | JIII 1099-D | | | | |
|---|--|--------------------------------|-------------------------------------|---|--|---------------------------------------|---------------------------------------|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | Adjustment, if If you enter an enter a co See the sep | | |
| (Example: 100 sh. XYZ Čo.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g) |
| SHORT TERM GAIN/LOSS FROM FORM 6781 | | | 1,130 | | | | 1,130 |
| FROM SCHEDULE K1 (FORM 1065) | | | 310,152 | | | | 310,152 |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | I here and incl is checked), lir | ude on your ne 9 (if Box E | 311,282 | 0 | | 0 | 311,282 |

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.

Form **8949** (2019)

General Business Credit

OMB No. 1545-0895 Attachment

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. Sequence No. 22

Identifying number Name(s) shown on return PUBLIC WELFARE FOUNDATION, INC. 54-0597601 Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.) 0 1 General business credit from line 2 of all Parts III with box A checked . . . 1 2 Passive activity credits from line 2 of all Parts III with box B checked . . . 3 3 Enter the applicable passive activity credits allowed for 2019. See instructions 4 Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C 293 4 5 Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D 5 0 293 6 Add lines 1, 3, 4, and 5 6 **Allowable Credit** Part II Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form · Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 0 7 Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 0 8 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . 0 9 9 Add lines 7 and 8 10a Foreign tax credit 10a Certain allowable credits (see instructions) . 10c 0 Add lines 10a and 10b 0 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 12 **Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-. . . 12 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See 13 13 instructions 14 Tentative minimum tax: Individuals. Enter the amount from Form 6251, line 9. 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), 15 Enter the greater of line 13 or line 14 15

Subtract line 15 from line 11. If zero or less, enter -0-

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or

0 0

16

17

reorganization.

16

Page 2

| Part | | | |
|-------|---|-------|----------|
| Note: | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter - | 0- on | line 26. |
| 18 | Multiply line 14 by 75% (0.75). See instructions | 18 | 0 |
| 19 | Enter the greater of line 13 or line 18 | 19 | 0 |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0 | 20 | 0 |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0 | 21 | 0 |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | 0 |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked 23 23 | | |
| 24 | Enter the applicable passive activity credit allowed for 2019. See instructions | 24 | 293 |
| 25 | Add lines 22 and 24 | 25 | 293 |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | 26 | 0 |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0 | 27 | 0 |
| 28 | Add lines 17 and 26 | 28 | 0 |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0 | 29 | 0 |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | 0 |
| 31 | Reserved | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked | | |
| 33 | Enter the applicable passive activity credits allowed for 2019. See instructions | 33 | |
| 34 | Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach | 34 | 0 |
| 35 | Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions | 35 | 0 |
| 36 | Add lines 30, 33, 34, and 35 | 36 | 0 |
| 37 | Enter the smaller of line 29 or line 36 | 37 | 0 |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b • | 38 | 0 |

Form 3800 (2019) Page **3**

Name(s) shown on return Identifying number PUBLIC WELFARE FOUNDATION, INC. 54-0597601 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. General Business Credit From a Non-Passive Activity **E** Reserved В General Business Credit From a Passive Activity F Reserved C ~ G \square General Business Credit Carryforwards Eligible Small Business Credit Carryforwards D ☐ General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit Enter the If claiming the credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN appropriate pass-through entity. amount Investment (Form 3468, Part II only) (attach Form 3468) . . . 1a 1a b 1b С 1c 275 d Low-income housing (Form 8586, Part I only) 1d 18 Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) . 1f g 1g 1h h i 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j j Employer-provided child care facilities and services (Form 8882) (see instructions k 1k ı Biodiesel and renewable diesel fuels (attach Form 8864) 11 m Low sulfur diesel fuel production (Form 8896) 1m n Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) . . . 10 O Energy efficient home (Form 8908) 1p p Energy efficient appliance (carryforward only) q 1q Alternative motor vehicle (Form 8910) 1r s Alternative fuel vehicle refueling property (Form 8911) 1s t Enhanced oil recovery credit (Form 8830) 1t Mine rescue team training (Form 8923) 1u u 1v Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) 1w W X Carbon oxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1у У Qualified plug-in electric vehicle (carryforward only) 1z z 1aa aa bb General credits from an electing large partnership (carryforward only) 1bb Other. Oil and gas production from marginal wells (Form 8904) and certain other 1zz 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . 293 3 3 Enter the amount from Form 8844 here and on the applicable line of Part II 4a Investment (Form 3468, Part III) (attach Form 3468) 4a b 4b С Biofuel producer (Form 6478) 4c d Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e е 4f f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g 4g Small employer health insurance premiums (Form 8941) 4h h i 4i j Employer credit for paid family and medical leave (Form 8994) 4j Z 4z 5 5 0 Add lines 4a through 4z and enter here and on the applicable line of Part II 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 293

