| Form 990-T | E | Exempt Orga | inization Bu | sine | ss Incom | e Tax | Return |) | OMB No 1545-0047 |
|--|--|---|---|--|-----------------------|--|------------------|----------|---|
| f. | | (6 | and proxy tax und | der se | ction 6033(e) |) | 1912 | | 2010 |
| | For ca | lendar year 2019 or other tax | | | , and ending | | 1110 | - | 2019 |
| Department of the Treasury Internal Revenue Service | • | ● Go to www Do not enter SSN numb | w irs gov/Form990T for i ers on this form as it ma | | | | | . | Open to Public Inspection for 50 1(c)(3) Organizations Only |
| A Check box if address changed | | Name of organization (| Check box if name | changed | and see instruction | ıs.) | | (Empl | oyer identification number oyees' trust, see ctions) |
| B Exempt under section | Print | | VASCULAR RES | SEAR | СН | | | 4 | 5-4696263 |
| X 501(d) 3) | Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | E Unrela | ated business activity code |
| 408(e) 220(e) | Туре | | R, SUITE 800 | | | | | (266 !! | isudctions) |
| 408A 530(a) | | City or town, state or pr | ovince, country, and ZIP | or foreig | n postal code | | • | | |
| 529(a) | | HOUSTON, T | 77024 | | | | | 531 | 390 |
| C Book value of all assets at end of year | | F Group exemption nur | | • | · | | | | |
| at end of year 72,049,8 | <u>96.</u> | G Check organization ty | pe 🕨 🗶 501(c) cor | poration | 1 501(c) ti | rust | 401(a) | trust | Other trust |
| H Enter the number of the | organiza | ition's unrelated trades or | | 1 | Des | cribe the on | ly (or first) un | related | |
| | ' | <u>EE STATEMENT</u> | | | | | lete Parts I-V. | | |
| | | ice at the end of the previ | ous sentence, complete P | arts I an | d II, complete a Sch | nedule M for | each addition | al trade | e or |
| business, then complete | | | " 1 | | | | | 7,, | [32] |
| I During the tax year, was | | - | | ent-subs | idiary controlled gro | onba | ▶ L | Ye | s X No |
| | | tifying number of the pare | | ממגי | TOUR COURT | alanhana ni | mbar 🔪 / | 617 |) 341-8146 |
| J The books are in care of Part I Unrelated | | de or Business In | | _AKD | (A) Income | <u>етерпопе та</u> | (B) Expenses | | (C) Net |
| 1a Gross receipts or sale | | de el Basilless III | 1 | | (A) IIICOIIIC | | (D) Expenses | | (0) (10) |
| b Less returns and allow | | - | c Balance | 1c | | | | | |
| 2 Cost of goods sold (S | | | _ C Dalatice | 2 | | | | | |
| 3 Gross profit Subtract | | | | 3 | | | | | |
