

PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0047

**2020**

For calendar year 2020 or other tax year beginning 10/01, 2020, and ending 09/30, 20 21

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>PUBLIC WELFARE FOUNDATION, INC.</b>	<b>D Employer identification number</b> <b>54-0597601</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> )( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1200 U STREET NORTHWEST</b>	<b>E Group exemption number</b> (see instructions)
<b>C</b> Book value of all assets at end of year . . . . . ▶ <b>643,943,705</b>		City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20009-4443</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶ (SEE STATEMENT)		Telephone number ▶ (202) 965-1800	

<b>Part I Total Unrelated Business Taxable Income</b>		
<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	79,201
<b>2</b>	Reserved . . . . .	
<b>3</b>	Add lines 1 and 2 . . . . .	79,201
<b>4</b>	Charitable contributions (see instructions for limitation rules) . . . . .	0
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	79,201
<b>6</b>	Deduction for net operating loss. See instructions . . . . .	79,201
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	0
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	0
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions . . . . .	0
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 . . . . .	0
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	0

<b>Part II Tax Computation</b>		
<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	0
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	
<b>3</b>	<b>Proxy tax.</b> See instructions . . . . . ▶	0
<b>4</b>	Other tax amounts. See instructions . . . . .	0
<b>5</b>	Alternative minimum tax (trusts only) . . . . .	0
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions . . . . .	0
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	0

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	0		
<b>b</b>	Other credits (see instructions)	<b>1b</b>	0		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	0		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	0		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>			0
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>			0
<b>3</b>	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 statement)	<b>3</b>			0
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>			0
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>			0
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	0		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	25,000		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	40,000		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	0		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	0		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	0		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 0 <input type="checkbox"/> Form 4136 0 <input type="checkbox"/> Other 0 <b>Total</b>	<b>6g</b>	0		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>			65,000
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>			0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>			0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>			65,000
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 65,000 <b>Refunded</b>	<b>11</b>			0


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

	Yes	No
<b>1</b> At any time during the 2020 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		✓
<b>2</b> 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.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year		\$ 18
<b>4a</b> Did the organization change its method of accounting? (see instructions)		✓
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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.

**Sign Here**  **8/10/2022** **CFAO**  
 Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature RACHEL SPURLOCK	Date 8/8/2022	Check <input type="checkbox"/> if self-employed	PTIN P00520729
	Firm's name CROWE LLP	Firm's EIN 35-0921680			
	Firm's address 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902	Phone no. (502) 326-3996			

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

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> Name of the organization <u>PUBLIC WELFARE FOUNDATION, INC.</u>	<b>B</b> Employer identification number <u>54-0597601</u>
<b>C</b> Unrelated business activity code (see instructions) ▶ <u>901101</u>	<b>D</b> Sequence: <u>1</u> of <u>1</u>

**E** Describe the unrelated trade or business ▶ INVESTMENT ACTIVITIES

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales <u>0</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>c</b> Balance ▶	<b>1c</b>	<u>0</u>	
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>	<u>0</u>	
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>	<u>0</u>	<u>0</u>
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) . . . . .	<b>4a</b>	<u>483,777</u>	<u>483,777</u>
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>	<u>0</u>	<u>0</u>
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>	<u>0</u>	<u>0</u>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>	<u>11,331</u>	<u>11,331</u>
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b>	<u>0</u>	<u>0</u>
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b>	<u>0</u>	<u>0</u>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>	<u>0</u>	<u>0</u>
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>	<u>0</u>	<u>0</u>
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>	<u>0</u>	<u>0</u>
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b>	<u>0</u>	<u>0</u>
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b>	<u>0</u>	<u>0</u>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	<u>495,108</u>	<u>495,108</u>

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1</b>	Compensation of officers, directors, and trustees (Part X) . . . . .			<u>0</u>
<b>2</b>	Salaries and wages . . . . .			<u>0</u>
<b>3</b>	Repairs and maintenance . . . . .			<u>0</u>
<b>4</b>	Bad debts . . . . .			<u>0</u>
<b>5</b>	Interest (attach statement) (see instructions) . . . . .			<u>21,246</u>
<b>6</b>	Taxes and licenses . . . . .			<u>4,598</u>
<b>7</b>	Depreciation (attach Form 4562) (see instructions) . . . . .	<b>7</b>	<u>52</u>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	<u>0</u>	<b>8b</b> <u>52</u>
<b>9</b>	Depletion . . . . .			<u>67,303</u>
<b>10</b>	Contributions to deferred compensation plans . . . . .			<u>0</u>
<b>11</b>	Employee benefit programs . . . . .			<u>0</u>
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .			<u>0</u>
<b>13</b>	Excess readership costs (Part IX) . . . . .			<u>0</u>
<b>14</b>	Other deductions (attach statement) . . . . .			<u>322,708</u>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .			<u>415,907</u>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .			<u>79,201</u>
<b>17</b>	Deduction for net operating loss (see instructions) . . . . .			<u>0</u>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .			<u>79,201</u>

