45 Received In

| <b>r</b> - | 1                      | T (2019) ALPHAWOOD FOUNDATION  |                | 36-38053                              | 3.8      | Da   |
|------------|------------------------|--|----------------|---------------------------------------|----------|--|
| _          | Part                   | , vy · · · /   |                | 30-30033                              |          | Page 2                                       |
| Ľ          |                        |  | <del>1</del> – | 20                                    | - 8      | 050.   |
|            |                        | fotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | ŀ              | 38                                    | <u> </u> | , 000.                                       |
|            |                        | Amounts paid for disallowed fringes  Charitable contributions (see instructions for limitation rules) STMT 21 STMT 22  | ├              |                                       |          | 0.   |
|            |                        | Shartable continuous (see instructions to inimitation rules)   | <u></u>  -     | 34                                    |          | 050.   |
|            |                        | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 3.   | · / -          | 35                                    |          | ,030.  |
|            |                        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | }              | 36                                    |          | 050  |
|            |                        | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | #              | 37                                    |          | ,050.  |
|            |                        | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 91             | 38                                    |          | ,000.  |
|            |                        | Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,  | $\mathcal{M}$  |                                       | _        |  |
| _          |                        | enfer the smaller of zero or line 37   | للم            | 39                                    | -8       | ,050.  |
| -          |                        | Tax Computation  |                | <del></del>                           |          |  |
|            |                        | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | ▶              | 40                                    |          | 0.   |
| \          | 41 ]                   | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:   | <u> </u>       | <u> </u>                              |          |  |
|            | L                      | Tax rate schedule or Schedule D (Form 1041)  | ▶              | 4/1                                   |          |  |
|            | 42 F                   | Proxy tax. See instructions  | ▶  ₋           | 42                                    |          |  |
|            | 43 <i>/</i>            | Alternative minimum tax (trusts only)  | L              | 43                                    |          |  |
|            | 44 1                   | Tax on Noncompliant Facility Income. See instructions  | L              | 44                                    |          |  |
| _          | 45 1                   | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 1_             | 45                                    |          | 0.   |
| \ [        | Part )                 | Tax and Payments   |                | · · · · · · · · · · · · · · · · · · · |          |  |
| ( )        | 46 a/F                 | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 5              |                                       |          |  |
| /1         | <b>b</b> (             | Other credits (see instructions)   | \`             |                                       |          |  |
|            | c (                    | General business credit. Attach Form 3800  |                | 1                                     |          |  |
|            | d (                    | Credit for prior year minimum tax (attach Form 8801 or 8827)   |                | _1_                                   |          |  |
|            | e 1                    | Total credits. Add lines 46a through 46d   | L              | 46'e                                  |          |  |
|            | 47 5                   | Subtract line 46e from line 45   |                | 47                                    |          | 0.   |
|            | 48 (                   | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu   | le)            | 48                                    |          |  |
|            | 49 1                   | Total tax. Add lines 47 and 48 (see instructions)  |                | 49                                    |          | 0.   |
|            | 50 2                   | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | Γ              | 50                                    |          | 0.   |
|            |                        | Payments: A 2018 overpayment credited to 2019 (00 51a 100,00   | 30. F          | 3                                     |          |  |
