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DAA For Paperwork Reduction Act Notice, see instructions.

	ı					29	393341	0	0 4 2 0 OMB No 1545-0687 9
Form 990-T	Ex	empt Organ (and إ	ization Busin proxy tax under	ess l section	ncome on 6033(e	Tax Re	eturn	_	2018
Department of the Treasury	For calendar	year 2018 or other tax ye	ear beginning ev/Form990T for instru		and ending and the lates:	t informati	on.	One	to Public Inspection for
Internal Revenue Service	Do not en								c)(3) Organizations Only
A Check box if address changed	Nar	me of organization (Check box if name char	nged and	see instructions))	D Employer ide		
B Exempt under section			'H. & GRAC	E A	. DOW		(Employees' tn	ust, see	e instructions)
X 501(C)(03)		OUNDATION						~ =	405
408(e) 220(e)			te no If a P O box, see instr				38-14		
408A 530(a)	1 '' -		AIN STREET				E Unrelated bu (See instruction		activity code
529(a)	l 1 -	or town, state or province	, country, and ZIP or foreigi	-	48640		45322	-	900099
C Book value of all assets at end of year			(See instructions)		40040		1 43322	. 0	1 300055
501,434,911					5010	c) trust	401(a) trus	t [Other trust
H Enter the number of the									
▶ GIFT SHOP	•			_	•	,			nly one, complete
Parts I–V If more than	one, describ	e the first in the blar	k space at the end o	f the pr	evious sente	ence, com	plete Parts I and	III, c	omplete
Schedule M for each ad	dditional trad	e or business, then	complete Parts III–V						
I During the tax year, wa If "Yes," enter the name				r a pare	nt-subsidian	y controlle	d group?		Yes 🗓 No
<u>▶</u>									
J The books are in care of								<u>98</u>	<u> 39-631-3699</u>
**Part I:3 Unrelate		•	ome		(A) Ince	ome	(B) Expenses		(C) Net
1a Gross receipts or sale		223,668		1.		اء ۔۔ ا	A STANTANT OF STANTANT OF STANTANT	4.4.	THE PERSON AND THE PE
b Less returns and allo			Balance	1c			gaj agras je sa je sa je sa je Sa sa		TOTAL STATE TO STATE STA
2 Cost of goods sold (S				2			·····································		121,850
3 Gross profit Subtract				3	12	 +	The state of the second of the		121,650
4a Capital gain net incor	•	•		4a			and the state of t	-	
b Net gain (loss) (Form 479c Capital loss deduction		17) (attach Form 4797)		4b 4c		-	د اختراب رواک در بوسوره واخت م که داختی مشکره در بواخت که در		
c Capital loss deduction 5 Income (loss) from partnership		on (attach statement)		5					
6 Rent income (Schedu		on (attach statement)		6			- વાત પ્રોથમાં એક મિત્રો શાક્ષાનો ધારી	- + F 1	
7 Unrelated debt-finance	•	Schedule F)		7					
8 Interest, annuities, royalt	•	•	ition (Schedule F)	8					
9 Investment income of a s		•	, ,	9	- "				
10 Exploited exempt act			,	10					
11 Advertising income (S	-	,		11					
12 Other income (See in	-	ttach schedule)		12					
13 Total. Combine lines				13		1,850			121,850
☐ Part II Deduction deduction	ons Not Ta	aken Elsewhere	(See instruction ted with the unre	is for I	imitations	on dedu	uctions.) (Exc	ept	for contributions,
14 Compensation of office				zialeu	DUSINESS	ilicollie.	, 	14	· · · · · · · · · · · · · · · · · · ·
15 Salaries and wages	cers, un ector	s, and trustees (Oci	RE	CEI	/FD	7	-	15	51,247
16 Repairs and mainten	ance			<u> </u>		J	F	16	
17 Bad debts			[8] NOV	٥.		Ī	Ī	17	
18 Interest (attach sched	dule) (see ins	structions)	NON BB3	25	2019	1		18	
19 Taxes and licenses	, ,	,			≅	ĺ		19	-
20 Chantable contributions	(See instruction	ns for limitation rules)	l ogi	DEN	UT			20	
21 Depreciation (attach	Form 4562)	·			' · · - 	21 [4,813	1,7,2 1,7,3 1,4,3	·
22 Less depreciation cla	imed on Sch	edule A and elsewh	ere on return		2	2a		22b	4,813
23 Depletion							L	23	
24 Contributions to defe		sation plans						24	2,702
25 Employee benefit pro	•						Ļ	25	14,237
26 Excess exempt expe						•	Ļ	26	
27 Excess readership of								27	00.050
28 Other deductions (att		•			SEE S	TATE	MENT 1	28	89,052
29 Total deductions. A		-					Ļ	29	162,051
30 Unrelated business to		•	-				, 	30	-40,201
31 Deduction of net ope	-			January	1, 2018 (se	e instructi	ons)	31	-40 201
32 Unrelated business to			-					32	-40,201 Form 990-T (2018)
DAA For Paperwork Red	uction ACT N	vouce, see instruct	เบทร.		Į.	\sim			roim 330-1 (2018)