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</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) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►				0
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►				0
<b>11</b> <b>Total dividends - received deductions</b> included in line 10 . . . . .				0

**Part VI 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)				

**Totals** . . . . . **0** **0**

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A) **0**

Add amounts in column 5. Enter here and on Part I, line 9, column (B) **0**

**Totals** . . . . . **0** **0**

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

<b>1</b> Description of exploited activity: _____	
<b>2</b> Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
<b>4</b> Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
<b>5</b> Gross income from activity that is not unrelated business income	<b>5</b>
<b>6</b> Expenses attributable to income entered on line 5	<b>6</b>
<b>7</b> Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	<b>7</b>

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

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

**Part XI Supplemental Information** (see instructions)

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CRAIG ALEXANDER 1200 U STREET NW, WASHINGTON, DC 20009-4443

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2016	21,066,287				21,066,287	2021
2017	21,635,821				21,635,821	2022
2018	21,256,206				21,256,206	2023
2019	20,608,346				20,608,346	2024
2020	19,897,416			7,920	19,889,496	2025
<b>Totals</b>	<b>104,464,076</b>	<b>0</b>	<b>0</b>	<b>7,920</b>	<b>104,456,156</b>	



Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	90,120		84,920	5,200	0	2036
2017	225,876		0	74,001	151,875	2037
<b>Totals</b>	<b>315,996</b>	<b>0</b>	<b>84,920</b>	<b>79,201</b>	<b>151,875</b>	

Date	Amount
08/27/2021	25,000
<b>Totals</b>	<b>25,000</b>

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
<b>INVESTMENT ACTIVITIES</b>			
(1) INVESTMENT IN PARTNERSHIPS	237,825	226,494	11,331
<b>Total</b>	<b>237,825</b>	<b>226,494</b>	<b>11,331</b>

Description	Amount
<b>INVESTMENT ACTIVITIES</b>	
(1) INTEREST EXPENSE	21,246
<b>Total for Schedule A - Part II, Line 5</b>	<b>21,246</b>

Description	Amount
<b>INVESTMENT ACTIVITIES</b>	
(1) FOREIGN TAXES PAID	486
(2) STATE TAXES PAID	4,112
<b>Total</b>	<b>4,598</b>

Description	Amount
<b>INVESTMENT ACTIVITIES</b>	
(1) OTHER DEDUCTIONS FROM INVESTMENT ACTIVITIES	309,258
(2) PROFESSIONAL FEES	13,450
<b>Total</b>	<b>322,708</b>

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
<b>INVESTMENT ACTIVITIES</b>					
2018	156,209			0	156,209
2019	65,740			0	65,740
2020		7,920		0	7,920
<b>Totals</b>	<b>221,949</b>	<b>7,920</b>	<b>0</b>	<b>0</b>	<b>229,869</b>

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name **PUBLIC WELFARE FOUNDATION, INC.** Employer identification number **54-0597601**

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—Assets Held One Year or Less**

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)
<b>1a</b> 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
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	7,771	0	0	7,771
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				4
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				5
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				6 ( 0 )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				7 7,771

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

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)
<b>8a</b> 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
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	373,894	0	0	373,894
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				11 102,112
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				12
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				13
<b>14</b> Capital gain distributions (see instructions) . . . . .				14
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .				15 476,006

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	7,771
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	476,006
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	483,777

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





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

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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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			373,894			0	373,894
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶			373,894	0		0	373,894

**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.

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form3800](http://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.

**2020**  
Attachment  
Sequence No. **22**

Name(s) shown on return

Identifying number

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.)

