•	Form	, 9̂90-T │	Ex	empt Organization					r¤, L	OMB N	1545-0047	
1 3	اللاادف		F 1	(and proxy tax adar year 2019 or other tax year begin			•	** 1 11	4	മ	@4 0	
,			Caler						~~	4	U I S	
		ment of the Treasury I Revenue Service	▶Do	► Go to www.irs gov/Form990 not enter SSN numbers on this form a					-1/31	Open to Pu	blic Inspection for	
	A	Check box if	P 00	Name of organization (Check be					C)(3) 501(c)(3) Organizations Only D Employer identification number			
	~ L	address changed		The state of the				• ,			e instructions)	
	B Exe	mpt under section	THE <u>CURT</u> IS L. CARLSON FAMILY FOUNDATION									
									41-60	41-6028973		
		408(e) 220(e)	_ or				-			Unrelated business activity code		
		408A 530(a)	Туре	550 TONKAWA ROAD						structions)	•	
	Н	529(a)		City or town, state or province, country	y, and Z	IP or foreign postal	l code		1			
	C Boo	k value of all assets		LONG LAKE, MN 55356					52300	0		
	at e	nd of year	F Gro	up exemption number (See instructi	ions) l	>						
	- 24	8,179,884.		ck organization type > X 501			501(د) trust	401(a) i	rust	Other trust	
				nization's unrelated trades or busine		-			the only	•		
		de or business her	•				f only one,	complete Parts I	-			
	fır	st in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, co	omplete a S	chedule M for ea	ch addition	al		
	tra	ade or business, the	en comple	ete Parts III-V								
	I Di	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-	subsidiary (controlled group?		▶ _	Yes X No	
				identifying number of the parent co								
	J Th	e books are in care	of ▶TC	NKAWA, INC.			Telephor	ie number ▶ 95	2 404-	5600	-	
	Par	t I Unrelated	Trade o	or Business Income		(A) Inco	me	(B) Exper	ses		(C) Net	
	_	Gross receipts or s										
	b	Less returns and allowa	nces	c Balance ▶	1c					i		
=	2	Cost of goods sol	d (Sched	ule A, line 7)	2							
2021	3	Gross profit Sub	tract line	2 from line 1c	3							
ro	4a	Capital gain net ii	ncome (a	ittach Schedule D)	4a		- na Bras ai	Suc Mervice				
83	b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b	Into	-272.c	Bank - USE	}		-272.	
	С	Capital loss dedu	ction for t	rusts	4c	1,000		19				
MAY	5	Income (loss) from a p	artnership o	r an S corporation (attach statement)	5	-6	7,992.	ATCH 2		<u>/</u>	-67,992.	
	6	Rent income (Sch	edule C)		6		NOV 3	U 3030				
SCANNED	7	Unrelated debt-fi	nanced in	come (Schedule E)	7		1101	V	/_		<u>.</u>	
Z	8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8							
3	9	Investment income of a	section 50	1(c)(7), (9) or (17) organization (Schedule G)	9) Dad	on, UT	, 	ļ	*************	
3	10	Exploited exempt	activity ii	ncome (Schedule I)	10		-					
Š	11	Advertising incom	ne (Sched	dule J)	11	PAU-						
	12	•		ctions, attach schedule)	_		0.064	/				
	13	Total. Combine lii	nes 3 thr	ough 12	13	-6	8,264.			<u> </u>	-68,264.	
	Par	Deduction	ns Not	Taken Elsewhere (See instr	ructio	ons for limitat	ions on c	leductions.) (Deduction	ns musi	be directly	
		Connecte	u with ti	ie unrelateu business incom	()					1		
	14			directors, and trustees (Schedule K)								
	15											
	16											
	17											
	18			(see instructions), ,							32,971.	
	19			4500)					19	 	J4, J11.	
	20			4562)					-			
	21			on Schedule A and elsewhere on re		_			21b			
Ċ	22									-		
ΩŢ	23			compensation plans								
aich aich	24			S						 		
ing Ye	25			Schedule I)							_	
Received In Batching Ogden	26 27			chedule J)							28,000.	
den in	27			schedule)							60,971.	
	28			s 14 through 27							-129,235.	
₽	29 20 /	,		electricing							-129,233.	
DEC	30/			g loss arising in tax years beginning							-129,235.	
ယ	For F			e income Subtract line 30 from line lotice, see instructions.	29 .	<u> </u>	<u> </u>	<u> </u>	3/1	E	m 990-T (2019)	
0 ;										For	m 330-1 (2019)	
0 2020	JSA (2740 1 0	00 MH0901 F99	0 11	/9/2020 1:58:14 PM	V 1	9-7.5F	1	γ				
0			,			_	(•	つよう				



