| يد<br>Eoro | 990-T                                  | E>             | cempt Organization                                       |               |                       |               |                  | ırn                   | омв м  | lo 1545-0687 -                             |
|------------|--|----------------|--|---------------|-----------------------|---------------|------------------|-----------------------|--|--|
| , -        |  | For cale       | (and proxy ta)<br>ndar year 2018 or other tax year begin |               |                       | •             | • •              | 20                    | ସ  | <b>⋒</b> 1 <b>0</b>                        |
| Dono       | rtment of the Treasury                 | roi cale       | ► Go to www.irs.gov/Form990                              |               |                       |               |                  |                       |  | <b>910</b>                                 |
|            | al Revenue Service                     | <b>▶</b> Do    | not enter SSN numbers on this form                       |               |                       |               |                  | (c)(3)                | Open to Pt<br>501(c)(3) 0                        | ublic Inspection for<br>Organizations Only |
| A          | Check box if address changed           |                |  |               | me changed and see    |               |                  | D Empl                |  | ation number                               |
|            | ·                                      | -              | THE CURTIS L. CARLS                                      | ON E          | יאאדוע ברוואמי        | מארד הא       |                  | (                     | .,   | ,,   |
| T          | tempt under section                    | Print          | Number, street, and room or suite no                     |               |                       |               |                  | 11-6                  | 028973   |  |
| <u>  ^</u> | 100 · ( • / <del>/ ( • / • / • )</del> | or             | Number, Street, and room or suite no                     | паго          | box, see instruction  | 15            |                  |                       |  | ss activity code                           |
| 1          | 408(e) 220(e)<br>408A 530(a)           | 1.700          | 550 TONKAWA ROAD   |               |                       |               |                  |                       | structions)                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |
|            | 529(a)                                 | Ί              | City or town, state or province, country                 | v. and 2      | ZIP or foreign postal | code          |                  | 1                     |  |  |
| C Bo       | ook value of all assets                | 1              | LONG LAKE, MN 55356                                      | -             | •                     |               |                  | 5230                  | 00   |  |
| at         | end of year                            | F Gro          | up exemption number (See instruct                        |               | <b>&gt;</b>           |               |                  |                       |  |  |
| 2          | 18,228,615.                            | G Che          | eck organization type  X 501                             | (c) co        | rporation             | 501(c         | ) trust          | 401(a)                | trust  | Other trust                                |
|            |  | •              | inization's unrelated trades or busine                   | •             | 1                     |               | Descril          |                       | (or first) ur                                    | related                                    |
| tr         | rade or business hei                   | re ► A'        | TCH 1  |               | If                    | only one,     | complete Parts   | I-V If mor            | e than one,                                      | describe the                               |
| fı         | rst in the blank spa                   | ace at the     | end of the previous sentence, co                         | mplete        | Parts I and II, con   | nplete a S    | chedule M for e  | ach additio           | nal  |  |
|            | ade or business, th                    |                |  |               |                       |               |                  |                       |  |  |
| I D        | ouring the tax year,                   | was the        | corporation a subsidiary in an affil                     | iated g       | roup or a parent-si   | ubsidiary o   | controlled group | 7                     | ▶∟   | Yes X No                                   |
| _          | _                                      |                | identifying number of the parent co                      | rporati       |                       |               |                  | FO 401                | F.C.0.0  |  |
|            | he books are in car                    |                |  |               |                       |               | e number ▶ 9     |                       |  |  |
|            |  |                | or Business Income                                       | 1             | (A) Incon             | ne            | (B) Expe         | nses                  | 1  | (C) Net                                    |
| 1a         | •                                      |                |  |               |                       |               |                  |                       | 1  |  |
| Ь          |  |                | c Balance ▶  | $\overline{}$ |                       |               |                  |                       | +  |  |
| 2          |  |                | ule A, line 7)   | 2             |                       |               |                  |                       | -  |  |
| 3          |  |                | 2 from line 1c   | 3<br>4a       | 13                    | ,469.         |                  |                       | +  | 13,469.                                    |
| 4a<br>b    |  |                | Part II, line 17) (attach Form 4797)                     | 4a<br>4b      | 13                    | -73.          |                  |                       | -  | -73.                                       |
| c          | . , , ,                                |                | rusts  | 4c            |                       |               |                  |                       |  |  |
| 5          |  |                | r an S corporation (attach statement)                    |               | 74                    | ,892.         | ATCH 2           | 2 ,                   | 1  | 74,892.                                    |
| 6          |  |                |  | _             |                       |               |                  |                       |  | ·  |
| 7          |  |                | come (Schedule E)  | 7             |                       |               |                  |                       |  |  |
| 8          | Interest, annuities, roy               | alties, and re | ents from a controlled organization (Schedule F          | 8             |                       |               |                  |                       |  |  |
| 9          | Investment income of                   | a section 50   | 1(c)(7), (9), or (17) organization (Schedule G)          | 9             |                       |               |                  |                       |  |  |
| 10         | Exploited exempt                       | activity i     | ncome (Schedule I)                                       | 10            |                       |               |                  |                       |  |  |
| 11         | Advertising incon                      | ne (Sched      | dule J)  | 11            |                       |               |                  | _                     |  |  |
| 12         | Other income (Se                       | ee instruc     | ctions, attach schedule)                                 | 12            |                       |               |                  |                       | ļ  |  |
| 13         | Total. Combine li                      | nes 3 thr      | ough 12  | 13            |                       | ,288.         |                  |                       |  | 88,288.                                    |
| Pa         |  |                | Taken Elsewhere (See inst                                |               |                       |               |                  | (Except 1             | or contrib                                       | outions,                                   |
|            |  |                | be directly connected with t                             |               |                       |               |                  | <del></del>           | 1  |  |
| 14         |  |                | directors, and trustees (Schedule K)                     |               |                       |               | <u> </u>         |                       | <del> </del>                                     |  |
| 15         | Salaries and wage                      | es             |  |               | ········ 6            |               |                  | ·   3   5<br>  6   16 | <u> </u>   |  |
| 16<br>17   | Repairs and main                       | itenance       |  | • • •         |                       | NOV           | <b>2 5</b> 2019  |                       | <del>                                     </del> |  |
| 18         | Interest (attach e                     | chedule)       | (see instructions)                                       | • • •         | · · · · · · ·   O     |               |                  | J& 1.8                | <del>  -</del>                                   |  |
| 19         |  |                |  |               |                       | 001           | JENI LIT         |                       | 1  | 21,101.                                    |
| 20         | Charitable contril                     | butions (S     | See instructions for limitation rules)                   |               |                       | - <del></del> | <b>ا ۱۱: U</b>   | 20                    |  | <u> </u>                                   |
| 21         |  |                | 4562)  |               | ì                     |               |                  | · · ·   <u></u>       |  |  |
| 22         |  |                | on Schedule A and elsewhere on re                        |               |                       |               |                  | 22b                   |  |  |
| 23         | Depletion                              |                |  |               |                       |               |                  | 23                    |  |  |
| 24         | Contributions to                       | deferred       | compensation plans                                       |               |                       |               |                  | 24                    |  | \  |
| 25         | Employee benefit                       | t programs     | s  |               |                       |               |                  | 25                    |  |  |
| 26         |  |                | Schedule I)  |               |                       |               |                  |                       |  |  |
| 27         |  |                | chedule J)   |               |                       |               |                  | _                     |  |  |
| 28         |  |                | chedule)   |               |                       |               |                  |                       |  | 30,537.                                    |
| 29         |  |                | s 14 through 28  |               |                       |               |                  |                       | ļ  | 51,638.                                    |
| 30         |  |                | le income before net operating                           |               |                       |               |                  |                       | ļ  | 36,650.                                    |
| 31         |  |                | g loss arising in tax years beginnii                     | •             | •                     | •             | , -              |                       | ļ  |  |
| 32         |  |                | e income Subtract line 31 from line                      | 30 .          | <u> </u>              |               | <u></u>          | 32                    | <u></u>  | 36,650.                                    |
|            |  |                | lotice, see instructions.                                | ξ <b>7</b> 1  | 07 GE                 |               |                  |                       | For  | m <b>990-T</b> (2018)                      |
|            | MH0901 F99                             | 90 11,         | /12/2019 1:27:07 PM                                      | V 1           | 8-7.6F                |               |                  |                       |  | <b>^ ~</b> .                               |