Form	1990-T (2018) THE HERBERT H. & GRACE A. DOW	<u> 38-1437485</u>			Page 2
	irt III Total Unrelated Business Taxable income				
33	Total of unrelated business taxable income computed from all unrelated trades or t	ousinesses (see			
	instructions)		33		2,420
34	Amounts paid for disallowed fringes		34		
35	Deductions for net operating loss arising in tax years beginning before January 1, 2				
•	instructions)		35		2,420
36	Total of unrelated business taxable income before specific deduction. Subtract line	35 from the sum			
	of lines 33 and 34		36	<u> </u>	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than 15 miles and 15 miles are subtract line 37 from line 36.	eater than line 36,			
	enter the smaller of zero or line 36		38		0
	rt IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		▶ 39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of				
	the amount on line 38 from. Tax rate schedule or Schedule D (Form	1041)	40	ļ	
41	Proxy tax. See instructions		▶ 41	 	
42	Alternative minimum tax (trusts only)		42	 	
43	Tax on Noncompliant Facility Income. See instructions		43	↓	
<u>44</u>	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44		0
_ <u>Pa</u>	irt V Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		į	
b	Other credits (see instructions)	45b			
С	General business credit Attach Form 3800 (see instructions)	45c		ļ	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46	Ĭ	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att	sch)	47	1	
48	Total tax. Add lines 46 and 47 (see instructions)	,	48		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) I	ine 2	49	1	
50a	Payments A 2017 overpayment credited to 2018	50a	"	†	
ь	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c	-		
	Foreign organizations Tax paid or withheld at source (see instructions)	50d	\dashv		
d	Backup withholding (see instructions)	50e		-	
e		50f	 	1	
f	Credit for small employer health insurance premiums (attach Form 8941)	501		Į	
g	Other credits, adjustments, and payments Form 2439	50	ŀ		
-4	Form 4136 Other Total ▶	50g	⊢		
51	Total payments. Add lines 50a through 50g	. .	51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	 	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amou		▶ 54	 	-
<u>55</u>	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	Refunded		<u></u>	
Pa	art VI Statements Regarding Certain Activities and Other Info				1
56	At any time during the 2018 calendar year, did the organization have an interest in over a financial account (bank, securities, or other) in a foreign country? If "YES," to	or a signature or other author	ority		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter	the name of the foreign cou	ntrv		1 1
	here >				x
57	During the tax year, did the organization receive a distribution from, or was it the gi	rantor of, or transferor to, a f	oreign tru	st?	
	If "YES," see instructions for other forms the organization may have to file		•		
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year	··			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my knowle	dge and belie	f, it is	
Sig	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which pi	reparer has any knowledge		May the IRS	discuss this return
Hei	EXECUTIVE I	TDECTOD		(see instructi	arer shown below ons)?
	Signature of officer Date A Title	TRECTOR		– 🗓 Y	'es No
	Print/Type preparer's name Preparer's name	Date	Check	e PTIN	
Paid		On NITIAL		` 🗀 "	448161
		- 			3133790
	parer Firm's name ANDREWS HOOPER PAVLIK PIC Only 5915 EASTMAN AVE STE 100		irm's EIN		, <u>,,,,,,,</u>
USE	7			000 01	35- <u>772</u> 1
	Firm's address MIDLAND, MI 48640-6824		hone no		990-T (2018)
				Form 3	JU-1 (2018)