Page 2

	Fotal of unrelated business taxable income computed from all unrelated trades or businesses (se			
	instructions)			-129 , 235
33	Amounts paid for disallowed fringes	33	<u> </u>	
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin			
	34 from the sum of lines 32 and 33	ク 35	;	-129,235
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	<u> </u>		
,,,		1 1	.	
	Instructions)	ィレジューション 136		-129,235
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	% 38	<u> </u>	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37	7. I \		
	enter the smaller of zero or line 37	<u>.]] 3</u> 5)	-129 , 235
Par	t IV 1 Tax Computation	. 1		
10	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	. ▶ 4,8		
1 1	Trusts Taxable at Trust Rates See instructions for tax computation Income tax o	n 🗆		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	1 1		
2			,	
	Proxy tax. See instructions			
3	Alternative minimum tax (trusts only)		_	
4	Tax on Noncompliant Facility Income. See instructions			
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par	t V)			
6a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	Other dredits (see instructions)			
	General business credit Attach Form 3800 (see instructions)			
۔	Conditions are a second Attach Face Police 8937)	\dashv		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	ړړ⊟		
	Total credits Add lines 46a through 46d\	-	 	
7	Subtract line 46e from line 45	47	<u>' </u>	
8	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	e). 48		
9	Total tax Add lines 47 and 48 (see instructions)	49)	C
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.,	50		
1 a	Payments A 2018 overpayment credited to 2019			
	2019 estimated tax payments			
	Tax deposited with Form 8868	_		
	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
g				
	Form 4136 Other Total ▶ 51g			
2	Total payments. Add lines 51a through 51g	52	:	76,907
3	Estimated tax penalty (see instructions) Check if Form 2220 is attached	58		
54		. ▶ 54		
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	· 		76,907
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			76,907
	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 76, 907. Refunded		<u> </u>	
	t VI Statements Regarding Certain Activities and Other Information (see instruct	tions)		
	Ctatements regarding Certain Activities and Other information (see instruct			
56' Par	At any time during the 2019 calendar year, did the organization have an interest in or a signature		er authorit	y Yes No
56 ² Par		or oth		'
56' Par	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	or oth	nave to fil	e l
56' Par	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	or oth	nave to fil	e y
Par 57	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of there	or oth may h	nave to fil lign countr	e y X
Par 7	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of there During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign bank and support the start of the	or oth may h	nave to fil lign countr	e y X
Par 57	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of there During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign year, see instructions for other forms the organization may have to file	or oth may h	nave to fil lign countr	e y X
56' Par 57	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of there During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form of the security of the	or oth may h he fore oreign tr	nave to filling countr	, x . x
Par 57 58	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penalty, I declare that I have examined his return, including accompanying schedules and statements, and to the tax year of the prenalties of penalty of the penalties of penalty of the penalties and statements.	or oth may h he fore oreign tr	nave to filling countr	, x . x
Par 57 58	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of there During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	or oth may he he fore oreign tr	nave to fill the second to the second the second to the second the	y X X X ge and belief, it
Par 57 58 59	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	or oth may he fore oreign to he best o	nave to fill in the second sec	y X X ge and belief, it
Par 7 8	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	or oth may he fore oreign to he best o	nave to fill in the second sec	y X X ge and belief, it
Par 7 8	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form of the security of t	or oth may he fore oreign to he best o	nave to fill light countr ust? If my knowled the IRS discuire preparer uctions)?[X]	y X X X ge and belief, it
Par Par 57 58 69 Her	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a following the tax year, did the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete declaration of preparer (other man taxpayer) is based on all information of which preparer has any knowledge WENDY NELSON Signature of officer Date Preparer's signature Date Column 114, Report of Poreign Bank and Financial Accounts If "Yes," the organization of the organization from the organization from, or was it the grantor of, or transferor to, a form the preparer to, a form the preparer to, a form the preparer to accompanying schedules and statements, and to the preparer of the preparer of the preparer to accompanying schedules and statements, and to the preparer true, including accompanying schedules and statements, and to the preparer true, correct, and complete declaration of preparer (other man taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's search and the preparer to the preparer true to the preparer to the pr	or oth may he fore oreign to he best o May the with the (see instructions).	nave to fill right countries. If my knowled the IRS discusse preparer ructions)? X If PTIN	y X X X ge and belief, it
Par 57 58 Sign Her	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form of the first of the property of the first of the security of the first of	or oth may he fore oreign to he best o May the seemstrucker with the celf-employer.	nave to fill using countrust?	y X X ge and belief, it iss this return shown below Yes No
Par 57 58 59 Sign Her	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form of the figure of the second of the figure of the second of the figure of the second of the figure of the fig	or oth may he fore oreign to he best o May the with the (see instructions) with the control of t	mave to fill the property of the IRS discussive preparer fuctions)? The property of the proper	y X X ge and belief, it iss this return shown below Yes No
5,8/ Pari 57 58 59 Sign Her	At any time during the 2019 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form of the figure of the second of the figure of the second of the figure of the second of the figure of the fig	or oth may he fore oreign to he best o May the with the (see instructions) with the control of t	nave to fill using countrust?	y X X ge and belief, it iss this return shown below Yes No

