•	Form	990-T	E	Exempt Org	ganizatio	on Bus	sine	ss Inco	me Ta	x Retur	n i	OMB No 1545-0687
	•		1	•	(and proxy	tax und	ler se	ction 6033	(e))	190	arrho	0040
			For ca	lendar year 2018 or other t					ding JUN	<u>30, 20</u>	<u>19</u>	2018
		tment of the Treasury			www.irs.gov/Forr						.	Open to Public Inspection for
	A	Check box if		Do not enter SSN nu	* 					on is a 501(c)(3		501(c)(3) Organizations Only loyer identification number
	A L	address changed		Name of organization	I (L CRECK D	ox if name o	cnanged	and see instruc	ctions.)		(Em)	oloyees' trust, see uctions)
	B E	xempt under section	Print	FOREST FO	UNDATION	l					9	1-6020514
~	X]501(c)(3)i3	10 20VT	Number, street, and		If a P.O. bo	x, see ii	nstructions.				lated business activity code instructions)
رير	' ⊑	408(e) 220(e)	Туре	P. O. BOX			•				┧`	·
		408A530(a) 529(a)		City or town, state or TACOMA, W.		y, and ZIP o . – 1278		n postal code			525	990
íń	C Boo	ok value of all assets and of year		F Group exemption i	number (See instr	ructions.)	<u> </u>					
=		22,382,2	98.	G Check organization	type 🕨 🗓	501(c) cor	poration	າ 501	(c) trust	401(a) trust	Other trust
2	H En	ter the number of the t	и учнига	uon 5 un eiatea trades	OF Dubinesses.		1			e only (or first) (
	ua.	de or business here							-	omplete Parts I-V		
¥		scribe the first in the bl siness, then complete l		-	evious sentence, i	complete Fa	arts I an	d II, complete a	Schedule M	tor each additio	nal trad	e or
$\bar{\sigma}$		ring the tax year, was		· · · · · · · · · · · · · · · · · · ·	an affiliated arou	ID OF 3 Darei	nt-cube:	idiani controlled	Laroun?		Πv	es X No
Ĉ	_	Yes." enter the name a		-	-		iit auba	idiary controlled	i group.		· ·	62 (140
\subseteq	J Th	e books are in care of					INC	•	Telephon	e number 🕨	253-	272-8336
tu	Pa	rt I Unrelated	Trac	e or Business	ncome			(A) Inco		(B) Expens		(C) Net
7	1a	Gross receipts or sale	S									
Ä)	Less returns and allow			c Balance	▶	1c					
ш		Cost of goods sold (S			`	12	2					
		Gross profit. Subtract					3	1.5	0.68			15.067
		Capital gain net incom	•	•	4707)	,	4a	15,	067.			15,067.
		Net gain (loss) (Form Capital loss deduction			-orm 4/9/)		4b					
		Income (loss) from a			n (attach atateme	ent)	4c 5	27.	753.	STMT	16.	27,753.
		Rent income (Schedul		mp or an o ocrporatio	ii (ataon statomo	,,,,,	6			<u> </u>		27,7000
_		Unrelated debt-finance	,	ne (Schedule E)			7			•		
888	8	Interest, annuities, roya	altıes, aı	nd rents from a control	led organization	(Schedule F)	8					
9		Investment income of			7) organization (S	Cchcdulc G)	9	_				
~ ?		Exploited exempt activ		,			10					
_		Advertising income (S		•			11					
		Other income (See ins Total. Combine lines		•			12	12	820.			42,820.
_				t Taken Elsewi	nere (See inst	ructions fo	13					42,620.
֝֝֝֝֝֡֟֝֝֝֡֝֝֡֝֝֡֡֝֝֡֡֡֝֡֡֡֝	<u> </u>	(Except for c	ontribu	itions, deductions n	nust be directly	connected	with t	he unrelated t	ousiness in	come)		
	14	Compensation of offi	cers, dir	ectors, and trustees (S	Schedule K)						14	
	15	Salaries and wages	·	, ,	,	I R	ECI	EIVED	i		15	
Ś	16	Repairs and maintena	ance			1_			ါပ္တု		16	
	17	Bad debts				B501	AAY]	8 2020	S-08C		17	
	18	Interest (attach sched	dule) (se	e instructions)		ω			E .		18	
	19	Taxes and licenses	10		A	10	GD	EN, UT			19	
	20 21	Depreciation (attach I		instructions for limita	tion rules)	<u> </u>	<u>u</u>		l		20	
Ę		•		Schedule A and elsev	here on return				21 2a		22b	
	≒ 🦙	Depletion			on roturn			٤			23	
c	24 724	Contributions to defe	rred cor	npensation plans							24	
٥	25 A 26	Employee benefit pro		•							25	
=		Excess exempt expen	ises (Sc	hedule I)							26	
	27	Excess readership co		•					a		27	14 245
	= \$28 - 26 - 26	Other deductions (att		•				SEE	STATE	MENT 17		44,345.
Š	5 œn ≧ œn	Total deductions. Ad		-	sting loop deduct	on Culhar	A lun - CC) for any log = - 40		•	7-7-	44,345. -1,525.
Ö	251 251			icome before net opera oss arising in tax years	•				ione)	2	G 30 31	=1,525.
Ó	868 89 89 11 10 12 12 12 12 12 12 12 12 12 12 12 12 12			come. Subtract line 3		airei Jailua	ıy ı, 20	io (see iisti uci	ions)	3	31 32	-1,525.
	1 82370	1 01-09-19 LHA Fo	_			tions.					<u> </u>	Form 990-T (2018)

