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OMB No. 1545-0047

Form **990-T**

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

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20 _____

▶ 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 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) C Book value of all assets at end of year | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DECHOMAI ASSET TRUST | D Employer identification number (Employees' trust, see instructions.) 26-0724604 | |
| | | Number, street, and room or suite no. If a P.O. box, see instructions. 3713 PINE STREET | | E Unrelated business activity code (See instructions.) 900099 |
| | | City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32205 | | |
| | | F Group exemption number (See instructions.) ▶ | | |
| G Check organization type ▶ <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | | | |

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ Holding Pass Through Entities. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ 0

J The books are in care of ▶ Bryan Clontz Telephone number ▶ 404-375-5496

| Part I Unrelated Trade or Business Income | | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|-------------|------------|--------------|------------|
| 1a | Gross receipts or sales | 0 | | | | |
| b | Less returns and allowances | 0 | c Balance ▶ | 1c | 0 | |
| 2 | Cost of goods sold (Schedule A, line 7) | | | 2 | 0 | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | 3 | 0 | 0 |
| 4a | Capital gain net income (attach Schedule D) | | | 4a | 13,689,774 | 13,689,774 |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | 4b | 0 | 0 |
| c | Capital loss deduction for trusts | | | 4c | 0 | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | | | 5 | 2,060,687 | 2,060,687 |
| 6 | Rent income (Schedule C) | | | 6 | 0 | 0 |
| 7 | Unrelated debt-financed income (Schedule E) | | | 7 | 142,390 | 142,390 |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | | 8 | 0 | 0 |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | 9 | 0 | 0 |
| 10 | Exploited exempt activity income (Schedule I) | | | 10 | 0 | 0 |
| 11 | Advertising income (Schedule J) | | | 11 | 0 | 0 |
| 12 | Other income (See instructions; attach schedule) | | | 12 | 0 | 0 |
| 13 | Total. Combine lines 3 through 12 | | | 13 | 15,892,851 | 15,892,851 |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) | | | | | |
|--|--|--|--|-----|------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
| 15 | Salaries and wages | | | 15 | |
| 16 | Repairs and maintenance | | | 16 | |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | 18 | |
| 19 | Taxes and licenses | | | 19 | |
| 20 | Depreciation (attach Form 4562) | | | 20 | 0 |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | | | 21a | 0 |
| 22 | Depletion | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | 23 | |
| 24 | Employee benefit programs | | | 24 | |
| 25 | Excess exempt expenses (Schedule I) | | | 25 | |
| 26 | Excess readership costs (Schedule J) | | | 26 | |
| 27 | Other deductions (attach schedule) | | | 27 | |
| 28 | Total deductions. Add lines 14 through 27 | | | 28 | 1,500 |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | | 29 | 15,891,351 |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | | 30 | |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | 31 | 15,891,351 |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2019)

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Part III Total Unrelated Business Taxable Income

| | | | |
|-----------|--|-----------|------------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 15,891,351 |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | 9,534,811 |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | 6,356,540 |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | 6,356,540 |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000 |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 6,355,540 |

Part IV Tax Computation

| | | | |
|-----------|---|-----------|-----------|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input checked="" type="checkbox"/> Schedule D (Form 1041) | 41 | 1,270,063 |
| 42 | Proxy tax. See instructions | 42 | 0 |
| 43 | Alternative minimum tax (trusts only) | 43 | 200 |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | 0 |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 1,270,263 |

Part V Tax and Payments

| | | | |
|------------|--|------------|-----------|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | 0 |
| b | Other credits (see instructions) | 46b | 0 |
| c | General business credit. Attach Form 3800 (see instructions) | 46c | 0 |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | 0 |
| e | Total credits. Add lines 46a through 46d | 46e | 0 |
| 47 | Subtract line 46e from line 45 | 47 | 0 |
| 48 | 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 schedule) | 48 | 0 |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0 |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0 |
| 51a | Payments: A 2018 overpayment credited to 2019 | 51a | 0 |
| b | 2019 estimated tax payments | 51b | 2,850,000 |
| c | Tax deposited with Form 8868 | 51c | 0 |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | 0 |
| e | Backup withholding (see instructions) | 51e | 0 |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | 0 |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 51g | 0 |
| 52 | Total payments. Add lines 51a through 51g | 52 | 2,850,000 |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 53 | 0 |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | 0 |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | 1,579,737 |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded | 56 | 1,579,737 |