|           | 990-T (2018)  |                      | _                | ۲       | age Z      |
|-----------|---|----------------------|------------------|---------|------------|
| Par       | t III Total Unrelated Business Taxable Income   | <del></del>          |                  |         |            |
| 33        | Total of unrelated business taxable income computed from all unrelated trades or businesses (see  |                      |                  |         |            |
|           | instructions)   | 33                   | 3                | 36,6    | 650.       |
| 34        | Amounts paid for disallowed fringes   | 34                   |                  |         |            |
| 35        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see   |                      |                  |         |            |
|           | instructions)   | 35                   | 3                | 36,6    | 550.       |
| 36        | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum   |                      |                  |         |            |
| •         | of lines 33 and 34  | 36                   |                  |         |            |
| 37        | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   | 37                   |                  | 1,0     | 000.       |
|           |   | <del>"</del>  -      |                  |         |            |
| 38        | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36  | 38                   |                  |         | 0.         |
|           |   | 30                   |                  |         | _ <u>`</u> |
|           | Tax Computation   | 20                   |                  |         |            |
| 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 on   |                      |                  |         |            |
|           | the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)  | 40                   |                  |         |            |
| 41        | Proxy tax. See instructions   | 41                   |                  |         |            |
| 42        | Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·  |                      |                  |         |            |
| 43        | Tax on Noncompliant Facility Income See instructions  |                      |                  |         |            |
| 44        | Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies  | 44                   |                  |         |            |
|           | t V Tax and Payments  |                      |                  |         |            |
|           | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a   |                      |                  |         |            |
|           | Other credits (see instructions)  |                      |                  |         |            |
| С         | General business credit Attach Form 3800 (see instructions)   | ]                    |                  |         |            |
| d         | Credit for prior year minimum tax (attach Form 8801 or 8827)  | ]                    |                  |         |            |
| е         | Total credits. Add lines 45a through 45d  | 45e                  |                  |         |            |
| 46        | Subtract line 45e from line 44  | 46                   |                  |         |            |
| 47        | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .   | 47                   |                  |         |            |
| 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), line 2  | 49                   |                  |         |            |
| 50 a      | Payments A 2017 overpayment credited to 2018  |                      |                  |         |            |
|           | 2018 estimated tax payments   |                      |                  |         |            |
|           | Tax deposited with Form 8868  | ]                    |                  |         |            |
|           | Foreign organizations Tax paid or withheld at source (see instructions)   | 1                    |                  |         |            |
|           | Backup withholding (see instructions)   |                      |                  |         |            |
| f         | Credit for small employer health insurance premiums (attach Form 8941) 50f  | 1                    |                  |         |            |
| g         |   | 1                    |                  |         |            |
| 9         | Form 4136 Other Total ▶ 50g   | 1                    |                  |         |            |
| 51        | Total payments Add lines 50a through 50g  | 51                   | 7                | 76,9    | 907.       |
| 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                   |                  |         |            |
| 54        | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | 54                   | 7                | 76.9    | 907.       |
| _         | Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 76, 907. Refunded ▶   | 55                   | -                |         |            |
| 55<br>Par |   |                      |                  |         |            |
|           | At any time during the 2018 calendar year, did the organization have an interest in or a signature or   |                      | thority          | Yes     | No         |
| 56        | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m  |                      |                  |         |            |
|           | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the  | -                    | i i              |         |            |
|           |   | Toreign C            | ouna y           |         | Х          |
|           | here >  |                      | <del></del>      |         | X          |
| 57        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore   | gn trust?.           | • • • • ⊢        |         |            |
|           | If "Yes," see instructions for other forms the organization may have to file  |                      | į                |         |            |
| <u>58</u> | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  |                      |                  | 3 6 -11 | -4 4       |
|           | Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and to the true, correct, and complete Declaration of preparer (whier than taxpayer) is based on all information of which preparer has any knowledge | est of my ki         | iowiedge an      | o beli  | eт, ıt ı   |
| Sig       | Ma Ma   | y the IRS            | discuss t        | his r   | eturn      |
| Her       | e   BOARD CHAIR   WI  | th the pre           | parer show       | wn b    | elow       |
|           |   | e instructions)      |                  |         | No         |
| D         | Print/Tupe pregarer name Preparer's signature Date Chec   | k∐ ıf                | PTIN             |         |            |
| Paid      | Self-e  | mployed              | P0089            |         |            |
|           |   | , ,                  | 6-1065           |         |            |
| use       | Only Firm's address ► 50 SOUTH SIXTH STREET, SUITE 2800, MINNEAPOLIS, MN 55402 Phone  | <sub>e no</sub> 6123 | 3974000          | 0       |            |
| .ISA      |   |                      | Form <b>99</b> 0 | D-T (   | (2018)     |

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| Form        | 990-T (2018)  |          |               | Page 2          |
|-------------|---|----------|---------------|-----------------|
| Par         | t III Total Unrelated Business Taxable Income   |          |               |                 |
| 33          | Total of unrelated business taxable income computed from all unrelated trades or businesses (see  |          |               |                 |
|             | instructions)   | 33       |               | 36,650.         |
| 34          | Amounts paid for disallowed fnnges  | 34       |               |                 |
| 35          | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see   |          |               |                 |
|             | instructions)   | 35       |               | 36,650.         |
| 36          | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum   | 133      |               | 30,000.         |
| 30          | of lines 33 and 34  | ا ہے ا   |               |                 |
| 27          |   | 36       |               | 1,000.          |
| 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 tine 37 is greater than line 36, color the smaller of rame of line 36. |          |               |                 |
|             | enter the smaller of zero or line 36  | 38       |               | <u> </u>        |
|             | t IV Tax Computation  |          |               | <u>/</u>        |
| 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 on   |          |               |                 |
|             | the amount on line 36 from: Tax rate schedule or Schedule D (Form 1041)   | 40       |               |                 |
| 41          | Proxy tax. See instructions   | 41/      |               |                 |
| 42          | Alternative minimum tax (trusts only)   | .42      |               |                 |
| 43          | Tax on Noncompliant Facility Income. See Instructions   | 43       |               |                 |
| 44          | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies   | 44       |               |                 |
| Par         | t V Tax and Payments /  | -        |               |                 |
| 45 a        | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a   | Γ        |               |                 |
|             | Other credits (see instructions)  | 1        |               |                 |
|             | General business credit. Attach Form 3800 (see instructions)  | 1        |               |                 |
|             | Credit for prior year minimum tax (attach Form 8801 or 8827)  | 1        |               |                 |
|             | Total credits. Add lines 45a through 45d  | 45e      |               |                 |
| 46          | Subtract line 45e from line 444   | 46       |               |                 |
| 47          | Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 2 Other (attach schedule).   | -        |               |                 |
|             |   | 47       |               | 0.              |
| 48          | Total tax. Add lines 46 and 47 (see instructions)   | 48       |               | <u> </u>        |
| 49          | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  | 49       |               |                 |
|             | Payments: A 2017 overpayment credited to 2018   |          |               |                 |
|             | 2018 estimated tax payments   |          |               |                 |
|             | Tax deposited with Form 8868  |          |               |                 |
|             | Foreign organizations. Tax paid or withheld at source (see instructions)  |          |               |                 |
| 9           | Backup withholding (see instructions)   |          |               |                 |
| f           | Credit for small employer health insurance premiums (attach Form 8941) 50f  |          |               |                 |
| g           | Other credits, adjustments, and payments Form 2439  |          |               |                 |
|             | Form 4136 Other Total ▶ 50g   |          |               |                 |
| 51          | Total payments. Add lines 50a through 50g   | 51       |               | 76,907.         |
| 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       |               |                 |
| 54          | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | 54       |               | 76,907.         |
| 55          | Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 76, 907. Refunded ▶   | 55       |               |                 |
| Par         |   |          |               |                 |
| 56          | At any time during the 2018 calendar year, did the organization have an interest in or a signature or                                       |          | authority     | Yes No          |
|             | over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization may                                   |          |               |                 |
|             | FinCEN Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the  | foreion  | country       | -               |
|             | here >  |          | ,             | x               |
| 57          | During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a forei                  |          | <del></del>   | X               |
| ٠,          | If "Yes," see instructions for other forms the organization may have to file.   | gn trus  | "…            |                 |
| 58          | Enter the amount of tax-exempt interest received or accrued during the tax year > \$  |          | 1             |                 |
| <del></del> | Under penalties of perjury, I declare that I have exampled this relum, Including accompanying schedules and statements, and to the b        | est ef = | y knowledoe s | nd helief 19 f- |
| Sigr        | file correct and complete Declaration of prename telefficities temptyer) is bested on all information of which prename has any however an   | (1       | .,amuuyu s    |                 |
| Her         | a Donne curre   |          | IRS discuss   |                 |
| ner         |   | n the    | preparer sho  | own below       |
|             |   | eswa!    | ons)? X Yes   | No              |
| Paid        |   | یا لیا ہ | PTIN          |                 |
| Prep        | 3000 Kaduri 11/13/2019 self-e   | nployed  |               |                 |
|             | Firm's name P DELOTTIE TAX BLE  | EIN 🏲    | 86-1065       |                 |
|             | Firm's address > 50 SOUTH SIXTH STREET, SUITE 2800, MINNEAPOLIS, MN 55402 Phone   | no 62    |               |                 |
| J5A         |   |          | Form 99       | O-T (2018)      |