1	General business credit from line 2 of all Parts III with box A checked . . . . .		1	0
2	Passive activity credits from line 2 of all Parts III with box B checked . . . . .	2	962	
3	Enter the applicable passive activity credits allowed for 2020. See instructions . . . . .		3	
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .		4	293
	Check this box if the carryforward was changed or revised from the original reported amount . . . . .			<input type="checkbox"/>
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .		5	0
6	Add lines 1, 3, 4, and 5 . . . . .		6	293

**Part II Allowable Credit**

7	Regular tax before credits:			
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 . . . . .	}	7	0
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . .			
	• 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 . . . . .			
8	Alternative minimum tax:			
	• Individuals. Enter the amount from Form 6251, line 11 . . . . .	}	8	0
	• Corporations. Enter -0- . . . . .			
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .			
9	Add lines 7 and 8 . . . . .		9	0
10a	Foreign tax credit . . . . .	10a		
b	Certain allowable credits (see instructions) . . . . .	10b		
c	Add lines 10a and 10b . . . . .		10c	0
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .		11	0
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	12		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions . . . . .	13		
14	Tentative minimum tax:			
	• Individuals. Enter the amount from Form 6251, line 9 . . . . .	}	14	
	• Corporations. Enter -0- . . . . .			
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 . . . . .			
15	Enter the greater of line 13 or line 14 . . . . .		15	
16	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .		16	0
17	Enter the <b>smaller</b> of line 6 or line 16 . . . . .		17	0
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.			

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2020)

**Part II Allowable Credit** *(continued)*

**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.

<b>18</b>	Multiply line 14 by 75% (0.75). See instructions . . . . .	<b>18</b>	0
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	0
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	0
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	0
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	0
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked . . . . .	<b>23</b>	0
<b>24</b>	Enter the applicable passive activity credit allowed for 2020. See instructions . . . . .	<b>24</b>	
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	0
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	0
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	0
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	0
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	0
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	0
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked . . . . .	<b>32</b>	0
<b>33</b>	Enter the applicable passive activity credits allowed for 2020. See instructions . . . . .	<b>33</b>	
<b>34</b>	Carryforward of business credit to 2020. 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 . . . . .	<b>34</b>	0
	Check this box if the carryforward was changed or revised from the original reported amount . . . . .		<input type="checkbox"/>
<b>35</b>	Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	<b>35</b>	0
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	0
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	0
<b>38</b>	<b>Credit allowed for the current year.</b> 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), line 6 . . . . . } • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . } • Estates and trusts. Form 1041, Schedule G, line 2b . . . . . }	<b>38</b>	0

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity      **E**  Reserved
- B**  General Business Credit From a Passive Activity      **F**  Reserved
- C**  General Business Credit Carryforwards      **G**  Eligible Small Business Credit Carryforwards
- D**  General Business Credit Carrybacks      **H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>(a) Description of credit</b>			
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		0
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>		962
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		0
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		0
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		0
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		0
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		0
<b>i</b> New markets (Form 8874)	<b>1i</b>		0
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		0
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		0
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		0
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		0
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		0
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		0
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		0
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		0
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		0
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		0
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		0
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		0
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		0
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		0
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		0
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		0
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		0
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		0
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		0
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		0
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		962
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		0
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		0
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		0
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		0
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		0
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		0
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		0
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		0
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		0
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		0
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		0
<b>z</b> Other	<b>4z</b>		0
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		962

\* See instructions for limitation on this credit.

Name(s) shown on return

PUBLIC WELFARE FOUNDATION, INC.

Identifying number

54-0597601

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

Table with columns: (a) Description of credit, (b) Enter EIN if claiming the credit from a pass-through entity, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

\* See instructions for limitation on this credit.

Name(s) shown on return

PUBLIC WELFARE FOUNDATION, INC.

Identifying number

54-0597601

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

Table with columns: (a) Description of credit, (b) Enter EIN if claiming the credit from a pass-through entity, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

\* See instructions for limitation on this credit.

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>(a) Description of credit</b>			
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	27-4641880	134
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b> New markets (Form 8874)	<b>1i</b>		
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		134
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		
<b>z</b> Other	<b>4z</b>		
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		134

\* See instructions for limitation on this credit.



Name(s) shown on return

PUBLIC WELFARE FOUNDATION, INC.

Identifying number

54-0597601

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

Table with 3 main columns: (a) Description of credit, (b) Enter EIN if claiming the credit from a pass-through entity, (c) Enter the appropriate amount. Rows include categories 1a through 1zz, 2, 3, 4a through 4z, 5, and 6.

\* See instructions for limitation on this credit.

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>(a) Description of credit</b>			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	81-2852078	38
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b> New markets (Form 8874)	<b>1i</b>		
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		38
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		
<b>z</b> Other	<b>4z</b>		
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		38

\* See instructions for limitation on this credit.