	_
Page	-3

Schedule A - Cost of Go	oods Sold Er	ter method	l of inventory valuation					rage 3
1 Inventory at beginning of y		iter method			ear	6		
2 Purchases					old. Subtract line			
3 Cost of labor				•	er here and in Part			
4a Additional section 263A co	• • • • • • • • • • • • • • • • • • • •					7		
	· · · · ·		l l		section 263A (w		Yes	No
(attach schedule) b Other costs (attach schedu		·			•	•		
5 Total. Add lines 1 through					or acquired for			х
Schedule C - Rent Income	_	ronerty a	nd Personal Propert	v I eased	With Real Proper	+v)	ll	
(see instructions)	c (i i oiii i i cai i	operty a	ia i cisonali i ropcit	y Louseu	with iteal i roper	·y/		
1 Description of property								
(1)						<u> </u>		
(2)								
(3)					* -			
(4)				_	 			
	2 Rent recei	ved or accrue	ed		1	-		
(a) From personal property (if the	nercentage of rest	(b) F	rom real and personal proper	v (if the	3(a) Deductions du	rectly connected with	the inco	nme
for personal property is more th	han 10% but not	percent	age of rent for personal prope	ty exceeds		a) and 2(b) (attach sci		,
more than 50%))	50% or	of the rent is based on profit	or income)				
(1)								
(2)								
(3)	•					-		
(4)								
Total		Total						
(c) Total income Add totals of c	olumns 2(a) and 2(b) Enter			(b) Total deductio Enter here and on			
here and on page 1, Part I, line 6					Part I, line 6, colun			
Schedule E - Unrelated D			e instructions)					
		<u> </u>	2 Gross income from or	3	Deductions directly cor		ole to	
1 Description of del	bt-financed property		allocable to debt-financed	(a) Strau	debt-finance ght line depreciation	ed property (b) Other dedi	ıctıons	
			property		tach schedule)	(attach sche		
(1)								
(2)								
(3)				_				
(4)								
4 Amount of average	5 Average adju		6 Column	1		8 Allocable de	ductions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 divided		s income reportable nn 2 x column 6)	(column 6 x total		
property (attach schedule)	(attach sche		by column 5	(Colui	iii 2 x column o)	3(a) and 3((b))	
(1)			9	6		·		
(2)			9	6				
(3)	ĺ		9	6				
(4)			9	6				
	-				ere and on page 1,	Enter here and o		
				Part I, I	ine 7, column (A)	Part I, line 7, col	lumn (B	3)
Totals				.				
Total dividends-received deduct	tions included in co	olumn 8						