Form 990-	T(2018) FOREST FOUNDATION	91-60	20514	Page 2
Part	III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-1,525.
34	Amounts paid for disallowed fringes		34	
35	Deduction for not operating loss arising in tax years beginning before January 1, 2018 (see instructions)	TMT 18	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
-	lines 33 and 34		36	-1,525.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	9	44	
•	enter the smaller of zero or line 36	\mathcal{Y}	7 38	-1,525.
Part	IV Tax Computation		7 7 1	2,0201
39	Organizations Toughts as Commentions Multiply land 00 to 040/ (0.04)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from		13	
40		·.		
44			40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	<u></u>
Dort 1	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part '			, !,	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a Otherwood to (corporations)	 	-	
	Other credits (see instructions)		-	
_	General business credit. Attach Form 3800		→	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		اـــا	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	「(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	11,057	-	
b	2018 estimated tax payments		-	
C	Tax deposited with Form 8868		_	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		_	
е	Backup withholding (see instructions) 50e		_	
t	Credit for small employer health insurance premiums (attach Form 8941)		_	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g		51	11,057.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
F(a 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	S	5 54	11,057.
Jr6,22		cfunded 🕨	55	0.
Part \	Statements Regarding Certain Activities and Other Information (see instr	uctions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autho	rity		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f	ile		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	y		
	here			<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ne best of my knowl	edge and beli	ef, it is true,
Sign	control, disposition of the paper of the main taxpayer is cased on an information of which preparer has any knowled			iscuss this return with
Here	NA JAN 911/20 PRESIDENT		•	hown below (see
	Signature of officer Date Title		nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid		self- employed		
Prepa	SCOTT J. BILIKAS DELLA 05/05/20			0968360
Use C	THE PROPERTY OF THE TAXABLE TA	Firm's EIN		-0445819
J36 (P.O. BOX 1278			
	Firm's address ► TACOMA, WA 98401-1278	Phone no.	253-2	72-8336
823711 01		1		Form 990-T (2018)
				\·•/

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A			
1 Inventory at beginning of year	1			Inventory at end of year	ar		6
2 Purchases	2		7	Cost of goods sold. So	ubtract	line 6	
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,	
4a Additional section 263A costs				line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income (see instructions) 1. Description of property	(From Real	Property and	l Per	sonal Property L	.ease	d With Real Prope	erty)
				· · · · · · · · · · · · · · · · · · ·			
(1)							
(2)	· · · · · · · · · · · · · · · · · · ·						
(3)		···· , · · · · · · · · · · · · · · ·					
(4)	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	rcentage of e than	(b) From real a	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly o columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)					-		
(2)	.,		-		•••		
(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1					
(4)	·····						
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B))
Schedule E - Officiated Det	ot-rinanceu	income (see	Instru	ctions)		2 Dadustona disantis assault	natural countries and all and the
			2	. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			1			· · · · · · · · · · · · · · · · · · ·	
(2)			1				
(3)			1	• "			1
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)			1	%			
			-			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0.	0.
Total dividends-received deductions	ncluded in columi	n 8		_		•	0.

