10

TEEA0201L 9/19/19

Form	n 990-1	(2019) Carroll Petrie Fou	indation		13	-3912203	Page 2
		Total Unrelated Business Taxa					
32		of unrelated business taxable income outlines)	computed from all unrelated trades of	or businesses (see	, 1	32	-200,902.
33	Amou	ints paid for disallowed fringes.				33	
34	Chari	table contributions (see instructions for	limitation rules)	Stat	ement 3	34	·
<u>35</u>		unrelated business taxable income befum of lines 32 and 33	ore pre-2018 NOLs and specific ded	uction Subtract li	ne 34 from	35	-200, 902.
36	Deduct	non for net operating loss arising in tax years begi	nning before January 1, 2018 (see instr)	S	ee St 4	3 6	
37	Total	of unrelated business taxable income t	pefore specific deduction. Subtract li	ne 36 from line 3	5 7	37	-200,902.
38 39	Unrel	fic deduction (Generally \$1,000, but se lated business taxable income. Subtract the smaller of zero or line 37			^{7,}	38 39	-200,902.
Par		Tax Computation				<u> </u>	
40		nizations Taxable as Corporations. Mu			•	40	0.
41		s Taxable at Trust Rates. See instruction		on the amount	_		
		ne 39 from Tax rate schedule or	Schedule D (Form 1041)			41	
	-	y tax. See instructions				42	
		native minimum tax (trusts only) In Noncompliant Facility Income. See I	netruetions			43	
		•				45	0.
		. Add lines 42, 43, and 44 to line 40 or	41, whichever applies.			45	
Par	4.	Tax and Payments	1110 4	l 4C a			
	-	gn tax credit (corporations attach Form credits (see instructions)	1118, trusts attach Form 1116)	46 a		-	
		ral business credit. Attach Form 3800 (ean instructions)	46 c		-	
		t for prior year minimum tax (attach Fo	· · · · · · · · · · · · · · · · · · ·	46 d		} }	
		credits. Add lines 46a through 46d	6001 01 6027)	14001		46 e	0.
47		act line 46e from line 45				47	<u> </u>
48		taxes Check if from. Form 4255	Form 8611 Form 8697 Form	8866			
		Other (attach schedule)				48	
49		tax. Add lines 47 and 48 (see instruction	ons).			49	0.
50	2019	net 965 tax liability paid from Form 965	5-A or Form 965-B, Part II, column (k), line 3		50	
51 a	Pavm	nents. A 2018 overpayment credited to 2	2019	51 a		 	
	-	estimated tax payments		51 b		1 1	
		leposited with Form 8868		51 c		1 1	
d	Foreig	gn organizations Tax paid or withheld a	at source (see instructions)	51 d		1	
e	Backi	up withholding (see instructions)		51 e]	
f	Credi	t for small employer health insurance p	remiums (attach Form 8941)	51 f]	
g	Other	credits, adjustments, and payments	Form 2439			1 1	
	∐ F	orm 4136 Othe	er Total ►	51 g		<u> </u>	
52		payments. Add lines 51a through 51g			_	52	0.
53	Estim	nated tax penalty (see instructions) Che	eck if Form 2220 is attached		►□	53	
54	Tax d	lue. If line 52 is less than the total of lir	nes 49, 50, and 53, enter amount ow	red .	•	54	
55	Over	payment. If line 52 is larger than the to	tal of lines 49, 50, and 53, enter am	ount overpaid	•	55	
56	Enter	the amount of line 55 you want Credit	ted to 2020 estimated tax ▶		Refunded >	56	
Par	t VI	Statements Regarding Certain	Activities and Other Informa	ation (see instru	ctions)		
57		y time during the 2019 calendar year, did t					Yes No
	financ	cial account (bank, securities, or other) in a f	oreign country? If 'Yes,' the organiz	ation may have to	file FinCE	N Form 114,	
		t of Foreign Bank and Financial Accounts					X_
58	Durin	g the tax year, did the organization rec	eive a distribution from, or was it the	e grantor of, or tra	ansferor to,	a foreign trust?	X
	If 'Yes	s,' see instructions for other forms the orga	anization may have to file.				1
59	Enter	the amount of tax-exempt interest receive		\$	0.]]
		Under penalties of perjury, I declare that I have exa belief, it is true, correct, and complete Diclaration	amined this return, including accompanying sche	dules and statements, a	and to the best	of my knowledge and knowledge	1
Sigi	n	bener, it is due, correct, and implies the around.		Exec Dir/Pre		May the IRS discus	s this return with
Her	е	Signature of officer	Date	tle	- X	the preparer shown instructions)?	Yes No
			-			<u> </u>	1.63
Paid	d	Print/Type preparer's name	Sular M. K.	Pate	Checkif	PTIN	
Pre		Kurt Coburn	1	1/14/2020	self employed		
pare		Firm's name Blazek & Vette	rling		Firm's EIN	76-026986	0
Use	;	Firm's address 2900 Weslayan,	Suite 200		[
Onl	y	Houston, TX 77			Phone no	(713) 43	
BAA			TEEA0202L 02/21/20		· · · · · · · ·		990-T (2019)