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>(a) Description of credit</b>			
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	26-4138517	2
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b> New markets (Form 8874)	<b>1i</b>		
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		2
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		
<b>z</b> Other	<b>4z</b>		
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		2

\* See instructions for limitation on this credit.

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>(a) Description of credit</b>			
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	98-1495470	23
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b> New markets (Form 8874)	<b>1i</b>		
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		23
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		
<b>z</b> Other	<b>4z</b>		
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		23

\* See instructions for limitation on this credit.

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>(a) Description of credit</b>			
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	85-2000765	706
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b> New markets (Form 8874)	<b>1i</b>		
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		706
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		
<b>z</b> Other	<b>4z</b>		
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		706

\* See instructions for limitation on this credit.

Name(s) shown on return

PUBLIC WELFARE FOUNDATION, INC.

Identifying number

54-0597601

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

Table with columns: (a) Description of credit, (b) Enter EIN if claiming the credit from a pass-through entity, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

\* See instructions for limitation on this credit.

Name(s) shown on return

**PUBLIC WELFARE FOUNDATION, INC.**

Identifying number

54-0597601

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

**I** 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III.

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>(a) Description of credit</b>			
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>		
<b>b</b> Reserved	<b>1b</b>		
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>		275
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>		18
<b>e</b> Disabled access (Form 8826)*	<b>1e</b>		
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>		
<b>g</b> Indian employment (Form 8845)	<b>1g</b>		
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>		
<b>i</b> New markets (Form 8874)	<b>1i</b>		
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881)	<b>1j</b>		
<b>k</b> Employer-provided child care facilities and services (Form 8882)*	<b>1k</b>		
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>		
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>		
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>		
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>		
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>		
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>		
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>		
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>		
<b>t</b> Enhanced oil recovery credit (carryforward only)	<b>1t</b>		
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>		
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>		
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>		
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>		
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>		
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>		
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>		
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>		
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>		
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>		293
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>		
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>		
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>		
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>		
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>		
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>		
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>		
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>		
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>		
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>		
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>		
<b>z</b> Other	<b>4z</b>		
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>		0
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>		293

\* See instructions for limitation on this credit.

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))

Department of the Treasury  
 Internal Revenue Service

▶ **Attach to your tax return.**  
 ▶ **Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.**

Attachment  
 Sequence No. **27**

Name(s) shown on return <b>PUBLIC WELFARE FOUNDATION, INC.</b>	Identifying number <b>54-0597601</b>
---	---

**1** Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>1231 GAIN</b>			102,112		0	102,112

<b>3</b> Gain, if any, from Form 4684, line 39 . . . . .	<b>3</b>	
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	<b>4</b>	
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>5</b>	
<b>6</b> Gain, if any, from line 32, from other than casualty or theft . . . . .	<b>6</b>	
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .	<b>7</b>	102,112

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .	<b>8</b>	
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .	<b>9</b>	

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b> Loss, if any, from line 7 . . . . .	<b>11</b>	( )
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable . . . . .	<b>12</b>	
<b>13</b> Gain, if any, from line 31 . . . . .	<b>13</b>	0
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	<b>14</b>	
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	<b>15</b>	
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>16</b>	
<b>17</b> Combine lines 10 through 16 . . . . .	<b>17</b>	0

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .

<b>18a</b>	
<b>18b</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>These columns relate to the properties on lines 19A through 19D. ▶</b>		<b>Property A</b>	<b>Property B</b>
<b>20</b> Gross sales price ( <b>Note:</b> See line 1 before completing.) . . . . .	<b>20</b>		
<b>21</b> Cost or other basis plus expense of sale . . . . .	<b>21</b>		
<b>22</b> Depreciation (or depletion) allowed or allowable. . . . .	<b>22</b>		
<b>23</b> Adjusted basis. Subtract line 22 from line 21. . . . .	<b>23</b>		
<b>24</b> Total gain. Subtract line 23 from line 20 . . . . .	<b>24</b>		
<b>25 If section 1245 property:</b>			
<b>a</b> Depreciation allowed or allowable from line 22 . . . . .	<b>25a</b>		
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a. . . . .	<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
<b>a</b> Additional depreciation after 1975. See instructions . . . . .	<b>26a</b>		
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions. . . . .	<b>26b</b>		
<b>c</b> Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>		
<b>d</b> Additional depreciation after 1969 and before 1976. . . . .	<b>26d</b>		
<b>e</b> Enter the <b>smaller</b> of line 26c or 26d . . . . .	<b>26e</b>		
<b>f</b> Section 291 amount (corporations only) . . . . .	<b>26f</b>		
<b>g</b> Add lines 26b, 26e, and 26f . . . . .	<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
<b>a</b> Soil, water, and land clearing expenses . . . . .	<b>27a</b>		
<b>b</b> Line 27a multiplied by applicable percentage. See instructions	<b>27b</b>		
<b>c</b> Enter the <b>smaller</b> of line 24 or 27b . . . . .	<b>27c</b>		
<b>28 If section 1254 property:</b>			
<b>a</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>		
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a. . . . .	<b>28b</b>		
<b>29 If section 1255 property:</b>			
<b>a</b> Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	<b>29a</b>		
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .	<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties. Add property columns A through D, line 24 . . . . .	<b>30</b>	<b>0</b>
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	<b>31</b>	<b>0</b>
<b>32</b> Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	<b>32</b>	<b>0</b>