|            |                        | 2019 estimated tax payments 51b  |                | 7                                     |          |  |
|            |                        | Fax deposited with Form 8868   | $\neg$         | à                                     |          |  |
|            |                        | oreign organizations: Tax paid or withheld at source (see instructions) 516  | $\neg$         |                                       |          |  |
|            |                        | Backup withholding (see instructions) 51e  | $\neg$         |                                       |          |  |
|            |                        | Credit for small employer health insurance premiums (attach Form 8941)   | ٦'n            | -                                     |          |  |
|            |                        | Other credits, adjustments, and payments: Form 2439  | □              | .                                     |          |  |
|            | , L                    | Form 4136 Other Total   51g  |                |                                       |          |  |
|            | F2 T                   | Fotal payments. Add lines 51a through 51g  | լ-             | \$                                    | 100      | .000.  |
|            |                        | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | -              | 32                                    |          | ,  |
|            |                        | Fax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | _              | 14                                    |          |  |
|            |                        | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  |                | 55                                    | 100      | 000.   |
|            | 1                      |  |                | 56                                    | 100      | 0.   |
| · · · —    | <u>58, E</u><br>⊃art,\ |  |                | 70 1                                  | -        | <u>_</u>                                     |
| _          |                        |  |                | 4                                     | Tv.      | T No.  |
|            |                        | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority<br>over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file   |                |                                       | Yes      | No.  |
|            |                        |  |                |                                       | ļ" ·     | 1  |
|            |                        | inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country   |                |                                       | -        | ×  |
|            |                        | nere >   | —              |                                       | <u> </u> | x  |
|            |                        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  |                |                                       | -        | <del>  ^-</del> -                            |
|            |                        | f "Yes," see instructions for other forms the organization may have to file.   |                |                                       | l.       |  |
| _          | 59 E                   | Inter the amount of tax-exempt interest received or accrued during the tax year \$\\ Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my known in the penalties of perjury.  | owlede         | a and ballof it is but                | <u> </u> | <u>.                                    </u> |
| S          | ign                    | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  |                | e and belief it is the                | θ,       |  |
|            | ere                    | A COMMENT TO THE COURT OF THE C |                | the IRS discuss thi                   |          | with   |
|            |                        | Signature of officer  Date  ASSTNT TREASURER  Title  |                | reparer shown belo                    |          | ٦  |
|            |                        |  | -              |                                       | es       | No   |
|            |                        | Frint/Type preparer's name Preparer's signature Date Check   | 」 if           | PTIN                                  |          |  |
| F          | Paid                   | self- employ   | /ed            |                                       | _        |  |
| F          | <sup>2</sup> repa      | arer YONG ZHANG, CPA 1010 2009 09/30/20  | <del>_</del>   | P01249785                             |          |  |
| ι          | Jse (                  | Only Firm's name ► RSM US LLP Firm's EIN   | _              | 42-0714                               | 325      |  |
|            |                        | 1861 INTERNATIONAL DRIVE, SUITE 400  |                |                                       |          |  |
| _          | <del></del>            | Firm's address MCLEAN, VA 22102 Phone no.  | 703            | 3-336-6400                            | <u> </u> |  |
| 92         | 3711 01                | 1-27-20  |                | Form 9                                | 90-T     | (2010)                                       |