Schedule A - Cost of Goo	ds Sold. Enter method of inve	entory valuation >					
1 Inventory at beginning of ye	ar 1	6 Invento	ory at end of year	6			
2 Purchases	2	7 Cost o	f goods sold. Subtract				
3 Cost of labor	3		rom line 5 Enter here Part I, line 2	7			
4 a Additional section 263A costs (attack	h schedule)	and in	Part I, line 2		<u> </u>	Yes	No
	4a	O Do the		46		165	No
b Other costs (attach sch)	4b		rules of section 263A (water the control of the con				نـــــ
5 Total. Add lines 1 through 4	b 5		organization?		., .,		Х
Schedule C - Rent Income	(From Real Property and	d Personal Property	Leased With Real I	Prope	rty) (see ır	structi	ions)
1 Description of property							
(1)							
(2)							
(3)					 		
(4)			······································				
	2 Rent received or accrued		3(a) Deduction	ns dire	ctiv connec	ted wit	h
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal (if the perconduction of property ex	eal and personal property entage of rent for person ceeds 50% or if the rent on profit or income)	the income	ın colui	mns 2(a) ar chedule)	nd 2(b))
(1)		<u> </u>					
(2)							
(3)							
(4)							
Total	Total		(b) Total deductions	Entor			
(c) Total income. Add totals of colhere and on page 1, Part I, line 6			here and on page 1, F I, line 6, column (B)				
Schedule E - Unrelated De	bt-Financed Income (see	instructions)					
1 Description of debt	-financed property	2 Gross income from or allocable to debt-	3 Deductions directly of debt-fine	onnect anced p	ed with or a property	illocab	le to
, 2000, p.10.1 o. 2001	manace property	financed property	(a) Straight line depreciation (attach so		(b) Other de (attach sc		
(1)							
(2)							
(3)							
(4)			<u> </u>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 column 6)	x ¯	Allocable d (column 6) olumns 3(a)	total	of
(1)		્ર					
(2)		%		_ _			
(3)		96					
(4)		8					
			Enter here and on page Part I, line 7, column (: 1, Ent A). Pa	er here and rt I, line 7,	l on pa column	age 1, 1 (B)
Totals		•					
Total dividends-received deduction	ons included in column 8		L	▶	 		
RAA		EA02031 00/10/10			Form 9	990-T (2019)