Form **990-T** (2018)

Total dividends-received deductions included in column 8

| Schedule F-Interest, Ann              | •  |                     |   |                | ntrolled Org  |  |                     |                  |  |  |             |   |
|---------------------------------------|--|---------------------|---|----------------|---|--|---------------------|------------------|--|--|-------------|---|
| Name of controlled<br>organization    | 2 Employer<br>identification numl                                    | per                 |   |                | ated income<br>nstructions)   | 4 Total payme  | of spec<br>ents mad |                  | ıncluded   | f column 4 that is<br>in the controlling<br>ion's gross income |             | 6 Deductions directly connected with income in column 5                                       |
| (1)                                   |  |                     |   |                |   |  |                     |                  |  |  | _           |   |
| (2)                                   |  |                     |   |                | <u> </u>  |  |                     |                  |  |  |             | _   |
| (3)                                   |  |                     |   |                |   |  |                     |                  |  |  | _           |   |
| (4)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| Nonexempt Controlled Organi           | zations  | -                   |   |                |   |  |                     |                  |  |  | <del></del> | <del> </del>  |
| 7 Taxable Income                      | 8. Net unrelated (<br>(loss) (see instruc                            |                     |   |                | Total of specific<br>ayments made   |  | Inc                 | clude            | t of column<br>d in the co-<br>ation's gross                         | ntrolling  |             | Deductions directly<br>nnected with income in<br>column 10                                    |
| (1)                                   |  |                     |   |                |   |  |                     | _                |  |  |             |   |
| (2)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| (3)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| (4)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| Totals                                |  |                     | <br>01(c)   | <br>(7).       | <br>(9). or (17   | ▶<br>) Orga  | Er<br>P:            | nter h<br>art I, | olumns 5 a<br>ere and on<br>line 8, colui                            | page 1,<br>mn (A)  | En          | dd columns 6 and 11<br>ter here and on page 1,<br>art I, line 8, column (B)                   |
| 1 Description of income               | 2 Amount o   |                     |   | ,,,            | 3 Deduc<br>directly cor<br>(attach sch  | tions<br>inected                                     |                     |                  | 4 Se   | t-asides<br>schedule)  |             | 5 Total deductions<br>and set-asides (col 3<br>plus col 4)                                    |
| (1)                                   |  |                     |   |                |   |  |                     |                  |  |  | 1           |   |
| (2)                                   |  |                     | ,   |                |   |  |                     |                  |  |  |             |   |
| (3)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| (4)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| Totals ▶ Schedule I – Exploited Exe   |  | olumn (A            | )   | r Th           | an Adverti  | sing In  | ıcom                | <b>e</b> (s      | ee ınstru  | ctions)  |             | Enter here and on page 1<br>Part I, line 9, column (B)  |
| 1 Description of exploited activity   | 2 Gross<br>unrelated<br>business income<br>from trade or<br>business | 3 E<br>conn<br>proc | Expense<br>lirectly<br>ected w<br>fuction<br>nrelated<br>ess inco | s<br>nth<br>of | 4 Net incom<br>from unrelat<br>or business<br>2 minus col<br>If a gain, co<br>cols 5 thro | ne (loss)<br>ed trade<br>(column<br>umn 3)<br>ompute | 5 G<br>from         | Gross<br>n acti  | income<br>livity that<br>irrelated<br>income                         | that attributable to   |             | 7 Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |
| (1)                                   |  | _                   |   |                |   |  |                     |                  |  |  |             |   |
| (2)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| (3)                                   |  |                     |   |                |   |  |                     |                  |  |  |             |   |
| (4)                                   |  |                     |   |                |   |  |                     |                  | _  |  |             |   |
| , ,                                   | Enter here and on page 1, Part I, line 10, col (A)                   | page                | here and<br>1, Part<br>0, col (                                   | l,             |   |  |                     |                  | ,  |  |             | Enter here and<br>on page 1,<br>Part II, line 26  |
| Totals ▶ Schedule J- Advertising Ir   | Come (see instr  | Lictions            | ·   |                |   |  |                     |                  |  | · · · · · · · · · · · · · · · · · · ·                          |             |   |
| Part I Income From Per                |  |                     |   | neoli          | dated Bas   | ie   |                     |                  |  |  |             |   |
| Part Income From Per                  | Toulcais Report  | eu on               | a CO  | 15011          | 4 Advert  |  |                     |                  |  |  |             | 7 Excess readership   |
| 1 Name of periodical                  | 2 Gross<br>advertising<br>income                                     |                     | Direct<br>tising co   | osts           | gain or (loss) (col 5 Circulation 6 Rea   |  | 6 Reade<br>cost     |                  | costs (column 6<br>minus column 5, but<br>not more than<br>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<br>advertising<br>income                         | 3 Direct advertising costs                         | 4 Advertising<br>gain or (loss) (col<br>2 minus col 3) If<br>a gain, compute<br>cols 5 through 7 | 5. Circulation income | 6 Readership costs | 7 Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4) |
|-------------------------------|--|--|--|-----------------------|--------------------|---|
| (1)                           |  |  |  |                       |                    |   |
| (2)                           |  |  |  |                       |                    |   |
| (3)                           |  |  |  |                       |                    | , ,   |
| (4)                           |  |  |  |                       |                    |   |
| Totals from Part I ▶          |  |  | ,  |                       |                    |   |
|                               | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |  | ,                     |                    | Enter here and<br>on page 1,<br>Part II, line 27  |
| Totals, Part II (lines 1-5) ▶ |  |  |  | :                     |                    |   |

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

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

Form **990-T** (2018)

#### SCHEDULE D (Form 1120)

Department of the Treasury

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2018

**Employer identification number** 41-6028973 CURTIS L CARLSON FAMILY FOUNDATION Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (a) the result with column (g) whole dollars 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 2,048 (2,048.00)with Box C checked NONE 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 (2,048.00)7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales pnce) (or other basis) column (g) 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 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 15,517 NONE 15,517.00 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15,517.00 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 0.00 13,469.00 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 13,469.00 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

Note: If losses exceed gains, see Capital losses in the instructions

# Form **8949**

### **Sales and Other Dispositions of Capital Assets**

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

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

OMB No 1545-0074

Attachment Sequence No 12A

)