Page 4

Schedule F - Interest, Ann	uities, Royaltie						ations (se	e instructi	ons)	
•		Exe	mpt Co	ontrolled Org	ganizatio	ons				T
Name of controlled organization	2 Employer identification numb	, E1		ated income nstructions)		of specifients made	ed included	of column 4 to I in the control Iion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	•		Total of specific ayments made		ınclı	Part of column ided in the co nization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)				•						
(3)										
(4)										
Totals	ocome of a Sec	tion 501	······	(9) or (17	▶	Ente Par	Enter here and on page 1, Part I, line 8, column (A) Enter he Part I, Iii			dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment II		, (1011 JU 1	(C)(1),	3 Deduc		IIIZatic	•		1	5 Total deductions
1 Description of income	2 Amount of	income	\perp	directly cor (attach sch	nected			rt-asides schedule)	S and cot acidos (col. 2	
(1)			_ _							
(2)										 .
(3)			_							
(4)	Enter here and		_							Enter here and on page 1,
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, co		her Th	an Adverti	sing In	ncome	(see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expedirection of the connected production of the connect	tly d with on of ted	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from a	oss income activity that t unrelated ess income	6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					_			<u> </u>		
(2)				<u> </u>				 		
(3)						<u> </u>		 		
(4)										
Totals	Enter here and on page 1, Part 1, line 10, col (A)	Enter here page 1, f line 10, c	Part I,					<u> </u>		Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	ICOME (see instri	uctions)								
Part I Income From Per			onsol	idated Ras	ie.		<u> </u>			
arti medine i fonti en	louicais Report	eu on a c	011301	luateu Das	713		•			·
1 Name of periodical	2 Gross advertising income	3 Dire advertisine		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute		irculation ncome	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			<u>.</u>					 		1
(3)				T			_	_	-	
(4)			-				-			
			<u> </u>							
Totals (carry to Part II, line (5))				<u> </u>						- 000 T

Form **990-T** (2019)

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶					-	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		-	•	· .	•	
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
			-	3 Percent of		

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

Form **990-T** (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

OMB No 1545-0123

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

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

2019

Employer identification number Name THE CURTIS L. CARLSON FAMILY FOUNDATION 41-6028973 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? X No Yes If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on Subtract column (e) from or loss from Form(s) Proceeds Cost column (d) and combine This form may be easier to complete if you round off cents to 8949, Part I, line 2. (sales price) (or other basis) column (g) the result with column (a) 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 21,682. -21,682. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 -21,682. 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) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (sales price) (or other basis) whole dollars 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 Totals for all transactions reported on Form(s) 8949 6,326. 38,566. -32,240.11 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 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h -32,240.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 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 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

Sales and Other Dispositions of Capital Assets

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

Attachment

OMB No 1545-0074

Sequence No 12A

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

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

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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