Form 990-T (2019) Carroll									12203	Page 4	
Schedule F - Interest, A	Annuitio					Organ	izations (see ins	tructions)	
	ļ	<u> </u> E	xempt Co	ntrolled Or	rganizations						
organization iden		Imployer httfication number	3 Net unrelated income (loss) (see instructions)		4 Total of spec payments ma	afied ade	that is included in		n C	6 Deductions directly connected with income in column 5	
(1)	ĺ					-					
(2)	 				<u> </u>						
(3)	 										
(4)	<u> </u>				†						
Nonexempt Controlled Organiz	zations										
7 Taxable Income	inc	et unrelated ome (loss) instructions)		of specified nts made	d 10 Part of included i organization	n the co	ontrolling		onnected	tions directly I with income Ilumn 10	
(1)											
(2)		1-1									
(3)											
(4)											
Totals					Add column here and on 8, co		Part I, line		and on p	6 and 11. Enter age 1, Part I, line umn (B)	
Schedule G - Investme	nt Inco	me of a Sect	tion 501	(c)(7), (9), or (17) Orga	nizatio	on (see ins	truction	s)		
1 Description of income	•	2 Amount of	income	dire	Deductions ctly connected ach schedule)		Set-asides tach schedu		set-as	deductions and sides (column 3 us column 4)	
(1) (2)											
(2)						 					
(3)						 				 	
(4)				 					<u> </u>		
Totals	•	Enter here and Part I, line 9, c	on page 1, olumn (A)							re and on page 1, ne 9, column (B)	
Schedule I - Exploited I	Exempl	Activity Inc	ome. Ot	her Tha	n Advertising	Incom	e (see inst	ructions	5)		
1 Description of exploited		2 Gross unrelated business income from trade or business	3 Expe conn pro of s	nses directly lected with oduction unrelated less income	1	5 Gross activit unrelat	income from y that is not led business ncome		enses able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		<u> </u>				<u> </u>					
(2)		<u> </u>									
(3)											
(4)											
Totals		Enter here a on page 1 Part I, line column (A	on 10, Part	here and page 1, 1, line 10, umn (B)						Enter here and on page 1, Part II, line 25	
Schedule J – Advertisin	a Inco	me (con institu	ctions)		l				 -	L	
				ncolida	tod Pacis						
Part I Income From Pe	riodica	2 Gross		Direct	4 Advertising gain or	. F.C.		6 Dage	do robio	7 Fyrana randarahin	
1 Name of periodica	1	advertising income	ı adv	ertising costs	(loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		culation come		dership sts	7 Excess readership costs (col 6 minus col. 5, but not more than col 4)	
(1)											
(2)			_		-	ļ					
(3)			- 		1					∤	
_(4)			 	-		 				 	
Totals (carry to Part II, line (5)) •	>							·		
BAA			Т	EEA0204 L	09/19/19				F	orm 990-T (2019)	

Form **990-T** (2019)

BAA

Part II Income From Periodica 7 on a line-by-line basis.)	ls Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)	
(1) (2) (3) (4)						, , , , , , , , , , , , , , , , , , , ,	
(2)							
(3)						<u> </u>	
(4)						<u> </u>	
Totals from Part I			ļ				
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1—5) ►			-			<u> </u>	
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)			
1 Name 2 Title 3 Percent of time devoted to business 4 Compensation attributable to unrelated business							
					8		
				%			
					%		
					%		
Total. Enter here and on page 1, Part II	, line 14				>		

TEEA0204 L 09/19/19

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 1120)

OMB No 1545-0123

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.

2019

Name Carroll Petrie Foundation			Employer is	dentific	ation number	
c/o David J Stoll, Milbank I	13-39	1220	3			
Did the corporation dispose of any investmen	t(s) in a qualified opp	ortunity fund during	the tax year?	•	► 🗌 Yes 🗓 N	0
If "Yes," attach Form 8949 and see its instruc	tions for additional re	equirements for repo	rting your gain o	r loss		
Part I Short-Term Capital Gains and	Losses (See instru	ctions.)				
See instructions for how to figure the amounts to enter on the lines below.	nts rom art I	(h) Gain or (los: Subtract column (e) fr column (d) and combine	rom			
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column	(g)	result with column (
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 Form(s) 8949 with Box C checked					-16,57	0.
4 Short-term capital gain from installment sales	s from Form 6252, line 2	26 or 37		4		
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form	8824		5		
6 Unused capital loss carryover (attach comput		6				
7 Net short-term capital gain or (loss). Combine				7	-16,57	0.
Part II Long-Term Capital Gains and I	Losses (See instru	ctions.)				
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) Adjustmer to gain or loss f Form(s) 8949, P line 2, column	rom art II.	(h) Gain or (los: Subtract column (e) fr column (d) and combine result with column (d)	om e the
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b Totals for all transactions reported on Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on Form(s) 8949 with Box F checked					42,70	9.
11 Enter gain from Form 4797, line 7 or 9				11		
12 Long-term capital gain from installment sales	from Form 6252, line 2	e6 or 37		12		
13 Long-term capital gain or (loss) from like-kind		13				
14 Capital gain distributions (see instructions)		14				
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in	column h		15	42,70	9.
Part III Summary of Parts I and II	70			10		
16 Enter excess of net short-term capital gain (li				16	00.00	
17 Net capital gain. Enter excess of net long-term				17	26,13	
18 Add lines 16 and 17 Enter here and on Form Note: If losses exceed gains, see Capital Los	· =	r the proper line on ot	her returns	18	26,13	19.
BAA For Paperwork Reduction Act Notice, see the	 	1120. CCCA0301L	07/18/19	Sched	ule D (Form 1120) 2	2019