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

CURTIS L CARLSON FAMILY FOUNDATION

Social security number or taxpayer identification number

41-6028973

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)              | (b)  | (c)<br>Date sold or<br>disposed of<br>(Mo , day, yr )   | Proceeds S  | (e) Cost or other basis See the <b>Note</b> below  | enter a co  | (h)<br>Gain or (loss)<br>Subtract column (e)   |   |
|------------------|--|---|---|--|---|--|---|
|                  |  |   | (sales price)<br>(see instructions)   | and see Column (e)<br>in the separate<br>instructions  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g)  |
| K-1 CHATHAM ASSE | T VAR  | VAR   | NONE  | 1,508  |   |  | (1,508.00   |
| K-1 VARDE XIII   | VAR  | VAR   | NONE  | 540  |   |  | (540.00   |
|                  |  |   |   |  |   |  |   |
|                  |  |   |   |  |   |  |   |
|                  |  |   |   |  |   |  |   |
|                  |  |   |   |  |   |  |   |
|                  |  |   |   |  |   |  |   |
|                  |  |   | <u> </u>  |  |   |  |   |
|                  |  |   |   |  |   | <u></u>  |   |
|                  |  |   |   |  |   |  |   |
|                  |  |   |   |  |   |  |   |
|                  |  |   |   |  |   |  |   |
|                  | Description of property (Example 100 sh XYZ Co ) | Description of property (Example 100 sh XYZ Co )  Control Date acquired (Mo , day, yr )  Control Date acquired (Mo , day, yr )  Control Date acquired (Mo , day, yr ) | Description of property (Example 100 sh XYZ Co )  Date acquired (Mo , day, yr )  Date sold or disposed of (Mo , day, yr ) | Description of property (Example 100 sh XYZ Co )  Date acquired (Mo , day, yr )  Date sold or disposed of (Mo , day, yr )  Date sold or disposed of (Mo , day, yr )  See instructions) | (a) Description of property (Example 100 sh XYZ Co)  (b) Date acquired (Mo , day, yr)  (Mo , day, yr)  (C) Date sold or disposed of (Mo , day, yr) (see instructions)  (A) Proceeds (sales pnce) (see instructions)  (In the basis See the Note below and see Column (e) in the separate instructions | (a) Description of property (Example 100 sh XYZ Co )  (b) Date acquired (Mo , day, yr )  (Mo , day, yr )  (C) Date sold or disposed of (Mo , day, yr )  (Mo , day, yr )  (See instructions)  (Cost or other basis See the Note below and see Column (e) in the separate instructions  (f) Code(s) from instructions  (f) Code(s) from instructions | (a) Description of property (Example 100 sh XYZ Co)  (b) Date acquired (Mo , day, yr)  (Mo , day, yr)  (Example 100 sh XYZ Co)  (b) Date sold or disposed of (Mo , day, yr)  (Mo , day, yr)  (c) Date sold or disposed of (Mo , day, yr)  (see instructions)  (see instructions)  (c) Date sold or disposed of (Mo , day, yr) (see instructions)  (f) Code(s) from instructions  (g) Code(s) from instructions  (f) Code(s) from instructions  (g) Code(s) from instructions  (g) Code(s) from instructions |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

| E | 0040 | (2018) |  |
|---|------|--------|--|
|   |      |        |  |

Attachment Sequence No 12A

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

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

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 more of the boxes, complete as m   |                                  |                                |                                     |   | tions than w  | vill fit on this pag                   | ge for one or  |
|--|----------------------------------|--------------------------------|-------------------------------------|---|---|--|--|
| <ul><li>☐ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☒ (F) Long-term transactions</li></ul> | reported on                      | Form(s) 1099                   | I-B showing bas                     |   |   |  | <del>?</del> )   |
| 1 (a)  | (b)                              | (c)                            |                                     | (e) Cost or other basis See the <b>Note</b> below     | Adjustment, if<br>If you enter an a<br>enter a co<br>See the sepa | (h) Gain or (loss) Subtract column (e) |  |
| Description of property<br>(Example 100 sh XYZ Co )  | Date acquired<br>(Mo , day, yr ) | disposed of<br>(Mo , day, yr ) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions                               | (g)<br>Amount of<br>adjustment         | from column (d) and<br>combine the result<br>with column (g) |
| FROM K-1 CHATHAM ASSET   | VAR                              | VAR                            | 15,517                              | NONE  |   |  | 15,517.00  |
|  |                                  |                                |                                     |   |   |  |  |
|  |                                  |                                |                                     |   |   |  |  |
|  |                                  |                                |                                     |   |   |  | _  |
|  |                                  |                                |                                     |   |   |  |  |
|  |                                  |                                |                                     |   |   |  |  |
|  |                                  |                                |                                     |   |   |  |  |
| _  |                                  |                                |                                     |   |   |  |  |
|  | -                                |                                |                                     |   |   | _                                      |  |
|  |                                  | -                              |                                     |   |   |  |  |
| Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above)               | I here and incl                  | ude on your                    |                                     |   |   |  |  |

15,517.00 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 (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

0.00

above is checked), or line 10 (if Box F above is checked) ▶

15,517.00

# Form 3800

**General Business Credit** 

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

2018

Attachment
Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

CURTIS L CARLSON FAMILY FOUNDATION 41-6028973 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked 1 797 Passive activity credits from line 2 of all Parts III with box B checked 2 2 3 3 Enter the applicable passive activity credits allowed for 2018. See instructions. 0 Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach 0 Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with box D checked See instructions 0 5 797 6 Add lines 1, 3, 4, and 5 6 00 Part II Allowable Credit Regular tax before credits • Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 . Corporations Enter the amount from Form 1120, Schedule J. Part I, line 2, or the 7 applicable line of your return 0 • Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return. Alternative minimum tax Individuals Enter the amount from Form 6251, line 11 8 0 · Corporations Enter -0-. . • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 Add lines 7 and 8 9 0 0 0 10a Foreign tax credit 10a 0 Certain allowable credits (see instructions) 10b 0 Add lines 10a and 10b 10c 0 0 0 0 00 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 11 11 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-12 13 Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See 13 instructions . 14 Tentative minimum tax • Individuals Enter the amount from Form 6251, line 9 14 · Corporations. Enter -0-0 · Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 15 15 Enter the greater of line 13 or line 14 16 Subtract line 15 from line 11 If zero or less, enter -0-16 0 0 0 Enter the smaller of line 6 or line 16 17 0 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization

For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2018)

| Part  | Allowable Credit (continued)   |        | · · ·         |    |
|-------|--|--------|---------------|----|
| Note: | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and e   | nter - | 0- on line 26 |    |
| 18    | Multiply line 14 by 75% (0 75) See instructions  | 18     |               |    |
| 19    | Enter the greater of line 13 or line 18  | 19     |               |    |
| 20    | Subtract line 19 from line 11 If zero or less, enter -0-   | 20     |               |    |
| 21    | Subtract line 17 from line 20 If zero or less, enter -0-   | 21     |               |    |
| 22    | Combine the amounts from line 3 of all Parts III with box A, C, or D checked .   | 22     |               |    |
| 23    | Passive activity credit from line 3 of all Parts III with box B checked 23   |        |               |    |
| 24    | Enter the applicable passive activity credit allowed for 2018 See instructions   | 24     |               |    |
| 25    | Add lines 22 and 24  | 25     |               |    |
| 26    | Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25   | 26     | 0             | 00 |
| 27    | Subtract line 13 from line 11 If zero or less, enter -0  | 27     | 0             | 00 |
| 28    | Add lines 17 and 26  | 28     | 0             | 00 |
| 29    | Subtract line 28 from line 27 If zero or less, enter -0-   | 29     | 0             | 00 |
| 30    | Enter the general business credit from line 5 of all Parts III with box A checked  | 30     |               |    |
| 31    | Reserved   | 31     |               |    |
| 32    | Passive activity credits from line 5 of all Parts III with box B checked 32  |        |               |    |
| 33    | Enter the applicable passive activity credits allowed for 2018 See instructions  | 33     |               |    |
| 34    | Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach   | 34     |               |    |
| 35    | Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions  | 35     |               |    |
| 36    | Add lines 30, 33, 34, and 35   | 36     | 0             | 00 |
| 37    | Enter the <b>smaller</b> of line 29 or line 36   | 37     | 0             | 00 |
| 38    | Credit allowed for the current year. Add lines 28 and 37  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51  Corporations Form 1120, Schedule J, Part I, line 5c  Estates and trusts Form 1041, Schedule G, line 2b | 38     | 0             | 00 |