1	(a) Description of property	(a) (b) (c) (d) Cost or other basis enter a control of proceeds See the Note below See the se		(c) (d) Cost or other basis en See the Note below See the	If you enter an enter a co	any, to gain or loss amount in column (g), ode in column (f) arate instructions	(h) Gain or (loss) Subtract column (e)	
	(Example 100 sh XYZ Co)	(Mo , day, yr)	(wo , day, yr) (see instructions) in the separate instructions Code(s) from Amount of	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
FROM	CHATHAM K-1	VAR	VAR		10,265			(10,265.00
FROM	VARDE XIII K-1	VAR	VAR		11,417			(11,417.00
		·					~	
			. —					
	_							
neg Scl	tals. Add the amounts in columns pative amounts) Enter each total needule D, line 1b (if Box A above	al here and inc is checked), lir	lude on your ne 2 (if Box B		21 682 00			(21 682 00

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	(2019)	١

Attachment Sequence No 12A

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side CURTIS L CARLSON FAMILY FOUNDATION

Social security number or taxpayer identification number 41-6028973

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D. line 8a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reporte	d to the IRS (see Note above)
---	------------------------------------	-------------------------------

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

[X] (F) Long-term transactions not reported to you on Form 1099-B

	(,		,					
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						Wied dollorio	aujustinent	
FROM	ARGOSY K-1	VAR	VAR	6,326				6,326.00
FROM	CHATHAM K-1	VAR	VAR		29,424			(29,424.00
FROM	VARDE XIII K-1	VAR	VAR		9,142			(9,142.00
							!	
								
							_	
								<u> </u>
			! 				<u> </u>	
							<u>-</u>	
neg Sci	tals. Add the amounts in columns gative amounts) Enter each tota hedule D, line 8b (if Box D above ove is checked), or line 10 (if Box	I here and incl is checked), lin	ude on your le 9 (if Box E	6.326.00	38.566.00			(32,240,00

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

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

Attachment Sequence No 22

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

CURTIS L CARLSON FAMILY FOUNDATION

Identifying number

Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	1,705
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C		
	checked See instructions for statement to attach .	4	797
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with box D		
	checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	2,502.00
Part		1	
7	Regular tax before credits		
	 Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 		
	 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return. 	7	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		
8	Alternative minimum tax		
	Individuals Enter the amount from Form 6251, line 11		•
	• Corporations Enter -0	8	0
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	.	
9	Add lines 7 and 8	9	0.00
3	Add liftes 7 and 0	•	0.00
10a	Foreign tax credit . 10a 0		
b	Certain allowable credits (see instructions)	1	
C	Add lines 10a and 10b	10c	0.00
		100	0.00
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0.00
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		•
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See Instructions . 13		
14	Tentative minimum tax	1	
	Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0-		
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 52 .		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	0.00
17	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 Pa	perwork Reduction Act Notice, see separate instructions		Form 3800 (2019)

Part Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	 line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0.00
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	0.00
21	Subtract line 17 from line 20 If zero or less, enter -0	21	0.00
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	2,502
23	Passive activity credit from line 3 of all Parts III with box B checked 23 0		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	0
25	Add lines 22 and 24	25	2,502.00
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	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked .		
33	Enter the applicable passive activity credits allowed for 2019 See instructions .	33	0
34	Carryforward of business credit to 2019 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	797
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions .	35	0
36	Add lines 30, 33, 34, and 35	36	797.00
37	Enter the smaller 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 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c Estates and trusts Form 1041, Schedule G, line 2b	38	0.00