Form 990-T (2018)

823731 01-09-19

0.

columns 2 through 7 on a	-		ate Basis (For eac	ch periodical liste	d in Part II, fill in	
Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		·	1			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	, `		•	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	í			Enter here and on page 1, Part II, line 27

Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 19		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

0.

Form 990-T (2018)

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

UBTI INCOME (LOSS) FROM INVESTMENT PARTNERSHIP K-1'S.

TO FORM 990-T, PAGE 1

99030__1

FOOTNOTES

STATEMENT 15

STATEMENT PURSUANT TO SECTION 1.351-3(A) BY
A SIGNIFICANT TRANSFEROR
ATTACHED TO AND MADE PART OF FORM 990-T
INCOME TAX RETURN
FOR TAXABLE YEAR ENDED JUNE 30, 2019
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.351-3(A)

- (1) THE TRANSFEREE CORPORATION IS AEOLUS RE LTD KEYSTONE PF SEGREGATED ACCOUNT, A FOREIGN CORPORATION ORGANIZED UNDER THE LAWS OF BERMUDA.
- (2) THE ABOVE NAMED TAXPAYER TRANFERRED THE ASSETS IDENTIFIED IN (3) BELOW ON 5/4/18 AND 12/06/18.
- (3) THE TRANSFERRED PROPERTY HAD AN AGGREGATED FAIR MARKET VALUE OF \$116,800 AND \$100,000 AND AN AGGREGATE BASIS OF \$116,800 AND \$100,000 IMMEDIATELY BEFORE THE EXCHANGE.

PROPERTY TRANSFERRED - CASH FAIR MARKET VALUE - \$116,800 AND \$100,000 AGGREGATE BASIS - \$116,800 AND \$100,000

(4) NO PRIVATE LETTER RULINGS WERE ISSUED IN CONNECTION WITH THE SECTION 351 EXCHANGE.

FOREST FOUNDATION 91-6020514

ATTACHED TO AND MADE PART OF FORM 990-T INCOME TAX RETURN

FOR THE TAXABLE YEAR ENDED JUNE 30, 2019
STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C)
AND TEMP. REG. SECTION 1.6038B-IT(C)

- (1) NAME AND EIN OF TRANFEROR: ABOVE NAMED TAXPAYER ADDRESS: P.O. BOX 1278, TACOMA, WA 98401
- (2) NAME OF TRANSFEREE: ABOLUS RE LTD KEYSTONE PF SEGREGATED ACCOUNT
 ADDRESS: P.O. BOX HM 1736, HAMILTON HM GX, BERMUDA COUNTRY OF INCORPORATION: BERMUDA

TRANSFER OF CASH WITH A BASIS OF \$116,800 AND A FMV OF \$116,800 TO TRANSFEREE ON 5/4/18 AND A BASIS OF \$100,000 AND FMV OF \$100,000 TO TRANSFEREE ON 12/6/18.

- (3) TRANSFEROR RECEIVED, BASED ON ITS PROPORTIONATE INTEREST IN AEOLUS RE LTD KEYSTONE PF SEGREGATED ACCOUNT WITH THE BASIS OF \$116,800 AND \$100,000 FROM TRANSFEREE
- (4) GENERAL DESCRIPTION OF THE PROPERTY TRANSFERRED IN EACH OF THE FOLLOWING CATEGORIES, INCLUDING THE ESTIMATED FMV AND ADJUSTED BASIS OF THE PROPERTY:
- (I) ACTIVE TRADE OR BUSINESS PROPERTY CASH: BASIS AND FMV OF \$116,800 AND \$100,000.
- (II) STOCK OR SECURITES: N/A
- (III) DEPRECIATED PROPERTY: N/A
- (IV) PROPERTY TO BE LEASED: N/A
- (V) PROPERTY TO BE SOLD: N/A
- (VI) TRANSFERS TO FSCS: N/A
- (VII) TAINTED PROPERTY: N/A
- (VIII) FOREIGN LOSS BRANCH: N/A
- (IX) OTHER INTANGIBLES: N/A
- (5) TRANFEROR DID NOT TRANFER PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES.
- (6) THE TRANFER WAS NOT AN EXCHANGE DESCRIBED IN I.R.C. SECTION 361(A) OR (B).

