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ARMANINO LLP

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Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE RALPH M. PARSONS FOUNDATION	D Employer identification number 95-6085895
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <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. 888 WEST SIXTH STREET, 7TH FLOOR	E Group exemption number (see instructions)
			City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90017	F <input type="checkbox"/> Check box if an amended return.
			C Book value of all assets at end of year 469,540,445.	
G 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				
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶				
L The books are in care of ▶ WENDY GAREN Telephone number ▶ 213-362-7600				

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. 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)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

Part III Tax and Payments

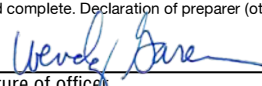
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. 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)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	137,600.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		137,600.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		137,600.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 137,600. Refunded	11		0.

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

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	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.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a 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 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date 10/4/22	Title PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KATY BROWN	KATY BROWN	09/23/22	PTIN P00650274
	Firm's name	Firm's EIN		
	12657 ALCOSTA BLVD, STE. 500	94-6214841		
	Firm's address	Phone no.		
	SAN RAMON, CA 94583-4600	9257902600		

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

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE RALPH M. PARSONS FOUNDATION	B Employer identification number 95-6085895
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ PASS-THROUGH INCOME FROM K-1 INVESTMENTS


Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 18	5	-987,749.	-987,749.
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	-987,749.	-987,749.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	65,665.
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	145,266.
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 19	14	183,268.
15	Total deductions. Add lines 1 through 14	15	394,199.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,381,948.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-1,381,948.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions 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			6. Deductions directly connected with income in column 5
			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	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
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 cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

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

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	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	7	

Schedule A (Form 990-T) 2021

11440923 701245 113393

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 18

DESCRIPTION	NET INCOME OR (LOSS)
ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	-235,217.
H.I.G. REALTY PARTNERS III - ORDINARY BUSINESS INCOME (LOSS)	132,020.
HARVEST MLP INCOME FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	-434,777.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, L.P. - ORDINARY BUSINESS INCOME (4,705.
ENERGY SPECTRUM PARTNERS VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	-233,171.
DENHAM OIL & GAS FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	177,500.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV, LP - ORDINARY BUSINESS INCOME	-565.
FIVE ELMS III B, LP - ORDINARY BUSINESS INCOME (LOSS)	-289.
NEW QUEST ASIA FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,764.
FORTRESS CREDIT OPPORTUNITY FUND - ORDINARY BUSINESS INCOME (LOSS)	1,249.
PEPPERTREE CAPITAL FUND VIII QP, LP - ORDINARY BUSINESS INCOME (LOSS)	-189,567.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP - ORDINARY BUSINESS INCOME (LOS	-144.
HIG REALTY PARTNERS IV (ONSHORE) LP - ORDINARY BUSINESS INCOME (LOSS)	197,799.
BERTRAM GROWTH CAPITAL IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,043.
ENCAP MINERALS HOLDINGS LLC - ORDINARY BUSINESS INCOME (LOSS)	342.
PEGASUS RESOURCES HOLDINGS LLC - ORDINARY BUSINESS INCOME (LOSS)	3,782.
ALPINE INVESTORS VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-277,853.
ALPINE INVESTORS VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	-70,410.
FIVE POINT ENERGY FUND III LP - ORDINARY BUSINESS INCOME (LOSS)	62,943.
INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP - ORDINARY BUSINESS INCOME (LO	-26,477.
DENHAM OIL & GAS FUND LP - SEE FORM 8978 - ORDINARY BUSINESS INCOME (LOSS)	-92,988.
STEELE OFFSHORE (ALTERNATIVE), LP - ORDINARY BUSINESS INCOME (LOSS)	176.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-987,749.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 19

DESCRIPTION

AMOUNT

ACCOUNTING FEES

4,660.

INVESTMENT EXPENSES

178,608.

TOTAL TO SCHEDULE A, PART II, LINE 14

183,268.

Partner's Additional Reporting Year Tax

OMB No. 1545-0123

► Go to www.irs.gov/Form8978 for instructions and the latest information.