| Name(s) s | hown on return   |           | Identify                   | ing number                 |  |
|-----------|--|-----------|----------------------------|----------------------------|--|
| CURTIS    | S L CARLSON FAMILY FOUNDATION  |           | 41-60                      | 028973                     |  |
|           | General Business Credits or Eligible Small Business Credits (see   | e inst    |                            |                            |  |
|           | te a separate Part III for each box checked below See instructions   |           | /                          |                            |  |
|           | General Business Credit From a Non-Passive Activity E Reserved   |           |                            |                            |  |
|           | General Business Credit From a Passive Activity F Reserved   |           |                            |                            |  |
|           |  | Rusin     | ess Credit Carryfo         | nwards                     |  |
| _         | General Business Credit Carrybacks  H Reserved   | Dusin     | cos cicali carryio         | IWaias                     |  |
|           | •  |           | . d d &   D 4 10           |                            | £  |
|           | u are filing more than one Part III with box A or B checked, complete and attach firs<br>arts III with box A or B checked. Check here if this is the consolidated Part III | st an a   | idditional Part III co     |                            | ► X  |
| all F     | ·  | <u> </u>  |                            |                            |  |
|           | (a) Description of credit  |           | (b) If claiming the credit | (c)                        |  |
|           | any line where the credit is from more than one source, a separate Part III is needed for e  | each      | from a pass-through        | Enter the approp<br>amount | nate   |
|           | ough entity  |           | entity, enter the EIN      |                            | _  |
| 1a        | Investment (Form 3468, Part II only) (attach Form 3468)  | 1a        |                            | <del></del>                | ļ.,  |
| b         | Reserved .   | 1b        |                            |                            |  |
| С         | Increasing research activities (Form 6765) .   | 1c        |                            | 797                        | <u> </u>   |
| ď         | Low-income housing (Form 8586, Part I only)  | 1d        |                            |                            | l  |
| е         | Disabled access (Form 8826) (see instructions for limitation) .  | 1e        |                            |                            |  |
| f         | Renewable electricity, refined coal, and Indian coal production (Form 8835)  | 1f        |                            |                            |  |
| g         | Indian employment (Form 8845)  | 1g        |                            |                            |  |
| h         | Orphan drug (Form 8820)  | 1h        |                            |                            |  |
| i         | New markets (Form 8874)  | 1i        |                            |                            |  |
| i         | Small employer pension plan startup costs (Form 8881) (see instructions for limitation)  | 1j        |                            |                            |  |
| k         | Employer-provided child care facilities and services (Form 8882) (see  |           |                            |                            | <del>                                     </del> |
| κ.        | instructions for limitation)   | 1k        |                            |                            |  |
| 1         | Biodiesel and renewable diesel fuels (attach Form 8864)  | 11        |                            |                            | $\vdash$   |
| ,<br>m    | ·  | 1m        |                            |                            | $\vdash$   |
| m         | Low sulfur diesel fuel production (Form 8896) .  |           |                            |                            | $\vdash$   |
| n         | Distilled spirits (Form 8906)  | 1n        |                            |                            | ┼  |
| 0         | Nonconventional source fuel (carryforward only)  | 10        |                            |                            | ├  |
| р         | Energy efficient home (Form 8908)  | 1p        |                            |                            | <u> </u>   |
| q         | Energy efficient appliance (carryforward only)   | 1q        |                            |                            | Ь—   |
| r         | Alternative motor vehicle (Form 8910)  | 1r        |                            |                            | <u> </u>   |
| S         | Alternative fuel vehicle refueling property (Form 8911) .  | 1s        |                            |                            |  |
| t         | Enhanced oil recovery credit (Form 8830) .   | 1t        |                            |                            |  |
| u         | Mine rescue team training (Form 8923) .  | 1u        |                            |                            |  |
| V         | Agricultural chemicals security (carryforward only) .  | 1v        |                            |                            |  |
| w         | Employer differential wage payments (Form 8932)  | <u>1w</u> |                            |                            |  |
| x         | Carbon oxide sequestration (Form 8933)   | 1x        |                            |                            |  |
| У         | Qualified plug-in electric drive motor vehicle (Form 8936)   | 1y        |                            |                            |  |
| Z         | Qualified plug-in electric vehicle (carryforward only)   | 1z        |                            |                            |  |
| aa        | Employee retention (Form 5884-A)   | 1aa       |                            |                            |  |
| bb        | General credits from an electing large partnership (Schedule K-1 (Form 1065-B))  | 1bb       |                            |                            |  |
| ZZ        | Other Oil and gas production from marginal wells (Form 8904) and certain   |           |                            |                            |  |
|           | other credits (see instructions)   | 1zz       |                            |                            |  |
| 2         | Add lines 1a through 1zz and enter here and on the applicable line of Part I   | 2         |                            | 797                        | 00   |
| 3         | Enter the amount from Form 8844 here and on the applicable line of Part II   | 3         |                            |                            | 1  |
| 4a        | Investment (Form 3468, Part III) (attach Form 3468)  | 4a        |                            |                            | $\vdash$   |
| b         | Work opportunity (Form 5884)   | 4b        |                            |                            | $\vdash$   |
|           | Biofuel producer (Form 6478)   | 4c        |                            |                            | <del>                                     </del> |
| C C       | Low-income housing (Form 8586, Part II) .  | 4d        |                            |                            | $\vdash$   |
| d         | •  | $\vdash$  |                            |                            | ├─   |
| e<br>•    | Renewable electricity, refined coal, and Indian coal production (Form 8835)  | 4e        |                            |                            | ┼  |
| f         | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)  | 4f        |                            |                            | <del>                                     </del> |
| g         | Qualified railroad track maintenance (Form 8900)   | 4g        |                            |                            | <del></del>                                      |
| h         | Small employer health insurance premiums (Form 8941)   | 4h        |                            |                            |  |
| i         | Increasing research activities (Form 6765)   | 4i        |                            |                            | <u> </u>   |
| j         | Employer credit for paid family and medical leave (Form 8994) .  | 4j        |                            | <u>,</u>                   | <u> </u>   |
| Z         | Other  | 4z        |                            |                            | <u> </u>   |
| 5         | Add lines 4a through 4z and enter here and on the applicable line of Part II   | 5         |                            |                            | 00   |
| 6         | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II   | 6         |                            | 797                        | 00   |
|           |  |           |                            | Form 3800                  |  |