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT PARTNERSHILL INCOME (LOSS)	PS - SEE ATTACHED - ORDINARY BUSINESS	27,753.
TOTAL INCLUDED ON FORM	4 990-T, PAGE 1, LINE 5	27,753.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 17
DESCRIPTION		AMOUNT
ACCOUNTING & TAX FEES AMORTIZATION		1,500. 42,845.
TOTAL TO FORM 990-T, I	22 G 1 1 TYP 20	44,345.

NET	OPERATING LOSS	DEDUCTION	STATEMENT 18
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
122,703.	70,033.	52,670.	52,670.
•	0.	•	60,348.
107,787.	0.	107,787.	107,787.
ER AVAILABLE THIS	YEAR	220,805.	220,805.
	122,703. 60,348. 107,787.	LOSS PREVIOUSLY APPLIED 122,703. 70,033. 60,348. 0.	PREVIOUSLY LOSS REMAINING 122,703. 70,033. 52,670. 60,348. 0. 60,348. 107,787. 0. 107,787.

FORM 990-T		- COMPENSATION OF OFFICER	S,	STATEMENT 19
NAME		TITLE	PERCENT	COMPENSATION
GAIL T. WEYERHAR	USER	PRESIDENT/TREASURER	.00%	
NICHOLAS C. SPIK	(A	SECRETARY	.00%	
BRIAN F. BOYD		EXEC DIR	.00%	
WILLIAM T. WEYER	RHAEUSER	DIR., MEM.	.00%	
JOHN B. BEST		MEMBER	.00%	
W. DREW WEYERHAR	USER	MEMBER	.00%	
BENJAMIN D. WEYE	RHAEUSER	VICE PRESIDENT	.00%	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
☐ Go to www.irs.gov/Form1120 for instructions and the latest information.

2018

Name

Employer identification number

FOREST FOUNDATION 91-6020514 Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (d) (g) Adjustments to gain or loss from Form(s) 8949, (e) Cost (li) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) Part I, line 2, column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 133. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 A 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 Net short-term capital gain or (loss). Combine lines 1a through G in column h 133. Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (e) Cost (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (ħ) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 14,934. Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 14,934. Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III | Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 133. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 14,934. 17 15,067. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

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

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

Schedule D (Form 1120) 2018

Form

tment of the Ti Internal Revenue Service Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Social security number or taxpayer identification no.

91-6020514

Name(s) shown on return

FOREST FOUNDATION

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

Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example 100 sh, XYZ Co) (Mo., day, yr) disposed of Note below and from column (d) & (Mo, day, yr.) (f) see *Column (e)* ın combine the result Amount of Code(s) with column (g) the instructions adjustment INVESTMENT PARTNERSHIPS - SEE ATTACHED 133. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)

133.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

FOREST FOUNDAT							020514
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which I	ow, see whether ation as Form 10 box to check	you received any 99-B. Either will :	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from r cost) was	your broker A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term t	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the	totals directly on	Schedule D, line 8a	i, you aren't required	l to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. O If you have more long-term transactions than will	fit on this page for one	If more than one be or more of the boxes,	ox applies for your long: , complete as many form	-term transactions, compl is with the same box che	ete a separate cked as you ne	Form 8949, page 2, for e ed	each applicable box
(D) Long-term transactions rep	oorted on Form(s) 1099-B showing	g basis was repor	ted to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep				ported to the IRS			
X (F) Long-term transactions not	reported to you	on Form 1099-B					
1 (a)	(b)	(c)	(d) Proceeds	(e)		it, if any, to gain or ou enter an amount	(h)
Description of property (Example 100 sh XYZ Co)	Date acquired	Date sold or	(sales price)	Cost or other basis. See the	ın column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 SII X12 Co)	(Mo., day, yr.)	disposed of (Mo , day, yr.)		Note below and		. See instructions.	from column (d) &
		() 223, 3		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
INVESTMENT				the instructions	0000(0)	adjustment	with column (g)
PARTNERSHIPS - SEE				-			
ATTACHED							14,934.
<u> </u>							14,334.
							· · · · · · · · · · · · · · · · · · ·
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-						· -	
				- "			
O Table Add the second							 · · · · · · · · · · · · · · · · · ·
2 Totals. Add the amounts in column		I			}		
negative amounts) Enter each tot		- I					
Schedule D, line 8b (if Box D abo above is checked), or line 10 (if B	•••	•		[14,934.
Note: If you checked Box D above by			vas incorrect ente	r in column (a) the	hasis as s	anorted to the IDS	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823012 11-28-18

