FØM 990-1	/and provy tax uni	der section 6033(e))	1					
•	For calendar year 2019 or other tax year beginning	, and ending	1912	2019				
/		nstructions and the latest information		2010				
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it ma		is a 501(c)(3).	pen to Public Inspection for 01(c)(3) Organizations Only				
A X Check box if	Name of organization (Check box if name	changed and see instructions)	D Employ	er identification number				
address changed		CHARLES AND LISA SIMONYI FUND (Employees' to instructions)						
B Exempt under-section	Print FOR ARTS AND SCIENCES		55	5-0846712				
X 501(c)(3)03	or Number, street, and room or suite no. If a P.O. bo	ox, see instructions		ed business activity code structions)				
408(e)220(e)	Type PO BOX 3305	<u></u>		,				
408A 530(a)	City or town, state or province, country, and ZIP							
529(a)	BELLEVUE, WA 98009-33	305	5311	<u> </u>				
C Book value of all assets at end of year	F Group exemption number (See instructions)	>						
280,7	71. G Check organization type ► X 501(c) co		401(a) trust	Other trust				
	organization's unrelated trades or businesses.		nly (or first) unrelated					
	SEE STATEMENT 12		plete Parts I-V. If more t	•				
	lank space at the end of the previous sentence, complete P	arts I and II, complete a Schedule M fo	or each additional trade	or				
business, then complete			N I IV.	IVII.				
	the corporation a subsidiary in an affiliated group or a pare	ent-subsidiary controlled group?	Yes L	X No				
*	JAMIE SOLEM	Talanhona	number ▶ 206-9	140-3861				
Doctil Uprolotos	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net				
1. 0		T 324						
b Less returns and allow		1 1c						
2 Cost of goods sold (S		2		· / / / / / / / / / / / / / / / / / / /				
3 Gross profit. Subtract	•			57.2.2.5.				
3 Gross profit. Subtract 4a Capital gain net incom b Net gain (loss) (Form c Capital loss deduction		4a						
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b 30		/				
C Capital loss deduction		4c						
	partnership or an S corporation (attach statement)	5	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·				
6 Rent income (Schedul	ile C)	6						
7 Unrelated debt-finance	ed income (Schedule E)	7						
8 Interest, annuities, roy	yalties, and rents from a controlled organization (Schedule F)	8						
	f a section 501(c)(7), (9), or (17) organization (Schedule G							
•	vity income (Schedule I)	10						
11 Advertising income (S		11 201 (**)	23 1 1 1 SATE - SOUT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 201				
	structions, attach schedule) STATEMENT 13			-1,391. $-1,391.$				
13 Total, Combine lines Part III Deduction	ns Not Taken Elsewhere (See instructions f	F3F CEIVE 391.		-1,391.				
(Deductions	must be directly connected with the unrelated bus	iness income)						
	1 1	- ни одоод :Э:-	14					
15 Salaries and wages	icers, directors, and trustees (Schedule K)	JUL 2 0 2020 19-	15	· · · · · · · · · · · · · · · · · · ·				
16 Repairs and maintena	A 1		16					
17 Bad debts		OGDEN, UT	17					
	dule) (see instructions)	The state of the s	18					
19 Taxes and licenses			19					
20 Depreciation (attach l	Form 4562)	. 20	1					
21 Less depreciation cla	nimed on Schedule A and elsewhere on return	21a	21b					
22 Depletion			22					
	erred compensation plans		23	<u> </u>				
24 Employee benefit pro			24	1				
25 Excess exempt exper			25	<u> </u>				
26 Excess readership co			26					
27 Other deductions (att		•	27					
	dd lines 14 through 27	-t han 00 from han 12	28	-1,391,				
	axable income before net operating loss deduction. Subtra		29	-1,391,				
(see instructions)	erating loss arising in tax years beginning on or after Janua	SEE STATEME	ENT 14 30	0.				
	axable income Subtract line 30 from line 29	DE STATEM	31	-1,391.				
	r Panerwork Reduction Act Notice see instructions			Form 990-T (2019)				