| 4a Capital gain net incom | | | | 4a | • | | | | |
| · • | • | art II, line 17) (attach For | m 4797) | 4b | | | | | |
| c Capital loss deduction | | • • | , | 4c | | | _ | | |
| • | | ship or an S corporation (| attach statement) | 5 | -45,15 | 57. | STMT 1 | 2 | -45,157. |
| 6 Rent income (Schedu | | , , | , | 6 | | | | | |
| 7 Unrelated debt-financ | ed incor | ne (Schedule E) | | 7 | | | | | |
| 8 Interest, annuities, roy | yaltıes, a | and rents from a controlle | d organization (Schedule F) | 8 | | | | | |
| 9 Investment income of | a sectio | on 501(c)(7), (9), or (17) | organization (Schedule G |) 9 | <u>/</u> | | ···· | | |
| 10 Exploited exempt active | vity inco | me (Schedule I) | | 10 | | | | | |
| 11 Advertising income (S | Schedule | e J) | | 11 | . | | | | <u></u> |
| 12 Other income (See ins | | | | 12 | | | | | |
| 13 Total. Combine lines | | | | 13 | -45,15 | | | | -45,157. |
| | | ot Taken Elsewher be directly connected | | | | ons) | | | |
| 14 Compensation of off | icers, di | rectors, and trustees (Sch | nedule K) | | | | | 14 | |
| 15 Salaries and wages | | | • | SE IN VO | | | | 15 | |
| 16 Repairs and mainten | ance | in | remai Hevenue 59 | HSB | | | | 16 | |
| 17 Bad debts | | / R | eceived US Bank - | 001 | | | | 17 | · |
| 18 Interest (attach sche | dule) (s | ee⊴instructions) | 325 | | | | | 18 | |
| 19 Taxes and licenses | | | NOV 16 202 | D | | | | 19 | |
| 20 Depreciation (attach | / | | | | 20 | | | | |
| | simed or | n Schedule A and elsewhe | | | 21a | | | 21b | |
| 22 Depletion | | | Ogden, UT | | | | | 22 | |
| 23 Contributions to defe | | mpensation plans | • | | | | | 23 | |
| 24 Employee benefit pro | _ | ak a tan | | | | | j | 24 | · · · · · · · · · · · · · · · · · · · |
| 25 Excess exempt experience | | | | | | | | 25 | |
| 26 Excess readership co | | · | | | | | | 26 | |
| 27 Other deductions (at | | • | | | | | | 27 | |
| 28 Total deductions Ad | | | na loce deduction. Cubt | et line of | g from line 12 | | | 28 29 | -45,157. |
| / | | ncome before net operatir oss arising in tax years b | | | | | | 23 | -43,13/• |
| (see instructions) | crauny i | oos arising in tax years to | Symming on or aller saller | ury 1, 20 | SEE ST | ארביי ארביים ביים ביים ביים ביים ביים ביים ביים | NT 13 | 30 | 0. |
| / | axahle ir | ncome. Subtract line 30 fr | om line 29 | | DEG UI | | | 31 | -45,157. |
| | | work Reduction Act Notic | | | | | | | Form 990-T (2019) |