| Schedule A - Cost of Good  | s Sold. Enter                         | r method of invei   | ntory v  | aluation N/A   |          |   | <del></del> _           |   |    |
|--|---------------------------------------|---|----------|--|----------|---|-------------------------|---|----|
| 1 Inventory at beginning of year   | 1                                     |   | 6        | Inventory at end of yea  | r        |   | 6                       |   |    |
| 2 Purchases  | 2                                     |   | _ 7      | Cost of goods sold. St   | ıbtract  | line 6  |                         |   |    |
| 3 Cost of labor  | 3                                     |   |          | from line 5. Enter here  | and in I | Part I,   |                         |   |    |
| 4a Additional section 263A costs   |                                       |   |          | line 2   |          |   | 7                       |   |    |
| (attach schedule)  | 4a                                    |   | 8        | Do the rules of section  | 263A (   | with respect to   |                         | Yes   | No |
| b Other costs (attach schedule)  | 4b                                    |   | ╛        | property produced or a   | cquirec  | d for resale) apply to  |                         | 1   | 21 |
| 5 Total. Add lines 1 through 4b  | 5                                     |   |          | the organization?  |          |   |                         |   |    |
| Schedule C - Rent Income (see instructions)  | (From Real                            | Property and  | d Per    | sonal Property L   | ease     | d With Real Prop  | erty)                   |   |    |
| 1. Description of property   |                                       |   |          |  |          |   |                         |   |    |
| (1)  |                                       |   |          | <del></del>  |          |   |                         |   |    |
| (2)  | · · · · · · · · · · · · · · · · · · · |   |          |  |          |   |                         |   |    |
| (3)  |                                       |   |          |  |          |   |                         |   |    |
| (4)  |                                       |   |          |  |          |   |                         |   |    |
|  | 2. Rent receiv                        | ed or accrued   |          |  |          |   | -                       |   |    |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%)                 | a than                                | of rent for   | personal | onal property (if the percentag<br>property exceeds 50% or if<br>ed on profit or income) | де       | 3(a) Deductions directly columns 2(a) ar  | connecte<br>nd 2(b) (at | ed with the income in<br>tach schedule)                   | 1  |
| (1)  |                                       |   |          |  |          |   |                         |   |    |
| (2)  |                                       |   |          |  |          |   |                         |   |    |
| (3)  |                                       |   |          |  |          |   |                         |   |    |
| (4)  |                                       |   |          |  |          |   |                         |   |    |
| Total  | 0.                                    | Total   |          |  | 0.       |   |                         |   |    |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column   | n (A)                                 | <b>&gt;</b>   |          |  | 0.       | (b) Total deductions.<br>Enter here and on page 1,<br>Part I line 6, column (B) | <b>&gt;</b>             |   | 0. |
| Schedule E - Unrelated Det   | ot-Financed                           | Income (see   | ınstru   | ctions)  |          |   |                         |   |    |
|  |                                       |   | 2        | . Grass income from  |          | 3. Deductions directly cont<br>to debt-finance                                  |                         |   |    |
| 1. Description of debt-fi  | nanced property                       |   |          | or allocable to debt-<br>financed property   | (a)      | Straight line depreciation<br>(attach schedule)                                 |                         | (b) Other deduction<br>(attach schedule)                  | s  |
| (1)  |                                       |   |          |  |          |   |                         |   |    |
| (2)  |                                       |   |          |  |          |   |                         |   |    |
| (3)  |                                       |   |          |  |          |   |                         |   |    |
| (4)  |                                       |   |          |  |          |   |                         |   |    |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-financed<br/>property (attach schedule)</li> </ol> | of or a                               | e adjusted basis<br>allocable to<br>inced property<br>h schedule) | 6        | Column 4 divided<br>by column 5  |          | 7. Gross income<br>reportable (column<br>2 x column 6)                          |                         | 8. Allocable deduction of a total of co<br>3(a) and 3(b)) |    |
| (1)  |                                       |   |          | %  |          |   |                         |   |    |
| (2)  |                                       | · · · · · · · · · · · · · · · · · · ·                             |          | %  |          | · · · · · · · · · · · · · · · · · · ·   |                         |   |    |
| (3)  |                                       |   |          | %  |          |   |                         |   |    |
| (4)  |                                       |   |          | %  |          |   |                         |   |    |
|  |                                       |   |          |  |          | inter here and on page 1,<br>Part I line 7, column (A)                          |                         | iter here and on pagi<br>art I, line 7, column (          |    |
| Totals   |                                       |   |          | <b>▶</b>   |          | 0   | .                       |   | 0. |
| Total dividends-received deductions  | ncluded in column                     | n 8   |          | - 1  |          |   | .                       |   | 0. |