Form :	3800 (2019)			Page 3
Ņame	(s) shown on return		Identifying nun	nber
	TIS L CARLSON FAMILY FOUNDATION		41-60289	73
Par	General Business Credits or Eligible Small Business Credits (see inst	ructio	ns)	
Com	plete a separate Part III for each box checked below See instructions			
A 🛚	☐ General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F ☐ Reserved			
C [General Business Credit Carryforwards G Eligible Small Busin	ness Cr	edit Carryforward	S
D [General Business Credit Carrybacks H Reserved			
	you are filing more than one Part III with box A or B checked, complete and attach first an	addition	nal Part III combinir	
a	Il Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit	i	(1)	. ► X
	· ·	l.	(b) f claiming the credit	Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for each through entity	f	rom a pass-through	appropriate amount
1a		1a	entity, enter the EIN	
b		1b		
c		1c		1,705
d		1d		1,705
e		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) .	1f		
g		1g	_	
h		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		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	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		1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	, , ,	1t		
u	J. ,	1u		
٧	3	1v		
W		1w		
X	. ,	1x		
У		1y		
Z	, , , , , , , , , , , , , , , , , , , ,	1z		
a	, ,	1aa		
b	3 3 1 1 1 7 3 4 4 4 3 7	1bb		
Z	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		1 705 00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		1,705.00
4a		4a		
b		4b		-
c		4c		
d		4d		
e		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g		4g		
h		4h		
i	Increasing research activities (Form 6765)	4i		
i	Employer credit for paid family and medical leave (Form 8994)	4j		
z		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		1,705.00
		·	· <u></u>	Form 3800 (2019)

Form 380				Page 3
Name(s)	shown on return		Identifying num	iber
CURTI	S L CARLSON FAMILY FOUNDATION		41-602897	73
Part I	General Business Credits or Eligible Small Business Credits (see inst	ructio	ons)	
Comple	ete a separate Part III for each box checked below. See instructions.			
A 🖾	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
	General Business Credit Carryforwards G Eligible Small Busin	ess C	redit Carryforwards	s
	General Business Credit Carrybacks H Reserved	.000 0	roun ourry formar a	
	ou are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Part III combinir	a amounts from
	Parts III with box A or B checked. Check here if this is the consolidated Part III	additio	nai Fait in Combini	
	(a) Description of credit	-	(b)	(c)
N-4 ò	• , , ,		If claiming the credit	Enter the
	in any line where the credit is from more than one source, a separate Part III is needed for each rough entity		from a pass-through entity, enter the EIN	appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the Env	
b	Reserved .	1b		i
		1c	46 4022042	1 007
C	Increasing research activities (Form 6765)		46-4933843	1,007
d	Low-income housing (Form 8586, Part I only)	1d 1e	-	
e	Disabled access (Form 8826) (see instructions for limitation)	_		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845) .	1g	_	
h	Orphan drug (Form 8820)	1h		
!	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	l l		
	for limitation)	1k		
ı	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		
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 (carryforward only)	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		1,007.00
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		
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		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	_	
i	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		1,007.00
-	7.44 miles 2, 9, and 6 and onto their and on the applicable line of 1 art ii			Form 3800 (2019)
				. 51111 5555 (2019)

Form 3800 (2019)