Form 3800 Statement General Business Credit Carryforward Schedule

| Year Generated | Amount Generated | Amount Used in Prior | Amount Used in | Amount Remaining | Credit Expires |
|----------------|------------------|----------------------|----------------|------------------|----------------|
| | | Years | Current Year | | |
| 2017 | 126 | | | 126 | 2027 |
| 2018 | 167 | 0 | 0 | 167 | 2028 |
| Totals | 293 | 0 | 0 | 293 | |

4797

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2019

Attachment Sequence No. **27**

Identifying number

| PUB | LIC WELFARE FOUNDATION | N, INC. | | | | | 54-059 | 97601 |
|-------|---|--|--|--|-----------------------|-----------------|--------|-------------------------|
| 1 | Enter the gross proceeds to substitute statement) that you | | | | | | 1 | |
| Pa | rt I Sales or Exchan | | | | | | sions | From Other |
| | Than Casualty o | | | | | | | |
| 2 | (a) Description of property | | | | | | | |
| 1231 | GAIN OR LOSS FROM PASSTHROUGH | | | 406,261 | | | | 406,261 |
| | | | | | | | | |
| 3 | Gain, if any, from Form 4684 | l, line 39 | | | | | 3 | |
| 4 | Section 1231 gain from insta | allment sales from | Form 6252, line 26 | 6 or 37 | | | 4 | |
| 5 | Section 1231 gain or (loss) fi | rom like-kind exch | anges from Form | 8824 | | | 5 | |
| 6 | Gain, if any, from line 32, fro | m other than casu | alty or theft . | | | | 6 | |
| 7 | Combine lines 2 through 6. I | Enter the gain or (l | oss) here and on t | he appropriate line a | s follows | [| 7 | 406,261 |
| | Partnerships and S corpor line 10, or Form 1120-S, Sch | • | • , | • | ons for Form 1065, | Schedule K, | | |
| 8 | Individuals, partners, S colline 7 on line 11 below and losses, or they were recapt Schedule D filed with your re Nonrecaptured net section 1 | skip lines 8 and tured in an earlier eturn and skip line | 9. If line 7 is a gar year, enter the g s 8, 9, 11, and 12 | ain and you didn't hagain from line 7 as a below. | ave any prior year s | section 1231 | 8 | |
| 9 | Subtract line 8 from line 7. If 9 is more than zero, enter to capital gain on the Schedule | the amount from I D filed with your | line 8 on line 12 b return. See instruc | pelow and enter the tions | gain from line 9 as | a long-term | 9 | |
| | rt II Ordinary Gains a | | | | | | | |
| 10 | Ordinary gains and losses no | ot included on line | s 11 through 16 (ir | nclude property held | 1 year or less): | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 | |
| 12 | Gain, if any, from line 7 or ar | | | | | [| 12 | |
| 13 | Gain, if any, from line 31 . | | | | | | 13 | 0 |
| 14 | Net gain or (loss) from Form | | | | | | 14 | |
| | Ordinary gain from installme | | | | | 1 | 15 | |
| 16 | Ordinary gain or (loss) from I | | | | | | 16 | |
| 17 | Combine lines 10 through 16 | 9 | | | | 1 | 17 | 0 |
| 18 | For all except individual retu | | | | e of vour return and | l skip lines a | | |
| 10 | and b below. For individual reco | | | | ie or your return and | a skip lilles a | | |
| а | | | · | . , . , | | | | |
| | from income-producing prop | | | | | | 40 | |
| | property used as an employee | | | | | Ī | 18a | |
| | Redetermine the gain or (Io (Form 1040 or Form 1040-S | R), Part I, line 4 . | | | | | 18b | 4=0= |
| For I | Paperwork Reduction Act N | otice, see separa | te instructions. | | Cat. No. 13086I | | | Form 4797 (2019) |