1

|                                       | initities, rtoya   | ,                                |  | Controlled O  |   |   |  | (306 1113                           | truction | <u></u>  |
|---------------------------------------|--|----------------------------------|--|---|---|---|--|-------------------------------------|----------|--|
| Name of controlled organizate         | identi   | nployer<br>fication<br>mber      | 3. Net unr   | elated income<br>a instructions)  | <b>4</b> . Tot                              | al of specified<br>nents made                                       | 5. Part of column 4 that included in the controllin organization's gross incol |                                     | olling   | 6. Deductions directly connected with income in column 5                                   |
| (1)                                   |  |                                  |  |   | -   |   |  |                                     |          |  |
| (2)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (3)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (4)                                   |  |                                  |  | -   |   | •   |  |                                     |          |  |
| Nonexempt Controlled Organiz          | ations   |                                  | •  |   |   |   |  |                                     |          |  |
| 7. Taxable Income                     | 8. Net unrelated inco<br>(see instruction                          |                                  | 9. Total   | of specified payn<br>made   | nents                                       | 10. Part of colu<br>in the controll<br>gross                        | nn 9 tha<br>ng orgar<br>s income   | iization's                          |          | ductions directly connected income in column 10  |
| (1)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (2)                                   |  |                                  |  |   |   |   |  |                                     |          | · · · · · · · · · · · · · · · · · · ·  |
| (3)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (4)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| Totals                                |  |                                  |  |   | •   | Add colum<br>Enter here and<br>line 8 c                             |  | 1, Part I,                          | Enter h  | d columns 6 and 11<br>ere and on page 1, Part I<br>line 8, column (B)                      |
| Schedule G - Investmer<br>(see instri |  | Section                          | 501(c)(7   | '), (9), or ( <sup>-</sup>  | 17) Org                                     | anization   |  |                                     |          |  |
| 1, Descr                              | ption of income  |                                  |  | 2. Amount of  | ıncome                                      | <ol> <li>Deduction directly connected (attach schedule)</li> </ol>  | cted   | 4. Set-                             |          | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                |
| (1)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (2)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (3)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (4)                                   | 1  |                                  |  | I   |   |   |  |                                     |          |  |
| Totals<br>Schedule I - Exploited E    |  | Incom                            | ►<br>e, Other  | Part I line 9 co  | lumn (A)                                    | g Income  | ~ 'ci  |                                     |          | Enter here and on page 1, Part I line 9 column (B)   |
| 1. Description of exploited activity  | 2. Gross<br>unrelated business<br>income from<br>trade or business | directly of<br>with pro<br>of un | spenses<br>connected<br>oduction<br>related<br>is income | 4. Net incom<br>from unrelated<br>business (co<br>minus columi<br>gain compute<br>through | trade or<br>lumn 2<br>n 3) If a<br>n cols 5 | 5. Gross inco<br>from activity t<br>is not urrelat<br>business inco | hat<br>ed  | <b>6.</b> Exp<br>attribute<br>colur | able to  | 7. Excess exempt<br>expenses (column<br>6 minus column 5<br>but not more than<br>column 4) |
| (1)                                   |  |                                  |  | <u> </u>  |   |   |  |                                     |          |  |
| (2)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (3)                                   |  |                                  |  |   |   |   |  |                                     |          |  |
| (4)                                   |  |                                  |  |   |   | ····  |  |                                     |          |  |
| Totals                                | Enter here and on<br>page 1, Part I<br>line 10, col (A)            | page 10,                         | ere and on<br>1 Part I<br>, col (B)                      |   |   |   |  |                                     | 100      | Enter here and on page 1 Part II, line 25  |
| Schedule J - Advertisin               |  |                                  |  |   |   |   |  |                                     |          |  |
| Part I Income From P                  | eriodicals Rep   | orted o                          | n a Cons   | solidated   | Basis                                       |   |  |                                     |          |  |
| 1. Name of periodical                 | 2. Gross<br>advertising<br>income                                  |                                  | 3. Direct<br>ertising costs                              | 4. Advert<br>or (loss) (co<br>col 3) If a ga<br>cols 5 th                                 | ol 2 minus<br>iin compute                   | 5. Circulat<br>income   |  | 6. Reade<br>cost                    |          | 7. Excess readership costs (column 6 minus column 5 but not more than column 4)            |
| (1)                                   |  |                                  |  | 77 34 5   | 3 4 4                                       | 7   |  |                                     |          |  |
| (2)                                   |  |                                  |  | a 35 21   | CI, SWE                                     | <u> </u>  |  |                                     |          | 7  |
| (3)                                   |  |                                  | -  | J. J  | ر د مو                                      |   |  |                                     |          | 3 4 4 4 4 4 4 4  |
| (4)                                   |  |                                  |  |   |   | 't  |  |                                     |          | The state of the state of  |
|                                       |  |                                  |  | i   |   |   |  |                                     | Ī        |  |
| Totals (carry to Part II, line (5))   | <b>&gt;</b>  | 0.                               | C  | ). <br>   |   |   |  |                                     |          | 0 .<br>Form <b>990-T</b> (2019   |

923731 01-27-20

## Form 990-T (2019) ALPHAWOOD FOUNDATION [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<br>advertising<br>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          | <b>&gt;</b> | 0.   | 0.   | PRINTED TO THE PRINTED TO   | Co. Zant J WHAT       | <b>被某种的外交数</b>      | 0.   |
| Totals, Part II (lines 1-5) |             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part i,<br>line 11, col (B) |   |                       |                     | Enter here and<br>on page 1,<br>Part II, line 26                                 |