Attachment
Sequence No. **57**

Name of partner(s) The Ralph M. Parsons Foundation	Partner tax ID number 95-6085895
--	--

Part I Computation of Additional Reporting Year Tax (see instructions)

		(a) Tax Year Ended 1 / 1 / 20 20	(b) Tax Year Ended / / 20	(c) Tax Year Ended / / 20	(d) Tax Year Ended / / 20
1a Total income per original return or as previously adjusted	1a	-142,681			
b Adjustments to income from Schedule A (Form 8978), line 2, columns (a) through (d)	1b	-92,988			
2 Combine lines 1a and 1b and enter the corrected income. See instructions	2	-235,669			
3a Total deductions per original return or as previously adjusted	3a	0			
b Adjustments to deductions from Schedule A (Form 8978), line 4, columns (a) through (d)	3b	0			
4 Combine lines 3a and 3b and enter the corrected deductions. See instructions	4	0			
5 Corrected taxable income. Subtract line 4 from line 2	5	-235,669			
6 Income tax on line 5 (see instructions)	6	0			
7 Alternative minimum tax on line 5 (see instructions)	7	0			
8 Total corrected income tax. Add lines 6 and 7	8	0			
9a Total credits per original return or as previously adjusted	9a	0			
b Adjustments to credits from Schedule A (Form 8978), line 6, columns (a) through (d)	9b	0			
10 Combine lines 9a and 9b and enter the corrected credits. See instructions	10	0			
11 Total corrected income tax liability. Subtract line 10 from line 8	11	0			
12 Total income tax shown on original return or as previously adjusted	12	0			
13 Increase/Decrease to tax. Subtract line 12 from line 11, columns (a) through (d)	13	0			
14 Total increase/decrease to reporting year tax. Add line 13, columns (a) through (d). Enter here and on the appropriate line on your tax return	14				0

Part II Penalties (see instructions)

15 Penalties	15	0			
16 Total penalties. Add line 15, columns (a) through (d)	16				

Part III Interest (see instructions)

17 Interest	17	0			
18 Total interest. Add line 17, columns (a) through (d)	18				0

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37802K

Form **8978** (12-2019)

**SCHEDULE A
(Form 8978)**(December 2019)
Department of the Treasury
Internal Revenue Service**Partner's Additional Reporting Year Tax
(Schedule of Adjustments)**

▶ Attach to Form 8978.

▶ Go to www.irs.gov/Form8978 for the latest information.

OMB No. 1545-0123

Name of partner(s)			Partner tax ID number			
The Ralph M. Parsons Foundation			95-6085895			
Adjustments (see instructions)	Tracking Number	(a) Tax Year Ended 1 / 1 / 20 20	(b) Tax Year Ended / / 20	(c) Tax Year Ended / / 20	(d) Tax Year Ended / / 20	
1 Income:						
a K-1, Line 20V UBTI	AAR 85-1302360	-92,988				
b						
c						
d						
e						
f						
g						
2 Total adjustments to income (add lines 1a through 1g in each column (a) through (d))		-92,988				
3 Deductions:						
a						
b						
c						
d						
e						
f						
g						
4 Total adjustments to deductions (add lines 3a through 3g in each column (a) through (d))						
5 Credits:						
a						
b						
c						
d						
e						
f						
g						
6 Total adjustments to credits (add lines 5a through 5g in each column (a) through (d))						

**Partner's Share of Adjustment(s)
to Partnership-Related Item(s)**
(Required Under Sections 6226 and 6227)▶ Go to www.irs.gov/Form8986 for instructions and the latest information.

Check if this form is:

☒ 1. Original ☐ 2. Corrected ☐ 3. Reserved

Tracking Number

Audit Control Number (if applicable)

Part I Information About Entity Submitting This Form**A** Check the box to indicate which entity is submitting this form.