Fori	m 990-T (2018) THE H	ERBERT H.	& G	RACE	Α.	DOW	:	38-1	437485		Pa	age 3
	hedule A - Cost of Go											
1	Inventory at beginning of y			26,547		Inventory at en				6	52,	889
2	Purchases	2	12	28,160	7	Cost of goods	sol	d. Subti	ract	- E		
3	Cost of labor	3				line 6 from line	5 E	nter her	e and	a de la companya de l		
4a	* Additional sec 263A costs					ın Part I, line 2			L	7 1	<u>.01,</u>	818
_	(attach schedule)	4a			8	Do the rules of	sect	ion 263	A (with respect to	Ļ	Yes	No
D	Other costs (attach schedule)	4b				property produ	ced o	or acqui	red for resale) apply		4.1	53,3
5	Total. Add lines 1 through			54,707		to the organiza						<u> </u>
	hedule C – Rent Incor	me (From Real	Prop	erty and	d Pe	rsonal Prop	erty	/ Leas	ed With Real Pr	operty)		
<u>(s</u>	ee instructions)		_									
1 De	scription of property											
(1)	N/A											
(2)										.		
(3)								_				
(4)						 -			- ··-···			
		2 Rent receiv	ed or accr	ued								
	(a) From personal property (if the p	-	_			d personal property (r		-	l ''	ectly connected with the i		
	for personal property is more that more than 50%)	an 10% but not	ut not percentage of rent for personal property exceeds in columns 2 50% or if the rent is based on profit or income)			in columns 2(a)	(a) and 2(b) (attach schedule)					
	more than 50 to			5070 01 11 010		, paged on promor an		•				
(1)												
(2)	· · · ·											
(3)										<u> </u>		
(4) Tota			Total									
	Total income. Add totals of	solumns 2(s) and 1		tor					(b) Total deductions Enter here and on page			
	e and on page 1, Part I, line (2(D) En	ter		•			Part I, line 6, column (
	hedule E – Unrelated		d Inco	me (see	ınst	ructions)			1			
				1					3 Deductions directly cor	nected with or allocable	to	
	4 B				-	income from or			-	ced property		
	1 Description of debt-fir	nanced property		all all		to debt-financed property		(a) S	traight line depreciation	(b) Other dedu	ctions	
						FF9			(attach schedule)	(attach sched		
(1)	N/A											
(2)												
(3)												
(4)												
	4 Amount of average	5 Average adjusted			6	Column				8 Allocable ded	uctions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop				4 divided			ross income reportable column 2 x column 6)	(column 6 x total o		กร
	property (attach schedule)	(attach schedule	:)		ь	cotumn 5		,,,		3(a) and 3(t	o))	
(1)							%					
(2)							%	_		ļ		
(3)							%					
(4)							%					
								Enter	here and on page 1,	Enter here and	on pa	ge 1,
								Part	I, line 7, column (A)	Part I, line 7, co	olumn	(p)
Tate	ala							1		1		

Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	uities, Roya	Ities, and R	ents F	rom Conti	rolled	Orga	anizati	ons (see in	structio	ns)
	1			ot Controlle						
1 Name of controlled organization	ıder	2 Employer strication number		related income 4 Total of sp payments in payments in the second s			nade	5 Part of column 4 that included in the controll organization's gross included		6 Deductions directly connected with income in column 5
(1) N/A										····
(2)										
(3)	İ								_	
(4)										
Nonexempt Controlled Organiz	ations				<u> </u>					
7 Tavable Income		Net unrelated income oss) (see instructions)		Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		e controlling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)									ļ	
(4)						ļ			ļ	
Totals					>	En		s 5 and 10 d on page 1, column (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G – Investment I	ncome of a	Section 501	(c)(7),	(9), or (17) Org	aniza	tion (s	ee instruction	ons)	
1 Description of income		2 Amount of a	ncome		ductions	ed	,	4 Set-asides		5 Total deductions and set-asides (col 3
			(attach schedule)			(attach schedule)			plus col 4)	
(1) N/A								-		
(2)							<u> </u>			
(3)				 						
(4)										
Totals	•	Enter here and o Part I, line 9, co	lumn (A)			5 5 m 3 .			Pa	ter here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activit	y Income, O	ther Th	nan Advei	rtisin	g Inco	ome (s	ee instructio	ns)	
1 Description of exploited activity	2 Gross unrelated business incom- from trade or business	3 Expendirection of the connected production unrelated business in	ly I with on of ed	4 Net income in from unrelated or business (cc 2 minus column If a gain, composes 5 through	trade plumn in 3) pute	from ıs no	oss income activity thai it unrelated ess income	attribu colu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)	-							1		
(3)					1	-				
(4)	•							<u> </u>		
Totals >	Enter here and o page 1, Part I, line 10, col (A)	page 1, P line 10, co	art I,		4 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(γ πτξ π π γ π π γ γ π π γ γ π π π π π π γ π π π π π π π π γ π π π π π π π π π π π π π π π π π π π)	Enter here and on page 1, Part II, line 26
Schedule J - Advertising I	ncome (see	instructions)								
Part I Income From F			ı a Con	solidated	Basi	s				· · ·
1 Name of penodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertisii gain or (loss) 2 minus col 3 a gain, comp cols 5 throug	ng (col 3) If oute	5 (Circulation		idership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A					A 77 %					13 74 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(2)				Alberta Committee						A se the factor as a second
(3)				e e energiality						
(4)		<u> </u>		# # # # # # # # # # # # # # # # # # #						
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) N/A							
(2)							
(3)			<u> </u>				
(4)							
Totals from Part I			Figure 1 , 2 grape 1 spire against the notice of the first against	دېغۇرادىرىدىقۇرادى ئىوندۇندا بولدۇنچىدىمۇردايىرىيۇرى ئالغۇرادا ئوردىدى يېزىدىكو ئارانىدىدا دارىيۇرىيۇر	ng agraph paga ang ang ang ang ang ang ang ang ang		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	The state of the s			Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	<u> </u>	<u> </u>			A STATE OF THE PROPERTY OF THE PARTY OF THE		
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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1. Part II, line 14		•	

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning , and ending Go to www irs.gov/Form990T for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) OMB No 1545-0687

Open to Public Inspection for 5 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service Name of the organization

THE HERBERT H. & GRACE A. DOW

Employer identification number 38-1437485

Unrelated business activity code (see instructions) \$00099 Describe the unrelated trade or business **NINVESTMENT UBI**