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years. . . . .	<b>33</b>	
<b>34</b> Recomputed depreciation. See instructions . . . . .	<b>34</b>	
<b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	<b>35</b>	<b>0</b>

**Gains and Losses From Section 1256  
 Contracts and Straddles**

▶ Go to [www.irs.gov/Form6781](http://www.irs.gov/Form6781) for the latest information.  
 ▶ Attach to your tax return.

Name(s) shown on tax return: **PUBLIC WELFARE FOUNDATION, INC.** Identifying number: **54-0597601**

Check all applicable boxes. **A**  Mixed straddle election **C**  Mixed straddle account election  
 See instructions. **B**  Straddle-by-straddle identification election **D**  Net section 1256 contracts loss election

**Part I Section 1256 Contracts Marked to Market**

(a) Identification of account	(b) (Loss)	(c) Gain
<b>1</b> SECTION 1256 CONTRACTS AND STRADDLES FROM INVESTMENTS		<b>17</b>
<b>2</b> Add the amounts on line 1 in columns (b) and (c)	<b>2</b> ( 0 )	<b>17</b>
<b>3</b> Net gain or (loss). Combine line 2, columns (b) and (c)		<b>3</b> 17
<b>4</b> Form 1099-B adjustments. See instructions and attach statement		<b>4</b>
<b>5</b> Combine lines 3 and 4		<b>5</b> 17
<b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
<b>6</b> If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-		<b>6</b> 0
<b>7</b> Combine lines 5 and 6		<b>7</b> 17
<b>8</b> Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions.		<b>8</b> 7
<b>9</b> Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions		<b>9</b> 10

**Part II Gains and Losses From Straddles.** Attach a separate statement listing each straddle and its components.

**Section A—Losses From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-.	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-.
<b>10</b>							
<b>11a</b> Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions						<b>11a</b> ( )	
<b>b</b> 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						<b>11b</b> ( )	

**Section B—Gains From Straddles**

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-.
<b>12</b>					
<b>13a</b> Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions					<b>13a</b>
<b>b</b> Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions					<b>13b</b>

**Part III Unrecognized Gains From Positions Held on Last Day of Tax Year.** Memo entry only (see instructions)

(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-.
<b>14</b>				

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>PUBLIC WELFARE FOUNDATION, INC.</b>	Business or activity to which this form relates <b>901101</b>	Identifying number <b>54-0597601</b>
---	--	---

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	1,040,000
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	1,040,000
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	1,040,000
<b>6</b> (a) Description of property <b>FROM PARTNERSHIP INVESTMENTS</b>	(b) Cost (business use only)	(c) Elected cost <b>52</b>
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	0
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	52
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	52
<b>10</b> Carryover of disallowed deduction from line 13 of your 2019 Form 4562	<b>10</b>	0
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	495,108
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	52
<b>13</b> Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	<b>14</b>	0
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	0
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	0

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2020	<b>17</b>	0
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	0
<b>22</b> <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	52
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	0	
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	0	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	0	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0		0		0		0		0		0	
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year . . . . .				<b>43</b>	0
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0

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

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>PUBLIC WELFARE FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>54-0597601</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1200 U STREET NORTHWEST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20009-4443</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► PUBLIC WELFARE FOUNDATION, 1200 U STREET NW, WASHINGTON, DC 20009-4443

Telephone No. ► (202) 965-1800 Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 08/15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 \_\_\_\_ or  
 ►  tax year beginning 10/01, 20 20, and ending 09/30, 20 21.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	65,000
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	25,000
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	40,000

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 27916D

Form **8868** (Rev. 1-2020)