- ☐ 1. Audited BBA partnership
- ☐ 2. Pass-through partner (direct or indirect) of an audited BBA partnership
- ☐ 3. BBA partnership that filed an administrative adjustment request (AAR)
- ☒ 4. Pass-through partner (direct or indirect) of a BBA partnership that filed an AAR

B Type of return filed by the entity that submitted this form:

- ☒ 1. Form 1065 ☐ 2. Form 1120-S ☐ 3. Form 1041
- ☐ 4. Other (enter form number) _____

Part II Information About the Audited Partnership or Partnership That Filed an Administrative Adjustment Request**A** 1. Partnership's name

WHITEWATER BANGL INVESTCO, LLC

2. Street address

100 CONGRESS AVE STE 2200

3. City or town

AUSTIN

4. State or province

TX

5. Country code

6. ZIP or foreign postal code

78701

C Partnership's tax identification number (TIN)

85-1302360

D Review year of the partnership is for tax year ended (MM/DD/YYYY)

12/31/2020

B If the partnership representative (PR) is an individual, enter information about the PR.

Otherwise, enter information about the designated individual (DI).

Check appropriate box. ☐ PR ☒ DI

1. First name

SCOTT

2. Last name

SIMMONS

2. Street address

100 CONGRESS AVENUE

3. City or town

AUSTIN

6. State

TX

6. ZIP code

78701

7. Area code and phone number

512-953-2100

E Adjustment year of the partnership is for tax year ended (MM/DD/YYYY)

12/31/2021

F Extended due date of the partnership's adjustment year return (MM/DD/YYYY)

9/15/2022

G Date the partnership furnished the Form 8986 statements to its partners (MM/DD/YYYY)

12/3/2021

Part III Information About the Pass-Through Partner (Only fill out this section if this statement is being submitted by a pass-through partner.)**A** 1. Pass-through entity's name

DENHAM OIL & GAS FUND LP

2. Street address

185 DARTMOUTH STREET, 7TH FLOOR

3. City or town

BOSTON

4. State or province

MA

5. Country code

6. ZIP or foreign postal code

02116

B Pass-through partner's tax identification number (TIN)

47-3010122

C Pass-through partner's tax year end to which the adjustments relate (MM/DD/YYYY)

12/31/2020

D Name of the entity that issued the statement to the pass-through partner (if different from the partnership in Part II)**E** TIN of the entity that issued the statement to the pass-through partner (if different from the partnership in Part II)**Part IV Information About the Partner Receiving This Statement****A** 1. Partner's name, if an entity

THE RALPH M. PARSONS FOUNDATION

2. Partner's first name, if an individual

3. Partner's last name, if an individual

4. Street address

888 WEST 6TH STREET 7TH FLOOR

5. City or town

LOS ANGELES

6. State or province

CA

7. Country code

8. ZIP or foreign postal code

90017

B Partner's tax identification number (TIN)

*****5895

C Check if:

- ☐ 1. General partner or LLC member manager
- ☒ 2. Limited partner or other LLC member
- ☒ 3. Domestic partner
- ☐ 4. Foreign partner

D What type of entity is this partner?

- ☐ 1. Individual ☐ 2. S Corporation ☐ 3. Corporation ☐ 4. Partnership ☒ 5. Other EXEMPT ORGANIZATION

If this partner is a retirement plan (IRA, SEP, Keogh, etc.) or other tax-exempt entity, check here ☐**E** Partner's share of profit, loss, and capital:

	As Reported	Change	Corrected
Profit	0.449768 %	-0.002325 %	0.447443 %
Loss	0.449768 %	-0.002325 %	0.447443 %
Capital	0.444617 %	0.000014 %	0.444631 %

Part IV Information About the Partner Receiving This Statement (cont.)

F Partner's share of liabilities at year end:

Partner's share of liabilities at year end:	As Reported	Change	Corrected
Nonrecourse	\$ 652,143	\$ 18,502	\$ 670,645
Qualified nonrecourse financing	\$	\$	\$
Recourse	\$ 76,471	\$ 0	\$ 76,471

G Partner's capital account analysis:

Partner's capital account analysis:	As Reported	Change	Corrected
Beginning account balance	\$ 1,397,509	\$ 0	\$ 1,397,509
Capital contributed during the year	\$ 223,660	\$ 0	\$ 223,660
Current year increase (decrease)	\$ -230,139	\$ -92,997	\$ -323,136
Withdrawals and distributions	\$ -154,748	\$ 0	\$ -154,748
Section 736 payments received	\$	\$	\$
Ending account balance	\$ 1,236,282	\$ -92,997	\$ 1,143,285

Part V **Partner's Total Reviewed Year Income, Gain, Loss, Deduction, Credits, and Other Items** (Fill in applicable items and use Part VI to explain any changes.)