Pa	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			7 7 7 7 7 7	, , , , , , , , , , , , , , , , , ,
b	Less returns and allowances c Balance	1c		ent e tilpet y	1 1 1
2	Cost of goods sold (Schedule A line 7)	2		* * 5 *	
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 partnership and S corporation (attach statement) SEE STMT 1	5	2,420	**************************************	2,420
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	2,420		2,420
⊵Pa ——	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unrelated to the connected with the unrelated with the unrelated to the connected to the connected with the unrelated to the connected with the connected to the connected with the connec	for I	imitations on ded business income	uctions.) (Except	for contributions,
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	Charitable contributions (See instructions for limitation rules)		21	20	
21	Depreciation (reported on Form 4562)				
22	Less depreciation claimed on Schedule A and elsewhere on return		[22a]		0
23	Depletion			23	
24	Contributions to deferred compensation plans			24 25	
25	Employee benefit programs				<u> </u>
26	Excess exempt expenses (Schedule I)			26	<u> </u>
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	2.420
30	Unrelated business taxable income before net operating loss deduction. Sub-	otract	line 29 from line 13	30	2,420
31	Deduction for net operating loss arising in tax years beginning on or after Ja instructions)	nuary	1, 2018 (see	31	2 N = 0 = 63 4 7 4
32	Unrelated business taxable income Subtract line 31 from line 30			32	2,420

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Earm	Q	9	n	_T	•
Form	J	3	u	-	

Business Income Schedules Worksheet

4.	- 14	~	ıι,	Υ,
· 4	~ /	١.	1	
٠.	2(ľ		-
	_,	,		υ,

	Description GIFT	SHOP SALE	ES	CINOMO		· · · · · · · · · · · · · · · · · · ·
Name	becomplied = = =	<u> </u>			Taxpaye	r Identification Number
THE HERBERT H. 8					38-1	437485
Unincorporated Business Income Tax Code	453220 Ac	tivity GIFT,	NOVELTY, A	ND SOUVEN	R STOR	
Schodule A Cost of Cos	do Cold	_ .				
Schedule A - Cost of Goo		26,547 5	Inventory of and of		5	52,889
 Inventory at beginning of yea Purchases and Other Costs 	ar <u>1</u> 2	128,160 6	Inventory at end of Cost of goods sole	•		101,818
3 Sec 263A Costs	3	120,100	Line 4, show the an			
4 Total. Add lines 1 through 3	4	154,707	Line 4, Show the an	iount fiere and on L	ine 2 or och iv	101 3301
Total. Add lines I through 5		2027.07				
Schedule C - Rent Income	e (From Real Pr	operty and Pe	rsonal Property	Leased With F	Real Prope	rtv)
1 Description of property		- ,	2a Income 10% to			3 Expense
(1)						
(2)						
(3) Total of Schedule C items for this activity,	Enter Col 2 on Line 6A and	1 Col 3 on Line 6B	4 (1 mg) • 1 mg · ▶	1	TATE OF THE STATE	
Schedule E - Unrelated D	ebt-Financed In	come (see insti	ructions)	.		·
1 Description of debt-financed property	2 Gross Inc	ome/Expense amounts	3 Debt Rati	o 4 Gross ii	ncome reportable in 2 x Ratio)	5 Allocable deductions (column 3 x Ratio)
(1)	ıncome			%	İ	
	expense					
(2)	ıncome			%		
	expense					
(3) Total of Schedule E items for this activity,	Enter Col 4 on Line 7A and	Col 5 on Line 7B				
0-1-1-1-5-1-44-4-	. W		F O 4 11 .			
Schedule F – Interest, Ani						
1 Name of Controlled Organization	2 EIŅ	3 Exer	npt/Nonexempt Controlled	Organization	4 Income	5 Expenses
(1)						
(2)	<u> </u>					
(3) Total of Schedule F items for this activity	(combining Exempt and No	nExempt), Enter Col 4 or	Line 8A and Col 5 on Line	· 8B		
Schedule G – Investment	Income of a Sec	ction 501/c)(7)	(9) or (17) Ore	anization (see	instructions)	
	income or a se				et-Asides	5 Deduction & Set-Aside Tota
1 Description of property		2 Income	3 Deductions	4 30	et-Asides	5 Deduction & Sel-Aside Tota
<u>(1)</u> (2)						
(3) Total for Schedule G activities- use on line	9 column (A) and (B)			الأيوني كالماك كالمواكرة		
(a) Total for defleating of activities as a of this	o column (x) and (b)				<u>.</u>	
Schedule I - Exploited Ex	empt Activity Ir	come. Other	Than Advertisin	a Income (see i	nstructions)	
1 Description	2 Gross Income	3 Related Expense	4 Net Income	5 Non-UBIT income	6 Non-UBIT exp	ense 7 Excess expense
(1)		•				
(2)						
Totals for Schedule I - use on line 10 col (A) a	nd (B)		e all a to medicala	*** (**) 7 19 1 4 12	Sch I amount on	line 26
			_			
Schedule J - Advertising	Income (see inst	ructions)				•
Consolidated Basis (Part	I)	•	4 Advertising gain or	5 Circulation	6 Readershi	
1 Name of penodical	2 Gross Adv Income	3 Direct costs	(loss) If a gain, compute next 3 columns	income	costs	costs (col 6 - col 5) \ but not more than col 4
(1)			19 mg 1 2 3 4 mg			ر أمورو الرهائي الرها وأداروا في المعالج ا
(2)						2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
(3)			The state of the s			المستقد المعاد المقادة والمتعادد
Totals (for Part I)	<u> </u>		ļ			
Separate Basis (Part II)						
(1)	<u> </u>		-			
(2)					1 5 C St. 1 51 1 4	Lt at 4.7
Totals from Part I	Enterhers and as	Enterhali and a	# # # # # # # # # # # # # # # # # # #	المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا المراجعة المراجعة ا المراجعة المراجعة ا	ang area to a section of a	Enter here and
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,	The second secon	algaban kapatan sanah da kana. Algaban kapatan sanah sanah		on page 1,
Totale Bassian CO	line 11, col (A)	line 11, col (B)	مُ ومد ودو اللهِ دارِدُهِ اللهِ br>ولا ومراد مُ اللهِ وهوا اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ ال	ر من المن المن المن المن المن المن المن ا	みき ツ ガニ わかいがまり	Part II, line 27
Totals, Part II (lines 1-5)	1		and decrease	منط سينا للأملية ومناه معالية أأوريته	with an about it.	en sandel