Form **8949**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

2019

Attachment Sequence No 12A

SSN or taxpayer identification number

Carroll Petrie Foundation

13-3912203

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 I Short-T

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

1 (a) Description of property (Example 100 shares XYZ Co)	0) I (Mo day vr.) I disc	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	Gain or (loss). Subtract column (e)	
		(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
From K-1			<u> </u>				-16,570
	·····					_	
	·			·			
	· · · · · · · · · · · · · · · · · · ·						
							- ,
							,
2 Totals. Add the amount (subtract negative amounclude on your Schedu checked), line 2 (if Box Box C above is checket	s in columns (d), unts) Enter each le D, line 1b (if B B above is check	(e), (g), and (h) total here and ox A above is ked), or line 3 (if	0.	0.		0.	-16,570

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

of the adjustment

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

SSN or taxpayer identification number

13-3912203

Carroll Petrie Foundation

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 Form 8949, page 2, for each complete as many forms wit (D) Long-term transact (E) Long-term transact	n applicable box. It th the same box cl ions reported on For actions reported or	f you have more k hecked as you nee m(s) 1099-B showin n Form(s) 1099-B	ong-term transact ed g basis was reporte showing basis w a	tions than will fit of the IRS (see N	on this page lote above)	nplete a separate for one or more (of the boxes,
X (F) Long-term transa 1 (a) Description of property (Example 100 shares 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 Note below and see Column (e) in the separate instructions	If you enter an	If any, to gain or loss. nount in column (g), ode in column (f) parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
From K-1							42,709.
	:	*					
						,	
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box E Box F above is checked) Note: If you checked Box D	nts) Enter each to e D, line 8b (if Bo x E above is checked	tal here and D above is n, or line 10 (if	O.	0.	(e) the ba	0.	42,709.

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

20	1	0
ZU		3

Federal Statements

Page 1

Carroll Petrie Foundation c/o David J Stoll, Milbank LLP

13-3912203

Statement 1	
Form 990-T, Part I, Line 5	•
Income (Loss) from Partnersh	hins and S Cornoratio

Name .	Gross Income D	eductions	Income (Loss)
Clayton Dubilier & Rice Fund X, L.P. Davidson Kempner Institutional Partne Graham Partners V, L.P. Lexington Middle Markets IV, LP The Varde Fund XIII, L.P.	\$ -798. \$ 647. -143,903. 5,537. 45,166.	0. \$ 0. 0. 95,547. 38,023. Total \$	-798. 647. -143,903. -90,010. 7,143. -226,921.

Statement 2 Form 990-T, Part II, Line 30 Net Operating Loss Deduction

Loss Year Ending	c	riginal Loss	Loss Previously <u>Used</u>		Loss <u>Available</u>		
12/31/18	\$	9,779.	\$	0.	\$	9,779.	
Net Operating Loss Taxable Income	Available				3	9,779. -200,902.	
Net Operating Loss	Deduction	(Limited to T	axable Income)		<u> </u>	0.	

Statement 3 Form 990-T, Part III, Line 34 Charitable Contributions

Charitable Contributions Income Percent Limit

\$ 19,509,425.

Allowed Charitable Contributions

0.

Statement 4 Form 990-T, Part III, Line 36 Net Operating Loss Deduction

Loss Year Ending	0	riginal Loss	Loss Previousl Used	У	Loss Available
12/31/17 Net Operating Loss Taxable Income	\$ Available	53,785.	\$	0. \$	53,785. \$ 53,785. \$ -200,902.
Net Operating Loss	Deduction	(Limited to T	axable Income)		\$ 0.