| Part IIV Total Unrelated Business Taxable Income 32 | Dort III/ Total Unrelated Pusiness Tayable Income | EARCH | 45- | 469626 |
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| State Juriested business taxable income before pre 2018 N.Cs. and specific doduction. Secreta line 3 to not not execute to 3 to 1 | · · · · · · · · · · · · · · · · · · · | | | |
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| 1 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from: | 40 Organizations Taxable as Corporations, Multiply line 39 by 21% (0.21) | | ▶ 40 | - |
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| f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: | d Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | ⊣ i | |
| Other credits, adjustments, and payments: | e Backup withholding (see instructions) | 51e | | |
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| Form 4136 Other Total ▶ 51g 52 Total payments. Add lines 51a through 51g 52 Stamated tax penalty (see instructions). Check if Form 2220 is attached ▶ 53 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ▶ 54 Stoverpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶ 55 Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶ 56 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 7 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ SEE STATEMENT 14 Suring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perapy, I declare that I have examined this return, including accompanying schadules and statements, and to the bast of my knowledge and belief, it is true, correct, end complete Declaration of preparer (offer than taxpayer) is based on all information of which preparer has any knowledge Paid Print/Type preparer: Signature Date Check If PTIN Self-employed Poil 235366 Paid Print/Type preparer: Signature Date Firm's EIN ▶ 74-198861 | g Other credits, adjustments, and payments: Form 2439 | | | |
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| Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 | | | | |
| Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 | | | | |
| At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 14 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Sign Here Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? X Yes Print/Type preparer's name Preparer Print/Type preparer's name DENISE M. STONER DENISE M. STONER Prim's name JOHNSON & WURZER P.C. Firm's EIN 74-198861 | | | ► 56 | |
| over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 14 SUring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file 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 best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed PO1235366 PO1235366 Prim's name JOHNSON & WURZER P.C. Firm's EIN 74-198861 | Part VI Statements Regarding Certain Activities and Other Informatio | n (see instructions) | | · · · · · · · · · · · · · · · · · · · |
| FinceN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 14 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, end complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer sname Paid Preparer Denity Den | 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or | other authority | | Ycs |
| bere SEE STATEMENT 14 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, end complete Declaration of preparer (offer than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? ▼ Yes □ Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name DENISE M. STONER DENISE M. STONER Prim's name ▶ JOHNSON & WURZER P.C. Firm's name ▶ JOHNSON & WURZER P.C. Firm's EIN ▶ 74-198861 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | ay have to file | | |
| During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, end complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? X Yes Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name DENISE M. STONER DENISE M. STONER Firm's name JOHNSON & WURZER P.C. Firm's EIN 74-198861 | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign Bank and Financial Accounts. | eign country | | |
| If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, end complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? X Yes Print/Type preparer sname Paid Preparer DENISE M. STONER DENISE M. STONER DENISE M. STONER Firm's name JOHNSON & WURZER P.C. Firm's EIN 74-198861 | here ► SEE STATEMENT 14 | | | X |
| If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? X Yes Print/Type preparer name Paid Preparer DENISE M. STONER DENISE M. STONER Firm's name JOHNSON & WURZER P.C. Firm's EIN 74-198861 | • | feror to, a foreign trust? | | |
| Title Print/Type preparer Sname Paid Preparer Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, end complete Declaration of preparer (offer than taxpayer) is based on all information of which preparer has any knowledge ASSISTANT SECRETARY May the IRS discuss this return the preparer shown below (see instructions)? ▼ Yes □ Print/Type preparer Sname Paid Preparer Use Only Title Date Check □ if PTIN Self- employed PO1235366 Firm's EIN ▶ 74-198861 | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct; end complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes Print/Type preparer name Paid Preparer Denice Print/Type preparer name Preparer signature Date Check if PTIN Self- employed DENISE M. STONER DENISE M. STONER Firm's name JOHNSON & WURZER P.C. Firm's EIN 74-198861 | _ · · · · · · · · · · · · · · · · · · · | | | |
| Sign Here Correct: end complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? X Yes | | atements and to the best of my k | knowledge and | belief it is true |
| Here ASSISTANT SECRETARY May the IRS discuss this return the preparer shown below (see Instructions)? X Yes | | r has any knowledge | | |
| Paid Preparer Use Only Print/Type preparer's name Print | $M_{\alpha} = M_{\alpha} + M_{\alpha} + M_{\alpha} + M_{\alpha}$ | anannmanı | • | |
| Print/Type preparer's name Paid Preparer Date Check if self- employed DENISE M. STONER DENISE M. STONER DENISE M. STONER Firm's name ▶ JOHNSON & WURZER P.C. Firm's name ▶ JOHNSON & WURZER P.C. | ADDITION TO A PROPERTY AND ADDITIONAL PROPERTY ADDITIONAL PROPERTY AND ADDITIO | NT SECRETARY | | |
| Paid Preparer Use Only Pirm's name ▶ JOHNSON & WURZER P.C. Value | I V Signature of Officer Z I | , , , , , , , , , , , , , , , , , , , | | X Yes |
| Preparer Use Only Firm's name ▶ JOHNSON & WURZER P.C. | | e Check | if PTIN | |
| Preparer Use Only Firm's name ► JOHNSON & WURZER P.C. IIIII 20 P01235366 | | • | ed | |
| Use Only Firm's name ▶ JOHNSON & WURZER P.C. Firm's EIN ▶ 74-198861 | Print/Type preparer's name Preparer's signature Date | self- employe | | |
| | Print/Type preparer's name Preparer's signature Date Paid Paid Print/Type preparer's name | self- employed | P0 | <u> 12</u> 35366 |
| | Print/Type preparer's name Paid Preparer DENISE M. STONER DENISE M. STONER DENISE M. STONER | 11/20 | | |
| | Print/Type preparer's name Paid Preparer DENISE M. STONER DENISE M. STONER DENISE M. STONER | 11/20 | | |