|     |         | - ()  |           |                        |                          |                |
|-----|---------|---|-----------|------------------------|--------------------------|----------------|
| Nar | ne(s) s | hown on return  |           | ldentif                | ying number              |                |
| CU  | RTI     | S L CARLSON FAMILY FOUNDATION   |           | 41-6                   | 028973                   |                |
|     | art II  |   | e inst    | ructions)              |                          |                |
| Со  | mple    | te a separate Part III for each box checked below See instructions                            |           |                        |                          |                |
|     |         | General Business Credit From a Non-Passive Activity E 🔲 Reserved                              |           |                        |                          |                |
|     |         | General Business Credit From a Passive Activity F Reserved                                    |           |                        |                          |                |
|     | _       |   | Busın     | ess Credit Carryfo     | orwards                  |                |
|     |         | General Business Credit Carrybacks H 🔲 Reserved   |           | •                      |                          |                |
|     |         | u are filing more than one Part III with box A or B checked, complete and attach firs         | t an a    | dditional Part III c   | ombining amounts         | from           |
| •   | •       | arts III with box A or B checked Check here if this is the consolidated Part III.             |           |                        |                          |                |
|     |         | (a) Description of credit   |           | (b)                    | (c)                      |                |
|     |         | n any line where the credit is from more than one source, a separate Part III is needed for e | ach       | If claiming the credit | Enter the appropriamount | rıate          |
|     |         | ough entity   | 4.0       | entity, enter the EIN  | - <del></del>            |                |
|     | 1a      | Investment (Form 3468, Part II only) (attach Form 3468)                                       | 1a        |                        | <del></del>              | <del>  -</del> |
|     | b       | Reserved .  | 1b        | 46 4022042             | 276                      |                |
|     | C       | Increasing research activities (Form 6765)  | 1c        | 46-4933843             | 276                      | <u> </u>       |
|     | d       | Low-income housing (Form 8586, Part I only)   | 1d        |                        |                          | -              |
|     | е       | Disabled access (Form 8826) (see instructions for limitation)                                 | 1e        |                        |                          | -              |
|     | f       | Renewable electricity, refined coal, and Indian coal production (Form 8835)                   | 1f        |                        |                          | 1              |
|     | g       | Indian employment (Form 8845) .   | 1g        |                        | <del>-</del>             | <u> </u>       |
|     | h       | Orphan drug (Form 8820)   | 1h        |                        |                          |                |
|     | i       | New markets (Form 8874)   | 1i        |                        |                          | <u> </u>       |
|     | j       | Small employer pension plan startup costs (Form 8881) (see instructions for limitation)       | <u>1j</u> |                        |                          | <u> </u>       |
|     | k       | Employer-provided child care facilities and services (Form 8882) (see                         |           |                        |                          |                |
|     |         | instructions for limitation) .  | 1k        |                        |                          |                |
|     | i       | Biodiesel and renewable diesel fuels (attach Form 8864)                                       | 11        |                        |                          |                |
|     | m       | Low sulfur diesel fuel production (Form 8896)   | 1m        |                        |                          | ļ              |
|     | n       | Distilled spirits (Form 8906)   | 1n        |                        |                          | ļ              |
|     | 0       | Nonconventional source fuel (carryforward only)   | 10        |                        |                          | <u> </u>       |
|     | р       | Energy efficient home (Form 8908) .   | 1p        |                        |                          | <u> </u>       |
|     | q       | Energy efficient appliance (carryforward only)  | 1q        |                        |                          |                |
|     | r       | Alternative motor vehicle (Form 8910)   | 1r        |                        | ļ                        | <u> </u>       |
|     | S       | Alternative fuel vehicle refueling property (Form 8911) .                                     | _1s       |                        |                          |                |
|     | t       | Enhanced oil recovery credit (Form 8830) .  | 1t        |                        |                          | <u> </u>       |
|     | u       | Mine rescue team training (Form 8923) .   | <u>1u</u> |                        | _                        |                |
|     | V       | Agricultural chemicals security (carryforward only) .   | 1v        |                        |                          |                |
|     | w       | Employer differential wage payments (Form 8932) .   | 1w        |                        |                          |                |
|     | X       | Carbon oxide sequestration (Form 8933)  | 1x        |                        |                          |                |
|     | y       | Qualified plug-in electric drive motor vehicle (Form 8936)                                    | 1y        |                        |                          |                |
|     | Z       | Qualified plug-in electric vehicle (carryforward only)  | 1z        |                        |                          |                |
|     | aa      | Employee retention (Form 5884-A)  | 1aa       |                        |                          | <u> </u>       |
|     | bb      | General credits from an electing large partnership (Schedule K-1 (Form 1065-B))               | 1bb       |                        |                          | L              |
|     | ZZ      | Other Oil and gas production from marginal wells (Form 8904) and certain                      |           |                        |                          |                |
|     |         | other credits (see instructions)  | 1zz       | _                      |                          |                |
| ;   | 2       | Add lines 1a through 1zz and enter here and on the applicable line of Part I                  | 2         |                        | 276                      | 00             |
|     | 3       | Enter the amount from Form 8844 here and on the applicable line of Part II                    | 3         |                        |                          | <u> </u>       |
|     | 4a      | Investment (Form 3468, Part III) (attach Form 3468)   | 4a        | _                      |                          |                |
|     | b       | Work opportunity (Form 5884)  | 4b        |                        |                          |                |
|     | С       | Biofuel producer (Form 6478)  | 4c        |                        |                          |                |
|     | d       | Low-income housing (Form 8586, Part II) .   | 4d        |                        |                          | L              |
|     | е       | Renewable electricity, refined coal, and Indian coal production (Form 8835)                   | 4e        |                        |                          |                |
|     | f       | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)         | 4f        |                        |                          |                |
|     | g       | Qualified railroad track maintenance (Form 8900)  | 4g        |                        |                          |                |
|     | h       | Small employer health insurance premiums (Form 8941)  | 4h        |                        |                          | [              |
|     | i       | Increasing research activities (Form 6765)  | 4i        |                        |                          |                |
|     | j       | Employer credit for paid family and medical leave (Form 8994)                                 | 4j        |                        |                          |                |
|     | z       | Other   | 4z        |                        |                          |                |
|     | 5       | Add lines 4a through 4z and enter here and on the applicable line of Part II                  | 5         |                        | 0                        | 00             |
|     | 6       | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .                  | 6         | <del></del>            | 276                      |                |

| Name(s) s | hown on return   |          | Id                    | lentify | ng number                  |              |
|-----------|--|----------|-----------------------|---------|----------------------------|--------------|
| CURTI     | CURTIS L CARLSON FAMILY FOUNDATION 41-6028973  |          |                       |         |                            |              |
| Part II   |  | e inst   |                       |         |                            |              |
|           | te a separate Part III for each box checked below See instructions   |          | ,,                    |         |                            | _            |
|           | General Business Credit From a Non-Passive Activity E   Reserved   |          |                       |         |                            |              |
|           | General Business Credit From a Passive Activity  F   Reserved  Reserved  |          |                       |         |                            |              |
|           |  | Bucin    | oce Credit Ce         | orn dor | words                      |              |
|           |  | DUSIII   | ess Credit Ca         | arryioi | waius                      |              |
|           | General Business Credit Carrybacks H Reserved  |          |                       |         |                            |              |
|           | u are filing more than one Part III with box A or B checked, complete and attach firs<br>arts III with box A or B checked. Check here if this is the consolidated Part III | st an a  | additional Part       | III cor | mbining amounts            | trom         |
| a    F    |  | •        | 1                     | T       | •                          |              |
|           | (a) Description of credit  |          | (b) If claiming the o | credit  | (c)                        |              |
| Note: Or  | n any line where the credit is from more than one source, a separate Part III is needed for e  | ach      | from a pass-thr       | rough   | Enter the approp<br>amount | пасе         |
|           | ough entity  |          | entity, enter the     | e EIN   |                            | _            |
| 1a        | Investment (Form 3468, Part II only) (attach Form 3468) .  | 1a       |                       |         |                            | <del> </del> |
| þ         | Reserved .   | 1b       |                       |         |                            |              |
| С         | Increasing research activities (Form 6765)   | 1c       | 46-362426             | 59      | 27                         |              |
| d         | Low-income housing (Form 8586, Part I only)  | 1d       |                       |         |                            |              |
| е         | Disabled access (Form 8826) (see instructions for limitation)  | 1e       |                       |         |                            |              |
| f         | Renewable electricity, refined coal, and Indian coal production (Form 8835)  | 1f       |                       |         |                            |              |
| g         | Indian employment (Form 8845)  | 1g       |                       |         |                            |              |
| h         | Orphan drug (Form 8820)  | 1h       |                       |         |                            |              |
| i         | New markets (Form 8874)  | 1i       |                       |         | •                          |              |
| j         | Small employer pension plan startup costs (Form 8881) (see instructions for limitation)  | 1j       |                       |         |                            |              |
| k         | Employer-provided child care facilities and services (Form 8882) (see  |          |                       |         |                            |              |
|           | instructions for limitation)   | 1k       |                       |         |                            |              |
| ı         | Biodiesel and renewable diesel fuels (attach Form 8864)  | 11       | -                     |         |                            | 1            |
| m         | Low sulfur diesel fuel production (Form 8896)  | 1m       |                       |         |                            |              |
| n         | Distilled spirits (Form 8906)  | 1n       |                       |         | <del></del> -              |              |
| 0         | Nonconventional source fuel (carryforward only)  | 10       |                       |         |                            |              |
| р         | Energy efficient home (Form 8908)  | 1p       |                       |         |                            | †            |
| q         | Energy efficient appliance (carryforward only)   | 1q       |                       | -       |                            | +            |
| r         | Alternative motor vehicle (Form 8910)  | 1r       |                       | -       |                            | +            |
| s         | Alternative fuel vehicle refueling property (Form 8911)  | 1s       |                       |         |                            | +            |
| t         | Enhanced oil recovery credit (Form 8830)   | 1t       |                       |         |                            | 1            |
| u         | Mine rescue team training (Form 8923)  | 1u       |                       | -       |                            | +            |
| v         | Agricultural chemicals security (carryforward only)  | 1v       |                       |         |                            |              |
|           | Employer differential wage payments (Form 8932)  | 1w       |                       |         |                            | 1            |
| w         | Carbon oxide sequestration (Form 8933)   | 1x       |                       |         |                            | +            |
| X         | Qualified plug-in electric drive motor vehicle (Form 8936)   |          |                       | -+      |                            | <del> </del> |
| y<br>z    | Qualified plug-in electric drive motor vehicle (corryforward only)   | 1y<br>1z |                       |         |                            |              |
| _         |  |          | •.                    |         |                            |              |
| aa        | Employee retention (Form 5884-A)  Constal gradua from an electron large nectorship (Schodule K 1 (Form 1965 R))  | 1aa      | _                     |         |                            | _            |
| bb        | General credits from an electing large partnership (Schedule K-1 (Form 1065-B))  | 1bb      |                       |         |                            | ļ            |
| ZZ        | Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)  | 4        |                       |         |                            |              |
| •         | · ·  | 1zz      |                       |         |                            | -            |
| 2         | Add lines 1a through 1zz and enter here and on the applicable line of Part I   | 2        |                       |         | 27                         | 00           |
| 3         | Enter the amount from Form 8844 here and on the applicable line of Part II   | 3        |                       |         |                            |              |
| 4a        | Investment (Form 3468, Part III) (attach Form 3468)  | 4a       |                       |         |                            |              |
| b         | Work opportunity (Form 5884)   | 4b       |                       |         |                            | ļ            |
| C         | Biofuel producer (Form 6478)   | 4c       |                       |         |                            | <u> </u>     |
| d         | Low-income housing (Form 8586, Part II)  | 4d       |                       |         |                            | ļ            |
| e         | Renewable electricity, refined coal, and Indian coal production (Form 8835)  | 4e       |                       |         |                            |              |
| f         | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)  | 4f       | _                     |         |                            | <b> </b>     |
| g         | Qualified railroad track maintenance (Form 8900)   | 4g       |                       |         |                            | ļ            |
| h         | Small employer health insurance premiums (Form 8941)   | 4h       |                       |         |                            |              |
| i         | Increasing research activities (Form 6765)   | 4i       |                       |         |                            | <u> </u>     |
| j         | Employer credit for paid family and medical leave (Form 8994)  | 4j       |                       |         |                            |              |
| Z         | Other  | 4z       |                       |         |                            |              |
| 5         | Add lines 4a through 4z and enter here and on the applicable line of Part II   | 5        |                       |         | 0                          | 00           |
| 6         | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II   | 6        |                       |         | 27                         | 00           |
|           |  |          |                       |         |                            |              |