Form **8949** (2018)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

990-T

OMB No 1545-0172

FOREST FOUNDATION FORM 990-T PAGE 1 91-6020514 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 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dullar flimitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If manied filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any apports placed in pervice during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction In service only - see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property e 20-year property a 25-year property 25 yrs. S/L 27.5 yrs MM S/L Residential rental property h 27.5 yrs MM S/L 1 39 yrs. ММ S/L ì Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12-year b 12 yrs S/L 30-year 30 yrs MM S/L C 40-year d 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 0. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For	n 4562 (2018)	FOR	EST FOU	NDAT	ION							91-	6020	514	Page 2
Pa	Listed Proper entertainment,				ner vehic	les, cer	taın aırcr	aft, and	d property	used fo	r				
	Note: For any				standar	d milead	ge rate o	r dedu	cting lease	e expens	se. comi	olete or	ılv 24a.		
	24b, columns	(a) through (c) of Section A	, all of S	ection B,	and Se	ection C	ıf applı	cable.						
			on and Other			ution:	See the I								
<u>240</u>	Do you have evidence to s		T	nt use cl	aimed?	<u> </u>	es _	No.	24b lf "Y	es," <u>is th</u> '	ne evide	nce writ	ten?	Yes	<u>No</u>
	(a)	(b) Date	(c) Business/		(d)	Ba	(e) sis for depr	eciation	(f)		(g)		(h)		(i) cted
	Type of property (list vehicles first)	placed in	investment		Cost or ther basis	l nbu	use only	stment	Recovery period		thod/ ention		eciation uction	section	on 179
_		service	use percenta	ye					<u> </u>		1	-		<u> </u>	ost
	Special depreciation all	•		property	placed i	n servic	ce during	the ta	x year and	j				ļ	
	used more than 50% in Property used more tha			·		·	• • •	·			25	<u>. </u>		L	
26	Property used more tha	n 50% in a qi	T							r		 		·	
_		 		%				-		-		├			
			•	%											
27	Proporty used E094 er le	oo in o qualif		<u>% </u>						<u> </u>		1		L	
21	Property used 50% or le	ss in a quain	1							164		1		T	
_		· · · · · ·	·	% %						S/L -				ł	
				%		+				S/L·		 		1	
20	Add amounts in column	(h) lines 25			o and an	lino 21	page 1		L	3/L ·	28	 		f	
	Add amounts in column						page i		•	•	20	<u> </u>	29		
<u> </u>	Add amounts in column	(I), IIIIe 20. E			B - Infor		on Hea	of Vah	ieles					!	
Com	plete this section for ve	hicles used i								rolated	norcon	If you o	royadod i	objeles	
	our employees, first ans														
,	odi employees, mat ans	wer the ques	tions in Section)	ee ii you	ilicet a	ui excepi	lioi i to	Completin	y una se		111036	rei iicies.		
				1 ,	a)		(b)	Γ^{-}	(c)		4)	1 4	e)	(1	B
30	Total business/investment	miles driven di	uring the	1	hicle		hicle	l v	(c) (d) Vehicle Vehicle			1	nicle		ncle
	year (don't include commu		gc				111010	<u> </u>	0111010	<u> </u>		 	1010		
	Total commuting miles of		the year									†			
	Total other personal (no	_	•						•	<u> </u>					
	driven		,					ł]					
	Total miles driven during	the vear.										<u> </u>		<u> </u>	
	Add lines 30 through 32	-		ł						ļ]			
	Was the vehicle available		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	, , , , , , , , , , , , , , , , , , ,					1	1.00	1	1.00		1	.,,,		- ,,,,
35	Was the vehicle used pr	nmanly by a i	more												
	than 5% owner or relate			1								ļ			
	s another vehicle availa	•	nal		11		1								
,	ıse?	•]					l			
		Section C	- Questions f	or Emp	overs W	ho Pro	vide Veh	icles f	or Use by	Their E	mploye	es			
Ansv	ver these questions to o	determine if y	ou meet an ex	ception	to comp	leting S	Section B	for ve	hicles use	d by em	ployees	who a	ren't		
more	than 5% owners or rela	ated persons				_									
37	Do you maintain a writte	n policy stat	ement that pro	ohibits a	II person	al use d	of vehicle	s, incli	iding com	muting,	by your	•		Yes	No
(employees?														
38	Do you maintain a writte	n policy stat	ement that pro	ohibits p	ersonal u	ise of v	ehicles, e	except	committi	ng, by yo	nır				
(employees? See the ins	tructions for	vehicles used	by corp	orate offi	cers, di	rectors,	or 1% (or more ov	wners					<u> </u>
39 I	Do you treat all use of ve	ehicles by en	nployees as p	ersonal ı	use?									<u> </u>	
40 I	Do you provide more that	an five vehicl	es to your em	ployees,	obtain ir	nformat	ion from	your e	mployees	about					
1	the use of the vehicles, a	and retain the	e information i	received	?										<u>↓</u>
41 1	Do you meet the require	ments conce	eming qualified	d autom	obile den	nonstra	tion use?	?							<u> </u>
	Note: If your answer to	37, 38, 39, 40	0, or 41 is "Ye	s," don'	t complet	te Secti	on B for	the co	vered veh	cles					
Pa	rt VI Amortization		····												
	(a) Description of	cnete	Date	(b) amortization		(C) Amortizat	hle		(d) Code		(e) Amortiza		Δ.	(f) nortization	
	· · · · · · · · · · · · · · · · · · ·			begins	<u> </u>	amount		j	section		penod or per		fc	r this year	
42 /	Amortization of costs th	at begins dui	ring your 2018	tax yea	ır										
								4							<u></u>
	EE STATEMENT				<u> </u>										449.
43 /	Amortization of costs the	at began bef	ore your 2018	tax yea	r							43			<u> 396.</u>
<u>44</u> .	Fotal. Add amounts in c	olumn (f). Se	e the instruct	ons for	where to	report						44		42,	<u>845.</u>
81625	2 12-26-18												F	orm 456 :	2 (2018)