Form 4797 (2019) Page **2**

| 19 | (a) Description of section 1245, 1250, 1252, 1254, or 125 | 5 prope | rty: | | | (b) Date acq (mo., day, | | (c) Date sold (mo., day, yr.) |
|----------|--|------------|-------------------|---------------|-------|----------------------------|--------|-------------------------------|
| Α | | | | | | | | |
| В | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| | These columns relate to the properties on lines 19A through 19D |). ▶ | Property A | Property | В | Property | C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) . | 20 | | | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | | | | |
| 0.4 | Table of a O. March Par 00 for a Par 00 | | | | | | | |
| 24 25 | Total gain. Subtract line 23 from line 20 | 24 | | | | | | |
| | Depreciation allowed or allowable from line 22 | 25a | | | | | | |
| | Enter the smaller of line 24 or 25a | 25b | | | | | | |
| 26 | If section 1250 property: If straight line depreciation was used, | 200 | | | | | | |
| | enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | | |
| а | Additional depreciation after 1975. See instructions . | 26a | | | | | | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions. | 26b | | | | | | |
| С | Subtract line 26a from line 24. If residential rental property | | | | | | | |
| al | or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c 26d | | | | | | |
| | Additional depreciation after 1969 and before 1976 | 26e | | | | | | |
| | Section 291 amount (corporations only) | 26f | | | | | | |
| | Add lines 26b, 26e, and 26f | 26g | | | | | | |
| 27 | If section 1252 property: Skip this section if you didn't | 1209 | | | | | | |
| | dispose of farmland or if this form is being completed | | | | | | | |
| | for a partnership. | | | | | | | |
| а | Soil, water, and land clearing expenses | 27a | | | | | | |
| b | Line 27a multiplied by applicable percentage. See instructions | 27b | | | | | | |
| c | Enter the smaller of line 24 or 27b | 27c | | | | | | |
| 28 | If section 1254 property: | | | | | | | |
| а | Intangible drilling and development costs, expenditures | | | | | | | |
| | for development of mines and other natural deposits, | | | | | | | |
| | mining exploration costs, and depletion. See instructions | 28a | | | | | | |
| | Enter the smaller of line 24 or 28a | 28b | | | | | | |
| 29 | If section 1255 property: | | | | | | | |
| а | Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | | | |
| h | Enter the smaller of line 24 or 29a. See instructions | 29b | | | | | | |
| | mary of Part III Gains. Complete property colur | | through D through | gh line 29b k | efore | e going to lir | ne 30. | |
| | | | | | | | | |
| 30 | Total gains for all properties. Add property columns A thro | • | | | | | 30 | 0 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 2 | | | | | | 31 | С |
| 32 | Subtract line 31 from line 30. Enter the portion from casu other than casualty or theft on Form 4797, line 6 | | theft on Form 468 | | | | 32 | C |
| Par | | | | | | | 50% | or Less |
| | | | | | | (a) Section 179 | on | (b) Section 280F(b)(2) |
| 33 | Section 179 expense deduction or depreciation allowable | in prior | vears. | | 33 | | + | |
| 34 | · | | | | 34 | | -+ | |
| 35 | Recapture amount Subtract line 34 from line 33. See the | | | nort. | 35 | | 0 | 0 |

Form **6781**

Gains and Losses From Section 1256
Contracts and Straddles

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form6781 for the latest information.

► Attach to your tax return.

OMB No. 1545-0644

Attachment Sequence No. 82

Identifying number PUBLIC WELFARE FOUNDATION, INC. 54-0597601 A Mixed straddle election C Mixed straddle account election Check all applicable boxes (see instructions). **B** Straddle-by-straddle identification election **D** Net section 1256 contracts loss election Part I Section 1256 Contracts Marked to Market (c) Gain (a) Identification of account (b) (Loss) SECTION 1256 CONTRACTS AND STRADDLES FROM INVESTMENTS 1.883 1.883 2 Add the amounts on line 1 in columns (b) and (c) . 1.883 3 Net gain or (loss). Combine line 2, columns (b) and (c) . . . 3 4 Form 1099-B adjustments. See instructions and attach statement. 4 1.883 5 5 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried 6 back. Enter the loss as a positive number. If you didn't check box D, enter -0- 6 0 1,883 7 7 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or 8 753 8 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D 1,130 Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II Section A-Losses From Straddles (f) Loss. (g) (h) Recognized loss. (b) Date If column (e) (c) Date (e) Cost or other Unrecognized If column (f) is more entered (d) Gross is more than (d). (a) Description of property closed out basis plus gain on than (g), enter into or sales price enter difference. offsetting or sold expense of sale difference. acquired Otherwise, enter Otherwise, enter -0-. positions -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions Section B—Gains From Straddles (b) Date (f) Gain. If column (c) Date (e) Cost or other entered (d) Gross (d) is more than (e), (a) Description of property closed out basis plus enter difference. into or sales price or sold expense of sale acquired Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions) (e) Unrecognized (c) Fair market value (d) Cost or other gain. If column (c) is (b) Date on last business day (a) Description of property more than (d), enter basis acquired of tax year as adjusted difference. Otherwise, enter -0-. 14