Schedule K-1				(e) Check if statement in Part VI. See inst.	(f) Reviewed year adjustments as finally determined	(g) Approved modifications	(h) Net (column (f) minus column (g))
(a) Line number	(b) Line title	(c) Code*	(d) As reported				
1	ORDINARY BUSINESS INCOME (LOSS)		\$ 82,481	X	\$ -92,988	\$	\$ -92,988
18C	TAX-EXEMPT NONDED		\$ 87	X	\$ 9	\$	\$ 9
20V	UNRELATED BUSN TI		\$ -142,681	X	\$ -92,988	\$	\$ -92,988
20Z	SECTION 199A INCOME		\$ 90,460	X	\$ -95,270	\$	\$ -95,270
20Z	W-2 WAGES		\$ 43,120	X	\$ 531	\$	\$ 531
20Z	SECTION 199A UNADJUSTED BASIS		\$ 206,051	X	\$ 91,583	\$	\$ 91,583
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
					\$	\$	\$
Totals:					\$ -189,123	\$	\$ -189,123

* If applicable. Follow Schedule K-1 instructions for naming conventions for codes.

* If applicable. Follow Schedule K-1 instructions for naming conventions for codes.

Applicable Penalties

Penalty	(a) Internal Revenue Code section	(b) Penalty description	(c) Penalty rate	(d) Applicable line numbers above	(e) Total applicable adjustments
1			%		
2			%		
3			%		
4			%		
5			%		

Part VI

Statements. Enter the Part V line number and code before each statement. Show any computation in detail. See instructions. If more space is needed, continue statements on additional pages.

(a) Line no./code	(b) Statement
_____	SEE STATEMENT

PART VI STATEMENT

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DENHAM OIL & GAS FUND LP ("THE TAXPAYER") IS FILING FORM 9986 BECAUSE THE TAXPAYER RECEIVED FORM 9986 FROM A LOWER TIER PARTNERSHIP. PLEASE CONSULT YOUR TAX ADVISOR ON ALL INFORMATION REPORTED ON THIS FEDERAL FORM 9986.

LINE	DESCRIPTION	AS REPORTED	NET ADJUSTMENT	AS ADJUSTED
1	ORDINARY BUSINESS INCOME (LOSS)	82,481	(92,988)	(10,507)
18C	NONDEDUCTIBLE EXPENSES	87	9	96
20V	UNRELATED BUSINESS TAXABLE INCOME	(142,681)	(92,988)	(235,669)

BOX 20Z: SECTION 199A INFORMATION - QBI PASS-THROUGH ENTITY REPORTING

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NAME OF TRADE OR BUSINESS: WHITEWATER BANGL INVESTCO, LLC			
EIN: 85-1302360			
TYPE OF TRADE OR BUSINESS: NON-SSTB			
AGGREGATION GROUP: N/A			
QBI OR QUALIFIED PTP ITEMS SUBJECT TO PARTNER-SPECIFIC DETERMINATIONS:			
PARTNERS SHARE:	AS REPORTED	NET ADJUSTMENT	AS ADJUSTED
ORDINARY BUSINESS INCOME (LOSS)		(95,270)	(95,270)
RENTAL INCOME (LOSS)			
ROYALTY INCOME (LOSS)			
SECTION 1231 GAIN (LOSS)			
OTHER INCOME (LOSS)			
SECTION 179 DEDUCTION			
CHARITABLE CONTRIBUTIONS			
INTANGIBLE DRILLING COSTS			
OTHER DEDUCTIONS			
TENTATIVE ALLOWABLE DEPLETION			
W-2 WAGES		531	531
UBIA OF QUALIFIED PROPERTY		91,583	91,583