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

| | | | |
|-----------|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or 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 |
| 58 | 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. | | ✓ |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year | \$ | |

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: *[Signature]* Date: 11/16/20 Title: Trustee

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

Paid Preparer Use Only

| | | | | |
|-----------------------|----------------------|------|---|------|
| Print/preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name | | | Firm's EIN | |
| Firm's address | | | Phone no. | |

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

| | | | | | |
|---|-----------|--|---|------------|-----------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | |

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E—Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) 4832 West 17th Street, Los Angeles, CA 90019 | | 194,034 | 0 | 0 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 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) | 8. Allocable deductions (column 6 × total of columns 3(a) and 3(b)) |
| (1) 485,045 | 660,966 | 73.38 % | 142,390 | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ► | | | Enter here and on page 1, Part I, line 7, column (A). 142,390 | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ► | | | | |

Schedule F—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) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

Totals ▶**Schedule G—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 schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Enter here and on page 1, Part I, line 9, column (A). | | | | Enter here and on page 1, Part I, line 9, column (B). |

Totals ▶**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--|---|---|--|---|--|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Enter here and on page 1, Part I, line 10, col. (A). | | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 25 | |

Totals ▶**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | | | | | | |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 26. |

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

**SCHEDULE I
(Form 1041)****Alternative Minimum Tax—Estates and Trusts**

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041.

▶ Go to www.irs.gov/Form1041 for instructions and the latest information.**2019**

Name of estate or trust

Employer identification number

DECHOMAI ASSET TRUST

26-0724604

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

| | | | |
|--|--|----|-----------|
| 1 | Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions | 1 | |
| 2 | Interest | 2 | |
| 3 | Taxes | 3 | |
| 4 | Refund of taxes | 4 | () |
| 5 | Depletion (difference between regular tax and AMT) | 5 | |
| 6 | Net operating loss deduction. Enter as a positive amount | 6 | |
| 7 | Interest from specified private activity bonds exempt from the regular tax | 7 | |
| 8 | Qualified small business stock (see instructions) | 8 | |
| 9 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 9 | |
| 10 | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 10 | |
| 11 | Disposition of property (difference between AMT and regular tax gain or loss) | 11 | |
| 12 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 12 | |
| 13 | Passive activities (difference between AMT and regular tax income or loss) | 13 | |
| 14 | Loss limitations (difference between AMT and regular tax income or loss) | 14 | |
| 15 | Circulation costs (difference between regular tax and AMT) | 15 | |
| 16 | Long-term contracts (difference between AMT and regular tax income) | 16 | |
| 17 | Mining costs (difference between regular tax and AMT) | 17 | |
| 18 | Research and experimental costs (difference between regular tax and AMT) | 18 | |
| 19 | Income from certain installment sales before January 1, 1987 | 19 | () |
| 20 | Intangible drilling costs preference | 20 | |
| 21 | Other adjustments, including income-based related adjustments | 21 | |
| 22 | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) | 22 | () |
| 23 | Adjusted alternative minimum taxable income. Combine lines 1 through 22 | 23 | 6,356,540 |
| Note: Complete Part II below before going to line 24. | | | |
| 24 | Income distribution deduction from Part II, line 42 | 24 | |
| 25 | Estate tax deduction (from Form 1041, line 19) | 25 | |
| 26 | Add lines 24 and 25 | 26 | |
| 27 | Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 | 27 | 6,356,540 |

If line 27 is:

- \$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$25,000, but less than \$183,500, go to line 43.
- \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50.
- ESBTs, see instructions.

Part II Income Distribution Deduction on a Minimum Tax Basis

| | | | |
|----|---|----|-----|
| 28 | Adjusted alternative minimum taxable income (see instructions) | 28 | |
| 29 | Adjusted tax-exempt interest (other than amounts included on line 7) | 29 | |
| 30 | Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0- | 30 | |
| 31 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) | 31 | |
| 32 | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) | 32 | |
| 33 | Capital gains computed on a minimum tax basis included on line 23 | 33 | () |
| 34 | Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount | 34 | |
| 35 | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0- | 35 | |
| 36 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 36 | |
| 37 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 37 | |
| 38 | Total distributions. Add lines 36 and 37 | 38 | |
| 39 | Tax-exempt income included on line 38 (other than amounts included on line 7) | 39 | |
| 40 | Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 | 40 | |