LEDUCO FOUNDATION Form 990-T (2019) FOR CARDIOVASCULAR RESEARCH

45-4696263

Page 3

| Schedule A - Cost of Good | Is Sold. Enter | method of invei | ntory v | aluation N/A | | ······································ | | | |
|--|-----------------------|--|--|--|-----------|---|----------|--|----------|
| 1 Inventory at beginning of year | 1 | | | Inventory at end of yea | г | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | ıbtract l | line 6 | ŀ | 1 | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in l | Part I, | _ | 1 | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | 1 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| Yes | No | | |
| Other costs (attach schedule) | 4b | | property produced or acquired for resale) apply to | | | | | . - | |
| 5 Total Add lines 1 through 4b | 5 | | | the organization? | | | | | <u> </u> |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | per | ty) | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | ed or accrued | | | | 3(a) Deductions directi | ly conn | ected with the income i | n |
| (a) From personal property (if the per rent for personal property is mor 10% but not more than 50% | e than | ` of rent for | personal | sonal property (if the percental property exceeds 50% or if sed on profit or income) | ige | | | (attach schedule) | |
| (1) | | | | | | | | | _ |
| (2) | | | | ···- ·· | | | | | |
| (3) | | | | | | | | | |
| (4) | - | | | | | | | | |
| Total | 0. | Total | | | 0. | ļ., <u>.</u> | | | |
| (c) Total income Add totals of columns | | iter | | | _ | (b) Total deductions. Enter here and on page 1, | | | _ |
| here and on page 1, Part I, line 6, column Schedule E - Unrelated Del | | Uncome (see | otn | untings) | 0. | Part I, line 6, column (B) | <u> </u> | | 0. |
| Scriedule E - Officiated Del | Dt-i mancec | i iiicoiiie (see | Institu | ictions) | | 3. Deductions directly co | nnected | d with or allocable | |
| | | | 2 | Gross income from | | to debt-finar | | | |
| 1. Description of debt-fi | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | IS |
| (1) | | | | | | | | | |
| (2) | | · - · | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to inced property in schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8 Allocable deducti (column 6 x total of co 3(a) and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | %_ | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | inter here and on page 1, Part I, line 7, column (A) | | Enter here and on pag- Part I, line 7, column (| |
| Totals | | | | ▶ | | . 0 | | | 0. |
| Total dividends-received deductions in | actuded in column | n 8 | | | | | | | Ο. |