FORM 4562 PA	RT VI - AMORTI	ZATION		STATEMENT 20
(B) (A) DATE DESCRIPTION OF COSTS BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
AETHER REAL ASSETS I 07/01/18	740.		120M	74.
AETHER REAL ASSETS II 07/01/18	186.		120M	19.
AETHER REAL ASSETS IV 07/01/18	4,978.		120M	498.
NGP NATURAL RESOURCES 07/01/18 PAUL CAPITAL PARTNERS 07/01/18	18,547.		120M	1,855.
VIII-A	34.		120M	3.
TOTAL TO FORM 4562, LINE 42				2,449.

FOREST FOUNDATION - F.Y.E. 6/30/2019 EIN: 91-6020514 UNRELATED BUSINESS TAXABLE INCOME 2018 FORM 990T

' , r.

5/4/2020

IDC

PARTNERSHIP	_	UBTI	ST Cap Gain LT	Г Сар Gain II	RC 59(e)(2)	965 Inc
Aether Real Assets Co-Investment LP	\$	(941)	-	-	-	none
Aether Real Assets I LP		34,149	-	505	(740)	none
Aether Real Ascets II LP		6,758	-	3,962	(186)	none
Aether Real Ascets III LP		(2,431)	-	343	-	попе
Aether Real Aseets IV LP		(1,626)	-	4	(4,978)	none
AIP - FDN, LLC		-	-	-	-	none
Congruent Credit Opportunities Fund II		(43)		-	-	none
Darwin Venture Capital Fund of Funds III, LP		1				none
Darwin Venture Capital Fund of Funds IV, LP		(21)				none
GAP - FDN, LLP		417				none
Graham Partners II		73,102				none
Graham Partners III				-		попе
Mackay Municipal Credit Opportunities Fund, LP		71	133	407		none
NGP Natural Resources X		17,552	-	9,765	(18,547)	none
Paul Capital Partners VIII-A LP		91		(52)	(34)	none
Platimum Equity Capital Partners IV, LP		-		-	-	none
Sonen Global Sustamable Real Assets Fund		(1,576)	-		-	попе
SOX-XI VIP TE, LP		(2,006)	-	-	-	none
Publicly Traded Partnerships - Tortoise		(95,744)			_	-
Total Unrelated Business Taxable Income (Loss) Total UBTI Short Term Capital Gain Total UBTI Long Term Capital Gain Total 59(e)(2) Expenditures (Capitalize) Net 965 Income	\$	27,753	133	14,934	(24,485)	
Total UBTI Expenditures				_	18,335	