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

| | | | |
|-----------|---|-----------|--|
| 41 | Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0- | 41 | |
| 42 | Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41. Enter here and on line 24 | 42 | |

Part III Alternative Minimum Tax

| | | | |
|-----------|---|-----------|-----------|
| 43 | Exemption amount | 43 | \$25,000 |
| 44 | Enter the amount from line 27 | 44 | |
| 45 | Phase-out of exemption amount | 45 | \$83,500 |
| 46 | Subtract line 45 from line 44. If zero or less, enter -0- | 46 | |
| 47 | Multiply line 46 by 25% (0.25) | 47 | |
| 48 | Subtract line 47 from line 43. If zero or less, enter -0- | 48 | |
| 49 | Subtract line 48 from line 44 | 49 | 6,356,540 |
| 50 | Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: • \$194,800 or less, multiply line 49 by 26% (0.26). • Over \$194,800, multiply line 49 by 28% (0.28) and subtract \$3,896 from the result | 50 | 1,270,263 |
| 51 | Alternative minimum foreign tax credit (see instructions) | 51 | |
| 52 | Tentative minimum tax. Subtract line 51 from line 50 | 52 | |
| 53 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) | 53 | 1,270,063 |
| 54 | Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c | 54 | 200 |

Part IV Line 50 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

| | | | |
|-----------|---|-----------|------------|
| 55 | Enter the amount from line 49 | 55 | 6,356,540 |
| 56 | Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary) | 56 | 13,689,774 |
| 57 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0- | 57 | 0 |
| 58 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 58 | 13,689,774 |
| 59 | Enter the smaller of line 55 or line 58 | 59 | 6,356,540 |
| 60 | Subtract line 59 from line 55 | 60 | 0 |
| 61 | If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$3,896 from the result | 61 | 0 |
| 62 | Maximum amount subject to the 0% rate | 62 | \$2,650 |
| 63 | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0- | 63 | 0 |
| 64 | Subtract line 63 from line 62. If zero or less, enter -0- | 64 | 2,650 |
| 65 | Enter the smaller of line 55 or line 56 | 65 | 6,356,540 |
| 66 | Enter the smaller of line 64 or line 65. This amount is taxed at 0% | 66 | 2,650 |
| 67 | Subtract line 66 from line 65 | 67 | 6,353,890 |

Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued)

| | | | | |
|---|---|-----------|-----------|--|
| 68 | Maximum amount subject to rates below 20% | 68 | \$ 12,950 | |
| 69 | Enter the amount from line 64 | 69 | 2,650 | |
| 70 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0- | 70 | 0 | |
| 71 | Add line 69 and line 70 | 71 | 2,650 | |
| 72 | Subtract line 71 from line 68. If zero or less, enter -0- | 72 | 10,300 | |
| 73 | Enter the smaller of line 67 or 72 | 73 | 10,300 | |
| 74 | Multiply line 73 by 15% (0.15) | 74 | 1,545 | |
| 75 | Add lines 66 and 73 | 75 | 12,950 | |
| If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76. | | | | |
| 76 | Subtract line 75 from line 65 | 76 | 6,343,590 | |
| 77 | Multiply line 76 by 20% (0.20) | 77 | 1,268,718 | |
| If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78. | | | | |
| 78 | Add lines 60, 75, and 76 | 78 | 6,356,540 | |
| 79 | Subtract line 78 from line 55 | 79 | 0 | |
| 80 | Multiply line 79 by 25% (0.25) | 80 | 0 | |
| 81 | Add lines 61, 74, 77, and 80 | 81 | 1,270,263 | |
| 82 | If line 55 is \$194,800 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$3,896 from the result | 82 | 1,775,935 | |
| 83 | Enter the smaller of line 81 or line 82 here and on line 50 | 83 | 1,270,263 | |

**SCHEDULE D
(Form 1041)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2019

Name of estate or trust

DECHOMAI ASSET TRUST

Employer identification number

26-0724604

Did you 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.