Name(s) s	hown on return		Identifying num	her
•				
Part II	S L CARLSON FAMILY FOUNDATION General Business Credits or Eligible Small Business Credits (see inst	ruoti	41-602897	3
		Tucti	0115/	
	te a separate Part III for each box checked below See instructions General Business Credit From a Non-Passive Activity E Reserved			
	· =			
	· · · · · · · · · · · · · · · · · · ·		Stadit Corn forwards	
	G ☐ Eligible Small Busin G ☐ Eligible Small Busin General Business Credit Carrybacks H ☐ Reserved	iess C	redit Carrylolwards	•
	· · · · · · · · · · · · · · · · · · ·		1.5. 1.111	
	u are filing more than one Part III with box A or B checked, complete and attach first an a arts III with box A or B checked. Check here if this is the consolidated Part III	adaltic	onal Part III combinin	g amounts from
alli				(c)
_	(a) Description of credit		(b) If claiming the credit	Enter the
	n any line where the credit is from more than one source, a separate Part III is needed for each ough entity		from a pass-through	appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	amount
b	Reserved	1b		
			46 2624260	
C	Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only)	1c 1d	46-3624269	34
d	Disabled access (Form 8826) (see instructions for limitation)			
e f		1e 1f	-	
	Renewable electricity, refined coal, and Indian coal production (Form 8835)		· ·	
g	Indian employment (Form 8845)	1g	-	
h :	Orphan drug (Form 8820)	1h 1i		
	New markets (Form 8874) Small ampleurs pages plan startus acets (Form 8881) (see materialism for limitation)	-		
j,	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>		
k	Employer-provided child care facilities and services (Form 8882) (see instructions	41.		
	for limitation) Reduced and recovering discal finals (attach Form 9964)	1k		
!	Biodiesel and renewable diesel fuels (attach Form 8864)	_		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906) Negacine standard and spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q 1r		
r	Alternative motor vehicle (Form 8910)		 	
S	Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (Form 8830)	1s 1t	 	
t		—		
u	Mine rescue team training (Form 8923)	1u 1v	+	-
٧	Agricultural chemicals security (carryforward only) .		 	
W	Employer differential wage payments (Form 8932) Corbon paydo sequestration (Form 8933)	1w 1x		
×	Carbon oxide sequestration (Form 8933) . Qualified plug-in electric drive motor vehicle (Form 8936) .	1y	 	· · ·
у -	Qualified plug-in electric drive motor vehicle (roll 10530)	1z		
2	Employee retention (Form 5884-A)	1aa	+	
aa bb	General credits from an electing large partnership (carryforward only)	1bb	-	
		100		
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	-	24 00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		34.00
3 4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	· -	
	Work opportunity (Form 5884)	4b		
b	Biofuel producer (Form 6478)	4c		
c d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4u 4e	 	
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		· ·
	Qualified railroad track maintenance (Form 8900)	4g	 	
g h	Small employer health insurance premiums (Form 8941)	49 4h		
:	Increasing research activities (Form 6765)	4ii	 	
;	Employer credit for paid family and medical leave (Form 8994)	4i 4i	 	
J -	Other		 	
Z F	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z 5	 	0.00
5 6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	 	0.00 34.00
υ	Aud intes 2, 3, and 3 and enter here and on the applicable line of Fart II	1 0	1	34.00

FUITI SOU				Page 3
Ņame(s) s	hown on return		Identifying num	ber
CURTI	S L CARLSON FAMILY FOUNDATION		41-602897	'3
Part II	General Business Credits or Eligible Small Business Credits (see inst	ructi	ons)	
	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	_		
	General Business Credit Carryforwards G 🔲 Eligible Small Busin	iess C	redit Carrytorwards	3
	General Business Credit Carrybacks H Reserved			
I If yo	u are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Part III combinin	g amounts from
all P	arts III with box A or B checked. Check here if this is the consolidated Part III.			. ▶ 🗆
	(a) Description of credit		(b)	(c)
Note: Or	any line where the credit is from more than one source, a separate Part III is needed for each		If claiming the credit	Enter the appropriate
	ough entity		from a pass-through entity, enter the EIN	amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Critity, Critic the Life	
b	Reserved .			,
	•	1b		
C	Increasing research activities (Form 6765)	1c	47-2520092	125
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		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>i</u>		
, L	Employer-provided child care facilities and services (Form 8882) (see instructions	٠,		
k		41.		
	for limitation)	1k		
ı	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	1	
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		
u	Mine rescue team training (Form 8923)	1 <u>u</u>		
	* · · · · · · · · · · · · · · · · · · ·			
٧	Agricultural chemicals security (carryforward only)	1٧		
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 (carryforward only)	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	1	125.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		123.00
	, , , , , , , , , , , , , , , , , , ,			
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		
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		125.00
	···			Form 3800 (2019)

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Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions A General Business Credit From a Non-Passive Activity E Reserved B General Business Credit From a Passive Activity F Reserved C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks H Reserved I flyou are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity 1 Investment (Form 3468, Part II only) (attach Form 3468) b Reserved 1 Ib	Name(s)	shown on return		I Idontifiano	Page 3
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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 82-33333009 NEW HARBOR CAPITAL FUND LP 46-2849895 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	-1,20651,519. 16,638. 110,6344,0686,248. 8,04374,96820,29855847,403. 2,961.
INCOME (LOSS) FROM PARTNERSHIPS	-67,992.