Form 3800 (2018)

|          |   |             |                            |                              | <u> </u> |
|----------|---|-------------|----------------------------|------------------------------|----------|
| Name(s)  | shown on return   |             | Identify                   | ng number                    |          |
| CURTI    | S L CARLSON FAMILY FOUNDATION   |             | 41-60                      | 28973                        |          |
| Part I   | I General Business Credits or Eligible Small Business Credits (see                            | e inst      | ructions)                  |                              |          |
|          | ete a separate Part III for each box checked below. See instructions                          | -           | <u> </u>                   |                              |          |
|          | General Business Credit From a Non-Passive Activity E Reserved                                |             |                            |                              |          |
|          | General Business Credit From a Passive Activity F Reserved                                    |             |                            |                              |          |
|          |   | Bucin       | ess Credit Carryfo         | nuarde                       |          |
|          | ·   | Dusiii      | ess Credit Carrylo         | rwai u s                     |          |
|          | •   |             |                            |                              |          |
|          | ou are filing more than one Part III with box A or B checked, complete and attach firs        | st an a     | idditional Part III co     | _                            |          |
| all F    | Parts III with box A or B checked Check here if this is the consolidated Part III             |             |                            |                              | <u> </u> |
|          | (a) Description of credit   |             | (b) If claiming the credit | _ , (c)                      |          |
| Note: O  | n any line where the credit is from more than one source, a separate Part III is needed for e | ach         | from a pass-through        | Enter the appropri<br>amount | iate     |
| pass-thr | ough entity   |             | entity, enter the EĬN      |                              |          |
| 1a       | Investment (Form 3468, Part II only) (attach Form 3468)                                       | 1a          |                            |                              |          |
| b        | Reserved  | 1b          |                            |                              |          |
| С        | Increasing research activities (Form 6765)  | 1c          | 47-2520092                 | 339                          |          |
| đ        | Low-income housing (Form 8586, Part I only)   | 1d          |                            |                              |          |
| e        | Disabled access (Form 8826) (see instructions for limitation)                                 | 1e          |                            |                              |          |
| f        | Renewable electricity, refined coal, and Indian coal production (Form 8835)                   | 1f          |                            |                              |          |
| -        | Indian employment (Form 8845)   | 1g          |                            |                              |          |
| g        |   | 1h          |                            | <del></del>                  |          |
| h        | Orphan drug (Form 8820)   | -           |                            |                              |          |
| !        | New markets (Form 8874)   | 1i          |                            |                              |          |
| j        | Small employer pension plan startup costs (Form 8881) (see instructions for limitation)       | 1 <u>j</u>  |                            |                              |          |
| k        | Employer-provided child care facilities and services (Form 8882) (see                         |             |                            |                              |          |
|          | instructions for limitation) .  | 1k          |                            |                              |          |
| 1        | Biodiesel and renewable diesel fuels (attach Form 8864)                                       | 11          |                            |                              |          |
| m        | Low sulfur diesel fuel production (Form 8896) .   | 1m          |                            |                              |          |
| n        | Distilled spirits (Form 8906) .   | 1n          |                            |                              |          |
| 0        | Nonconventional source fuel (carryforward only)   | 10          |                            |                              |          |
| р        | Energy efficient home (Form 8908)   | 1p          | -                          |                              |          |
| q        | Energy efficient appliance (carryforward only)  | 1q          |                            | •                            |          |
| r        | Alternative motor vehicle (Form 8910)   | 1r          |                            |                              |          |
|          | Alternative fuel vehicle refueling property (Form 8911)                                       | 1s          |                            |                              |          |
| S        |   | 1t          |                            |                              |          |
| t        | Enhanced oil recovery credit (Form 8830) .  | <del></del> |                            |                              |          |
| u        | Mine rescue team training (Form 8923)   | 1u          |                            |                              |          |
| V        | Agricultural chemicals security (carryforward only)   | 1v          |                            |                              |          |
| W        | Employer differential wage payments (Form 8932)   | 1w          |                            |                              |          |
| x        | Carbon oxide sequestration (Form 8933)  | 1x          |                            |                              |          |
| у        | Qualified plug-in electric drive motor vehicle (Form 8936)                                    | 1y          |                            |                              |          |
| z        | Qualified plug-in electric vehicle (carryforward only)  | 1z          |                            |                              |          |
| aa       | Employee retention (Form 5884-A)  | 1aa         |                            |                              |          |
| bb       | General credits from an electing large partnership (Schedule K-1 (Form 1065-B))               | 1bb         |                            |                              |          |
| ZZ       | Other Oil and gas production from marginal wells (Form 8904) and certain                      |             |                            |                              |          |
|          | other credits (see instructions)  | 1zz         |                            |                              |          |
| 2        | Add lines 1a through 1zz and enter here and on the applicable line of Part I                  | 2           |                            | 339                          | 00       |
| 2        |   | 3           |                            | 339                          | 00       |
| 3        | Enter the amount from Form 8844 here and on the applicable line of Part II                    |             |                            |                              |          |
| 4a       | Investment (Form 3468, Part III) (attach Form 3468)   | 4a          |                            |                              |          |
| b        | Work opportunity (Form 5884)  | 4b          |                            |                              |          |
| С        | Biofuel producer (Form 6478)  | 4c          | -                          |                              |          |
| d        | Low-income housing (Form 8586, Part II)   | 4d          |                            |                              |          |
| e        | Renewable electricity, refined coal, and Indian coal production (Form 8835)                   | 4e          |                            |                              |          |
| f        | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)         | 4f          |                            |                              |          |
| g        | Qualified railroad track maintenance (Form 8900)  | 4g          |                            |                              |          |
| h        | Small employer health insurance premiums (Form 8941)  | 4h          |                            |                              |          |
| i        | Increasing research activities (Form 6765)  | 4i          |                            |                              |          |
| ·        | Employer credit for paid family and medical leave (Form 8994)                                 | 4j          |                            | -                            |          |
| ,        | Other   | 4z          | _                          |                              |          |
| Z        |   |             | _                          |                              | 00       |
| 5        | Add lines 4a through 4z and enter here and on the applicable line of Part II                  | 5           |                            | 339                          |          |
| 6        | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                    | 6           | l                          |                              | UU       |