Note: Form 5227 filers need to complete only Parts I and II.**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

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) |
|--|----------------------------------|---------------------------------|---|---|
| 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 | | | | |
| 4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶ | | | | 7 |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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) |
|---|----------------------------------|---------------------------------|--|---|
| 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 | 15,958,152 | 2,670,278 | | 13,287,874 |
| 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 12 |
| 13 Capital gain distributions | | | | 13 |
| 14 Gain from Form 4797, Part I | | | | 14 401,900 |
| 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet | | | | 15 () |
| 16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶ | | | | 16 13,689,774 |

Part III Summary of Parts I and II**Caution:** Read the instructions *before* completing this part.

| | | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
|-----------|--|---------------------------------|-------------------------|------------|
| 17 | Net short-term gain or (loss) | 17 | | |
| 18 | Net long-term gain or (loss): | | | |
| a | Total for year | 18a | 13,689,774 | 13,689,774 |
| b | Unrecaptured section 1250 gain (see line 18 of the worksheet.) | 18b | | |
| c | 28% rate gain | 18c | | |
| 19 | Total net gain or (loss). Combine lines 17 and 18a ▶ | 19 | 13,689,774 | 13,689,774 |

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

| | | | |
|-----------|---|-----------|-----|
| 20 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: | | |
| a | The loss on line 19, column (3) or b \$3,000 | 20 | () |

Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

| | | | | |
|-----------|--|-----------|------------|-----------|
| 21 | Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39) | 21 | 6,355,540 | |
| 22 | Enter the smaller of line 18a or 19 in column (2) but not less than zero | 22 | 13,689,774 | |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 23 | | |
| 24 | Add lines 22 and 23 | 24 | 13,689,774 | |
| 25 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶ | 25 | | |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 | 13,689,774 | |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0- | 27 | 0 | |
| 28 | Enter the smaller of the amount on line 21 or \$2,650 | 28 | 2,650 | |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 | 0 | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶ | 30 | | 2,650 |
| 31 | Enter the smaller of line 21 or line 26 | 31 | 6,355,540 | |
| 32 | Subtract line 30 from line 26 | 32 | 13,687,124 | |
| 33 | Enter the smaller of line 21 or \$12,950 | 33 | 12,950 | |
| 34 | Add lines 27 and 30 | 34 | 2,650 | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | 10,300 | |
| 36 | Enter the smaller of line 32 or line 35 | 36 | 10,300 | |
| 37 | Multiply line 36 by 15% (0.15) ▶ | 37 | | 1,545 |
| 38 | Enter the amount from line 31 | 38 | 6,355,540 | |
| 39 | Add lines 30 and 36 | 39 | 12,950 | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- | 40 | 6,342,590 | |
| 41 | Multiply line 40 by 20% (0.20) ▶ | 41 | | 1,268,518 |
| 42 | Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 42 | 0 | |
| 43 | Add lines 37, 41, and 42 | 43 | 1,270,063 | |
| 44 | Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 44 | 2,349,908 | |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41) ▶ | 45 | | 1,270,063 |

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income from an
Unrelated Trade or Business

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20 _____.

► 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

Name of the organization

Employer identification number

DECHOMAI ASSET TRUST

26-0724604

Unrelated Business Activity Code (see instructions) ► 900099

Describe the unrelated trade or business ► Holding Pass Through Entities - BWCA III Interests, LLC

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|------------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c | Balance ► | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | -30,133 00 | -30,133 00 |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions; attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | | -30,133 00 |

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

| | | | |
|----|--|-----|--|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Depreciation (attach Form 4562) | 20 | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a | |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | |
| 24 | Employee benefit programs | 24 | |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) | 27 | |
| 28 | Total deductions. Add lines 14 through 27 | 28 | |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 30 | |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | 31 | |

Department of the Treasury
Internal Revenue Service

► 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.

Name(s) shown on return

Social security number or taxpayer identification number

DECHOMAI ASSET TRUST

26-0724604

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-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

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

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

Social security number or taxpayer identification number

DECHOMAI ASSET TRUST

26-0724604

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 Note below and see Column (e) 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). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|---|--|--|--|--------------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | PDS Arrow Holdco Inc | Various | 12/31/2019 | 107 | 0 | | | 107 |
| | GenScript Corp | Various | 12/31/2019 | 5,576 | 0 | | | 5,576 |
| | Coho Partners, Ltd | Various | 12/31/2019 | 393,750 | 16,676 | | | 377,074 |
| | GenScript Corp | Various | 12/31/2019 | 1,715,709 | 2,837 | | | 1,712,872 |
| | NATCOM Bancshares Inc | Various | 12/31/2019 | 3,394,325 | 1,591,333 | | | 1,802,992 |
| | Shamrock Environmental Corp | Various | 12/31/2019 | 9,772,053 | 1,059,432 | | | 8,712,621 |
| | Community Church Builder | Various | 12/31/2019 | 676,625 | 0 | | | 676,625 |
| | Coho Partners | Various | 12/31/2019 | 7 00 | 0 | | | 7 00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 15,958,152 | 2,670,278 | | | 13,287,874 |