| | Aimanies, Noya | | | Controlled O | | | | (000 1110 | | <u>-,</u> |
|---|--|--|-----------------|---|---|--|-------------------------------|--|----------------------------------|--|
| 1 Name of controlled organizat | tion 2 Em identifi num | ployer 3 | Net unre | elated income instructions) | 4 . Tot | al of specified nents made | ınclud | t of column 4 ed in the cont ation's gross | introlling connected with inco | |
| (1) | | | | | | | | | | |
| (2) | | | | | | _ | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | | |
| 7 Taxable Income | 8. Net unrelated incor (see instruction | |). Total o | of specified payr made | nents | 10. Part of colur in the controlli gross | nn 9 tha ng orga income | nızatıon's | | ductions directly connected i income in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | Add colum Enter here and line 8, c | | 1, Part I, | Enter h | ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | | | | > | · | | 0. | | 0. |
| Schedule G - Investme | | Section 50 | 1(c)(7 | 7), (9), or | (17) Or | ganization | ŀ | | | |
| (see instr | ructions) | | т | | | | | ſ | | - |
| 1 Desc | ription of income | | | 2 Amount of | income | 3 Deduction directly conne | cted | 4. Set- | | 5 Total deductions and set-asides |
| (4) | | | | | | (attach sched | ule) | (attach s | | (col 3 plus col 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | Enter here and | on nage 1 | | | | | Enter here and on page 1, |
| | | | | Part I, line 9, co | | | | | | Part I, line 9, column (B) |
| Totals | | | | | 0. | | | | | 0. |
| Schedule I - Exploited (see instru | | / Income, (| Other | Than Ad | | ng Income |) | | | |
| Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expense directly connect with producti of unrelated business inco | cted on d | 4. Net incomfrom unrelated business (cominus columingain, compute through | trade or lumn 2 n 3) If a cols 5 | 5 Gross inco from activity t is not unrelat business inco | hat ed | 6 Exp attribut colur | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | ····· | | | | | |
| (2) | ****** | | | | | | | • • ••••• | | |
| (3) | | | | | | | | | | |
| (4) | | | | | Ì | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | Enter here and page 1, Part line 10, col (f | t, | | <u>'</u> | | | | | Enter here and on page 1, Part II, line 25 |
| Totals | 0. | | 0. | | | | • | | | 0. |
| Schedule J - Advertising Part I Income From I | ng Income (see i Periodicals Rep | | Con | solidated | Basis | | - | | | |
| 1. Name of periodical | 2. Gross advertising income | 3 Dir advertisin | | 4. Advert or (loss) (co col 3) If a ga cols 5 th | ol 2 minus iin, comput | 5. Circulat income | ion | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0 | | | | | | | 0. Form 990-T (2019) |

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45-4696263

Page 5

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

| 1 Name of periodical | | 2. Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|-------------|--|--|--|-----------------------|---------------------|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | | | | 0 |
| | | 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) | > | 0. | 0. | · · | | • | 0. |

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

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

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 11
BUSINESS ACTIVITY

PASS-THROUGH ACTIVITY FROM DEERFIELD PRIVATE DESIGN IV, L.P. PASS-THROUGH ACTIVITY FROM DEERFIELD PRIVATE DESIGN III, L.P.

TO FORM 990-T, PAGE 1

| | INCO | ME (LOSS) FROM PA | RTNERSHIPS | STATEMENT | 12 |
|--|--|--|--------------------------|--------------------------------|----------|
| DESCRIPTION | N | | | NET INCOM | |
| DEERFIELD I BUSINESS IN DEERFIELD I PASS-THROUG | PRIVATE DESIGN FUNI PRIVATE DESIGN FUNI NCOME (LOSS) PRIVATE DESIGN FUNI GH ACTIVITY FROM DI | D III, L.P ORD D III, L.P INT EERFIELD PRI | EREST INCOME | -4,8 | 345 9 |
| L.P ORD | GH ACTIVITY FROM DI | | • | - 4 9,4 | .78 |
| | | _ | | | |
| TOTAL INCL | UDED ON FORM 990-T | , PAGE 1, LINE 5 | | -45,1 | .57 |
| FORM 990-T | | OPERATING LOSS D | EDUCTION | -45,] STATEMENT | 13 |
| FORM 990-T | | | EDUCTION LOSS REMAINING | | |
| FORM 990-T | NET | OPERATING LOSS DE LOSS PREVIOUSLY | LOSS | STATEMENT | 13 |
| FORM 990-T TAX YEAR 12/31/18 | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | STATEMENT AVAILABLE THIS YEAR | 13. |

NAME OF COUNTRY

CAYMAN ISLANDS LUXEMBOURG

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 15 |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/12 | 194,078. | 24,520. | 169,558. | 169,558. |
| 12/31/13 | 237,359. | 0. | 237,359. | 237,359. |
| 12/31/14 | 415,872. | 0. | 415,872. | 415,872. |
| 12/31/15 | 777,837. | 0. | 777,837. | 777,837. |
| 12/31/17 | 4,031. | 0. | 4,031. | 4,031. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 1,604,657. | 1,604,657. |