| Nar | Name(s) shown on return   |  |           |   |                |                         |  |
|-----|---|--|-----------|---|----------------|-------------------------|--|
| CU  | URTIS L CARLSON FAMILY FOUNDATION 41-6028973  |  |           |   |                |                         |  |
|     | Part III General Business Credits or Eligible Small Business Credits (see instructions) |  |           |   |                |                         |  |
| Co  | mple  | te a separate Part III for each box checked below. See instructions  |           |   |                |                         |  |
|     |   |  |           |   |                |                         |  |
|     | _   | General Business Credit From a Passive Activity F Reserved   |           |   |                |                         |  |
|     |   | General Business Credit Carryforwards  G   Eligible Small  | Busin     | ess Credit Ca                           | arrvfoi        | rwards                  |  |
|     |   | General Business Credit Carrybacks H Reserved  |           |   | ,              |                         |  |
|     |   | u are filing more than one Part III with box A or B checked, complete and attach firs                        | t an a    | dditional Part                          | t III.co       | mhining amounts         | from   |
| •   |   | arts III with box A or B checked. Check here if this is the consolidated Part III                            | it air e  | ida |                | inbining amounts        | <b>▶</b> □                                       |
|     |   | (a) Description of credit  |           | (b)                                     | <u> </u>       |                         |  |
|     |   | · · · · · · · · · · · · · · · · · · ·  |           | If claiming the                         | credit         | (c)<br>Enter the approp | riate  |
|     |   | i any line where the credit is from more than one source, a separate Part III is needed for e<br>ough entity | acn       | from a pass-th                          |                | amount                  |  |
| _   | 1a  | Investment (Form 3468, Part II only) (attach Form 3468)  | 1a        | entity, enter th                        | IE EIIV        |                         | Т  |
|     | b   | Reserved   |           |   |                |                         | <del>                                     </del> |
|     |   |  | 1b        | 46 20400                                | ^-             | 1.5.5                   | ļ!   |
|     | C   | Increasing research activities (Form 6765)   | 1c        | 46-28498                                | 95             | 155                     | 1  |
|     | d   | Low-income housing (Form 8586, Part I only)  | 1d        |   |                | ·                       | -  |
|     | e   | Disabled access (Form 8826) (see instructions for limitation)  | 1e        |   |                |                         | -  |
|     | f   | Renewable electricity, refined coal, and Indian coal production (Form 8835)                                  | 1f        |   |                |                         | -  |
|     | 9   | Indian employment (Form 8845)  | 1g        |   |                |                         |  |
|     | h   | Orphan drug (Form 8820)  | 1h        |   |                |                         |  |
|     | !   | New markets (Form 8874)  | 1i        |   |                |                         | ļ  |
|     | 1   | Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                      | <u>1j</u> |   |                |                         | <b>_</b>   |
|     | k   | Employer-provided child care facilities and services (Form 8882) (see  |           |   |                |                         |  |
|     |   | instructions for limitation)   | 1k        |   |                |                         | <u> </u>   |
|     | 1   | Biodiesel and renewable diesel fuels (attach Form 8864)  | 11        |   |                |                         |  |
|     | m   | Low sulfur diesel fuel production (Form 8896) .  | 1m        |   |                |                         |  |
|     | n   | Distilled spirits (Form 8906)  | 1n        |   |                |                         | <u> </u>   |
|     | 0   | Nonconventional source fuel (carryforward only) .  | 10        |   |                |                         |  |
|     | р   | Energy efficient home (Form 8908)  | 1p        |   |                |                         |  |
|     | q   | Energy efficient appliance (carryforward only)   | 1q        |   |                |                         |  |
|     | r   | Alternative motor vehicle (Form 8910)  | 1r        |   |                |                         | L  |
|     | S   | Alternative fuel vehicle refueling property (Form 8911)  | 1s        |   |                |                         |  |
|     | t   | Enhanced oil recovery credit (Form 8830) .   | 1t        |   |                |                         |  |
|     | u   | Mine rescue team training (Form 8923)  | 1u        |   |                |                         |  |
|     | V   | Agricultural chemicals security (carryforward only) .  | 1v        |   |                |                         |  |
|     | w   | Employer differential wage payments (Form 8932) .  | 1w        |   |                |                         |  |
|     | x   | Carbon oxide sequestration (Form 8933)   | 1x        |   |                |                         |  |
|     | у   | Qualified plug-in electric drive motor vehicle (Form 8936)   | 1у        |   |                |                         |  |
|     | Z   | Qualified plug-in electric vehicle (carryforward only)   | 1z        |   |                |                         |  |
|     | aa  | Employee retention (Form 5884-A) .   | 1aa       |   |                |                         |  |
|     | bb  | General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                              | 1bb       |   |                |                         |  |
|     | ZZ  | Other Oil and gas production from marginal wells (Form 8904) and certain                                     |           |   |                |                         |  |
|     |   | other credits (see instructions) .   | 1zz       |   |                |                         |  |
| 1   | 2   | Add lines 1a through 1zz and enter here and on the applicable line of Part I                                 | 2         |   |                | 155                     | 00   |
| :   | 3   | Enter the amount from Form 8844 here and on the applicable line of Part II                                   | 3         |   |                |                         |  |
| 4   | 4a  | Investment (Form 3468, Part III) (attach Form 3468)  | 4a        |   |                |                         |  |
|     | b   | Work opportunity (Form 5884)   | 4b        |   |                |                         |  |
|     | С   | Biofuel producer (Form 6478)   | 4c        |   |                | ·                       |  |
|     | d   | Low-income housing (Form 8586, Part II)  | 4d        |   |                |                         |  |
|     | е   | Renewable electricity, refined coal, and Indian coal production (Form 8835)                                  | 4e        | -                                       |                |                         |  |
|     | f   | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                        | 4f        |   |                |                         | $\vdash$   |
|     | g   | Qualified railroad track maintenance (Form 8900)   | 4g        |   | -              |                         | $\vdash$   |
|     | h   | Small employer health insurance premiums (Form 8941)   | 4h        |   | $\neg$         |                         | $\vdash$   |
|     | ï   | Increasing research activities (Form 6765)   | 4i        |   |                |                         | $\vdash$   |
|     | i   | Employer credit for paid family and medical leave (Form 8994)  | 4j        |   | -+             |                         |  |
|     | J<br>Z  | Other  | 4z        |   | -+             | <del></del> -           |  |
|     | 5   | Add lines 4a through 4z and enter here and on the applicable line of Part II                                 | 5         |   | -+             | 0                       | 00   |
|     | 6   | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                   | 6         |   | <del>-  </del> | 155                     |  |
|     |   | 7.00 miles 2, 0, and 5 and onto there and on the applicable line of Fart II                                  | U         |   | L              | Form <b>3800</b>        |  |
|     |   |  |           |   |                | 1 01111 0000            | (=0.10)  |

ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT IN VARIOUS LIMITED PARTNERSHIPS THAT GENERATE UNRELATED BUSINESS INCOME.

ATTACHMENT 2

### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

| ARGOSY INVESTMENT PARTNERS V LP 46-4933843 CHATHAM ASSET PRIVATE DEBT 82-2237743 CONVERGENT CAPITAL PARTNERS II LP 20-8596412 CONVERGENT CAPITAL PARTNERS III LP 46-3624269 LINDEN CAPITAL PARTNERS II LP 26-3852773 LINDEN CAPITAL PARTNERS III LP 47-2520092 LINDEN CAPITAL PARTNERS IV LP 82-3333009 NEW HARBOR CAPITAL FUND LP 46-2849895 | -75,459. 16,995. 46,133. 226,89720,9842,254. 3,72076,215. |
|---|---|
| NEW HARBOR CAPITAL FUND II LP 81-4328351 OEP VI FEEDER (CAYMAN) 47-2408811 OPPORTUNITY PARTNERS IV LP 36-4787459 VARDE FUND XIII LP 98-1430633  | -4,720.<br>-954.<br>-37,967.<br>-300.                     |
| INCOME (LOSS) FROM PARTNERSHIPS   | 74,892.   |

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

30,537.

30,537.

PART II - LINE 28 - OTHER DEDUCTIONS

 Curtis L Carlson Family Foundation 41-6028973
 Net Operating Loss Deduction Calendar Year 2018

| Year  | NOL Generated | NOL Utilized | NOL Carryover<br>Remaining |
|-------|---------------|--------------|----------------------------|
| 2015  | (14,481)      |              | (14,481)                   |
| 2016  | (1,014)       | -            | (1,014)                    |
| 2017  | (44,877)      |              | (44,877)                   |
| 2018  |               | 36,650       | 36,650                     |
| Total | (60,372)      | 36,650       | (23,722)                   |

The pre-2018 NOL is reported on Form 990-T, page 2, line 35, subject to limitation.