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

| FORM 990-T CONTRIBUTIONS | | STATEMENT 2 | |
|--------------------------------------|------------------------------|-------------|-------------|
| DESCRIPTION / KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | | AMOUNT |
| DECHOMAI FOUNDATION, INC | N/A (CASH) | \$ | 153,821,757 |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 | | \$ | 153,821,757 |

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS | | STATEMENT 4 | |
|--|--------------|-------------|----------------------|
| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) |
| MOELIS ASSET MANAGEMENT EIN# 37-1748521 | \$ (15,980) | \$ - | \$ (15,980) |
| VICTOR EDITH FUND, LP EIN# 52-2091440 | \$ 161,937 | \$ - | \$ 161,937 |
| PRIME WINDOW SYSTEMS, LLC EIN# 81-2941884 | \$ 69,904 | \$ - | \$ 69,904 |
| BROADMARK HOLDINGS LLC EIN# 20-2948085 | \$ 3,570 | \$ - | \$ 3,570 |
| INDUSTRY VENTURES MANAGEMENT VIII, LLC EIN# 81-1277600 | \$ 1,899 | \$ - | \$ 1,899 |
| ORACLE TEN FUND LP EIN# 86-1174187 | \$ 559,438 | \$ - | \$ 559,438 |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | | \$ 780,768 | \$ - \$ 780,768 |

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS | | STATEMENT 5 | |
|--|--------------|-------------|----------------------|
| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) |
| BWCA III INTERESTS, LLC EIN# 83-2851784 | \$ (30,133) | \$ - | \$ (30,133) |
| TOTAL TO SCHEDULE M, PAGE 1, LINE 5 | | \$ (30,133) | \$ - \$ (30,133) |

| FORM 990-T | | INCOME (LOSS) FROM S CORPORATIONS | | STATEMENT 6 | |
|--|--|-----------------------------------|--------|-------------|----------------------|
| S CORPORATION NAME | | GROSS INCOME | LOSSES | DEDUCTIONS | NET INCOME OR (LOSS) |
| RUGGED PORTABLE COMPUTERS, LLC EIN# 46-0682090 | | \$ 373,533 | \$ - | \$ - | \$ 373,533 |
| SHAMROCK ENVIRONMENTAL CORP EIN# 56-1885383 | | \$ 163,196 | \$ - | \$ - | \$ 163,196 |
| TUBE BENDING INC STOCK EIN# 20-2396582 | | \$ 52,985 | \$ - | \$ - | \$ 52,985 |
| SKYVIEW SATELLITE NETWORKS EIN# 86-0773409 | | \$ 83,738 | \$ - | \$ - | \$ 83,738 |
| HAMMOND INVESTMENT PLANNING CORP EIN# | | \$ - | \$ - | \$ - | \$ - |
| BELMONT INSTRUMENT CORPORATION EIN# 82-3639523 | | \$ (15,198) | \$ - | \$ - | \$ (15,198) |
| COMMUNITY CHURCH BUILDER, LLC EIN# | | \$ (5,609) | \$ - | \$ - | \$ (5,609) |
| NATCOM BANCSHARES INC EIN# 39-1921969 | | \$ 118,305 | \$ - | \$ - | \$ 118,305 |
| COHO PARTNERS, LTD STOCK EIN# | | \$ 2,112 | \$ - | \$ - | \$ 2,112 |
| PDS ARROW HOLDCO INC EIN# 84-1962148 | | \$ 403,392 | \$ - | \$ - | \$ 403,392 |
| SPECTRUM HOUSE EIN# 27-3421784 | | \$ 55,341 | \$ - | \$ - | \$ 55,341 |
| GENSCRIPT CORP EIN# 22-3857522 | | \$ (76) | \$ - | \$ - | \$ (76) |
| VERTEX EDUCATION EIN# 45-5589598 | | \$ 46,359 | \$ - | \$ - | \$ 46,359 |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | | \$ 1,278,078 | \$ - | \$ - | \$ 1,278,078 |

| FORM 990-T OTHER DEDUCTIONS | | STATEMENT 7 | |
|--------------------------------------|----|-------------|--------|
| DESCRIPTION | | | AMOUNT |
| TAX PREPARATION FEES | \$ | | 1,500 |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | | \$ | 1,500 |