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Federal Statements

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	_	Amount
OCCUPANCY	\$	42,814
TRAVEL		2,236
POSTAGE, MAILING SERVICE		40
MISCELLANEOUS		883
INFORMATION TECHNOLOGY & SOFTWARE		18,487
MEMBERSHIPS AND SUBSCRIPTIONS		105
CLASSES AND EVENTS		40
BANK FEES		59
SUPPLIES		20,498
OTHER PROFESSIONAL FEES		2,363
PRINTING AND PUBLICATIONS		1,527
TOTAL	\$_	89,052

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Investment UBI Statement 1 - Form 990-T, Schedule M, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	Direct Deductions (Part	i. only)	 Net Income
45-3135867 RCP FUND VIII LP	\$ 2,157	\$		\$ 2,157
36-4766444 RCP FUND IX LP	-963			- 963
32-0457025 RCP FUND X LP	-4,867			-4,867
35-2491286 RCP DIRECT II LP	30,638			30,638
35-2550581 RCP FUND XI LP	-7,877			-7,877
37-1860110 RCP FUND XII	-12,071			-12,071
01-0709496 OCM RE OPP FD III	-517			-517
62-1570892 GT GLOBAL HEDGE LP	24,404			24,404
62-1451003 GT PARTNERS, L.P.	-34,672			-34,672
37-1884177 RCP DIRECT III	-809			-809
98-1386129 CARYLE PE ACCESS	188			188
90-0852883 RCP SEC. OPP. II	8,210			8,210
61-1855521 RCP SEC. OPP. III	 -1,401			 -1,401
TOTAL	\$ 2,420	\$	0	\$ 2,420