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

| 1. Name   | 2. Title | 3. Percent of<br>time devoted to<br>business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %  |   |
| (2)   |          | %  |   |
| (3)   |          | %  |   |
| (4)   |          | %  |   |
| Total. Enter here and on page 1, Part II, line 14 |          | <b>&gt;</b>                                  | 0.  |

Form 990-T (2019)

| FORM 990-T INCOM   | ME (LOSS) FROM PA  | RTNERSHIPS                 | STATEMENT 18  |  |
|--|--|----------------------------|---|--|
| DESCRIPTION  |  |                            | NET INCOME<br>OR (LOSS)                             |  |
| ABRY PARTNERS VI, L.P ORDI<br>ABRY PARTNERS VI, L.P OTHE<br>ABRY PARTNERS VII, L.P ORD<br>ABRY SENIOR EQUITY II, L.P | -4,398<br>-6,896<br>-39  |                            |   |  |
| (LOSS) ABRY SENIOR EQUITY III, L.P. (LOSS)   | ESS INCOME   | -7,713<br>18,650           |   |  |
| TOTAL INCLUDED ON FORM 990-T,  | PAGE 1, LINE 5   |                            | -396  |  |
| FORM 990-T   | OTHER DEDUCTI  | ONS                        | STATEMENT 19  |  |
| DESCRIPTION  |  |                            | AMOUNT  |  |
| TAX PREPARATION FEES   |  |                            | 7,500   |  |
|  |  |                            |   |  |
| TOTAL TO FORM 990-T, PAGE 1,   | LINE 27  |                            | 7,500   |  |
|  | LINE 27  OPERATING LOSS D  | EDUCTION                   | 7,500 STATEMENT 20                                  |  |
| FORM 990-T NET   |  | EDUCTION  LOSS REMAINING   |   |  |
| FORM 990-T NET  TAX YEAR LOSS SUSTAINED  | OPERATING LOSS D  LOSS PREVIOUSLY                                  | LOSS                       | STATEMENT 20  |  |
| TAX YEAR LOSS SUSTAINED 02/28/19 37,671.   | OPERATING LOSS D  LOSS PREVIOUSLY APPLIED                          | LOSS<br>REMAINING          | STATEMENT 20  AVAILABLE THIS YEAR                   |  |
| TAX YEAR LOSS SUSTAINED 02/28/19 37,671.   | OPERATING LOSS D  LOSS PREVIOUSLY APPLIED                          | LOSS<br>REMAINING          | STATEMENT 20  AVAILABLE THIS YEAR  37,671.          |  |
| FORM 990-T NET  TAX YEAR LOSS SUSTAINED  02/28/19 37,671.  NOL CARRYOVER AVAILABLE THIS                              | OPERATING LOSS D  LOSS PREVIOUSLY APPLIED                          | LOSS<br>REMAINING          | STATEMENT 20  AVAILABLE THIS YEAR  37,671.          |  |
| FORM 990-T  TAX YEAR  LOSS SUSTAINED  02/28/19  37,671.  NOL CARRYOVER AVAILABLE THIS                                | OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  0.  YEAR  CONTRIBUTIONS | LOSS<br>REMAINING          | AVAILABLE THIS YEAR  37,671.                        |  |
| FORM 990-T NET  TAX YEAR LOSS SUSTAINED  02/28/19 37,671.  NOL CARRYOVER AVAILABLE THIS                              | OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  0.  YEAR  CONTRIBUTIONS | LOSS<br>REMAINING  37,671. | STATEMENT 20  AVAILABLE THIS YEAR  37,671.  37,671. |  |

| FORM 990-T CONTRIBUTIONS SUMMA  | ARY STATEMENT 22              |
|---|-------------------------------|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT  |                               |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 26,274,812 FOR TAX YEAR 2015 25,699,683 FOR TAX YEAR 2016 15,349,136 FOR TAX YEAR 2017 13,351,958 FOR TAX YEAR 2018 |                               |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS  | <br>80,675,589<br>7,406,543   |
| TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED   | 88,082,132                    |
| EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS   | 88,082,132<br>0<br>88,082,132 |
| ALLOWABLE CONTRIBUTIONS DEDUCTION   | 0                             |
| TOTAL CONTRIBUTION DEDUCTION  | 0                             |