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

28,000.

PART II - LINE 27 - OTHER DEDUCTIONS

28,000.

Curtis L Carlson Family Foundation 41-6028973 Net Operating Loss Deduction Calendar Year 2019

Year	NOL Generated	NOL Utilized	NOL Carryover Remaining
2015	(14,481)	(14,481)	-
2016	(1,014)	(1,014)	-
2017	(44,877)	(21,155)	(23,722)
2018			-
2019	(129,235)	-	(129,235)
Total	(189,607)	(36,650)	(152,957)

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

The post-2017 NOL is reported on Form 990-T, page 1, line 30, subject to limitation.

STATEMENT PURSUANT TO SECTION 1.351-3(a) BY CURTIS L. CARLSON FAMILY FOUNDATION, EIN: 41-6028973 A SIGNIFICANT TRANSFEROR

ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS FOR TAXABLE YEAR-ENDED DECEMBER 31, 2019

Statement Filed Pursuant to Treas. Reg. Section 1.351-3(a)

- (1) The transferee corporation is Mudrick Distressed Opportunity Drawdown Offshore Fund II LP, a foreign corporation organized under the laws of Cayman Islands
- (2) Curtis L Carlson Family Foundation transferred the assets identified on the dates indicated in (3) below.
- (3) The transferred property had an aggregate fair market value of USD \$1,600,815 and an aggregate basis of USD \$1,600,815 immediately before the exchange.

Property Transferred	Fair Market Value	Aggregate Basis
Cash 8/30/2019	\$1,489,740	\$1,489,740
Cash 10/31/2019	\$ 46,918	\$ 46,918
Cash 12/2/2019	\$ 64,157	\$ 64,157
Total	\$1,600,815 USD	\$1,600,815 USD

(4) No private letter rulings were issued in connection with the section 351 exchange.

CURTIS L. CARLSON FAMILY FOUNDATION EIN: 41-6028973

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED DECEMBER 31, 2019

Statement Filed Pursuant to Treas. Reg. Section 1.6038B-1(c) and Temp. Reg. Section 1.6038B-1T(c)

- (1) Name of Transferor Curtis L Carlson Family Foundation EIN 41-6028973 Address 550 Tonkawa Road Long Lake, MN 55356
- (2) Name of Transferee Mudrick Distressed Opportunity Drawdown Offshore Fund II LP Reference Number MUDRICKDISTRESSED Address c/o Walker Corporate Limited, Cayman Corporate Center 27 Hospital Road George Town, Grand Cayman CJ KY1-9008 Country of Incorporation Cayman Islands

Transfer of cash with a basis of \$1,600,815 and a FMV of \$1,600,815 to Transferee in 2019.

- (3) Transferor received, based on its proportionate interest in Mudrick Distressed Opportunity Drawdown Offshore Fund II LP (Reference Number MUDRICKDISTRESSED), additional stock with the basis of \$1,600,815 from Transferee
- (4) General description of the property transferred in each of the following categories, including the estimated FMV and adjusted basis of the property
 - (i) Active trade or business property Cash Basis and FMV of \$1,600,815
 - (II) Stock or securities N/A
 - (III) Depreciated property N/A
 - (IV) Property to be leased N/A
 - (v) Property to be sold N/A
 - (vi) Transfers to FSCs N/A
 - (vii) Tainted property N/A
 - (viii) Foreign loss branch N/A
 - (ix) Other intangibles N/A
- (5) Transferor did not transfer property of a foreign branch with previously deducted losses
- (6) The transfer was not an exchange described in I R C section 361(a) or (b)