	CHARLES AND LISA SIMONYI FUND FOR ARTS AND SCIENCES		<u>55-(</u>	0846712 _{Page} 2
Party	Total Unrelated Business Taxable Income			
32 T	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	-1,391.
33 A	mounts paid for disallowed fringes	3 [3,3	
	haritable contributions (see instructions for limitation rules)	4	333 34	0.
	otal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and		3 5	-1,391.
36 D	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1		36	0.
	otal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7	37	-1,391.
	·	ġ-	38	1,000.
	pecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	⊢'`	"	1,000.
	Inrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	11		-1,391.
	nter the smaller of zero or line 37	34 -	39	-1,391.
Part		-11	<u> </u>	0.
	rganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		4V	
41 <u>T</u>	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
L	Tax rate schedule or Schedule D (Form 1041)		41	
42 P	roxy tax. See instructions Part II	▶ 2 _	42	
43 A	Iternative minimum tax (trusts only)	<i>5</i> _	43	
44 n T	ax on Noncompliant Facility Income. See instructions	1. L	44	
	otal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1	45	0.
Parti	Tax and Payments			
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	ther credits (see instructions) 16 46b			
	eneral business credit. Attach Form 3800			
	redit for prior year minimum tax (attach Form 8801 or 8827)			
	otal credits. Add lines 46a through 46d	e	46 <u>'</u> e	
	ubtract line 46e from line 45	, ,	47	0.
	ther taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched)		48	
	otal tax. Add lines 47 and 48 (see instructions)		49	0.
	, ,		50	0.
	019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		30	
	ayments: A 2018 overpayment credited to 2019 019 estimated tax payments 5 tb 5 tb	-		
	ax deposited with Form 8868			
	oreign organizations. Tax paid or withheld at source (see instructions)			
	ackup withholding (see instructions)			
	redit for small employer health insurance premiums (attach Form 8941)			
g <u>O</u>	ther credits, adjustments, and payments:			
L	Form 4136 Other Total 1 91g			
52 T	otal payments. Add lines 51a through 51g		52	
53 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	8	53	
54 T	ax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶↓	54	
55_0	verpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	$ ightarrow \Phi$	55	
8 6 E	nter the amount of line 55 you want; Credited to 2020 estimated tax	\rightarrow	56	
Parti\	Statements Regarding Certain Activities and Other Information (see instructions)			
	t any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	nCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	ere >			X
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			— x
	"Yes," see instructions for other forms the organization may have to file			
	nter the amount of tax-exempt interest received or accrued during the tax year \$		-	·
- J3 E1	Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of minimum.	y knowle	dge and l	pelief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	1/10/2020 EXECUTIVE DIRECTOR			scuss this return with
	Signature of officer Date Title	- 1	reparer so ictions)?	nown below (see X Yes No
		_		A 169 140
	Print/Type preparer's name Preparer's engrature Date Check L	_ If	PTIN	
Paid	SAMUEL K. NORTH, SAMUEL R. NORTH, Self-emplo	yea	D0.	1 2 6 0 0 0 4
Prepa	CPA CPA 06/22/20			1269894
Use C	Inly Firm's name ► SWEENEY CONRAD P.S. Firm's Ell	<u> </u>	 -	-1301672
	2606 116TH AVENUE NE, SUITE 200	, ,	0 - 1	600 4006
	Firm's address ► BELLEVUE, WA 98004-1422 Phone no	(4	25)	629-1990
923711 01	-27-20		F	orm 990-T (2019)

CHARLES AND LISA SIMONYI FUND FQrm 990-T (2019) FOR ARTS AND SCIENCES

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Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year 1			6 Inventory at end of year 6				
2 Purchases	2		7 Cost of goods sold Su	btract line 6	- [
3 Cost of labor	3		and in Part I,		_		
4a Additional section 263A costs			line 2				
(attach schedule)	4a		263A (with respect to	Yes No			
b Other costs (attach schedule)	4b		property produced or a	icquired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased With Real P	roper	ty) 	
Description of property							
(1)							
(2)							
(3)							
(4)	·						
	,	ed or accrued	<u></u> .	3(a) Deductions dire	ctly conn	ected with the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age (' columns 2/a) and 2(b) (attach schedule)	
(1)							
(2)		-					
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns		ter		(b) Total deductions Enter here and on page		•	
here and on page 1, Part I, line 6, colum		<u> </u>		Part I, line 6, column (B)	<u> </u>	0.	
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)	3. Deductions directly		d with a allegable	
			2. Gross income from	to debt-fin			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
				(attach schedule)		(attach schedule)	
(1)			 		\dashv		
(2)							
(3)		 					
(4)						· · ·	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%		_		
(2)	1		%				
(3)			%				
(4)			%				
				Enter here and on page 1,		Enter here and on page 1,	
				Part I, line 7, column (A)		Part I, line 7, column (B)	
Totals			•		0.	0.	
Total dividends-received deductions in	actuded in column	ι Ω		***		0.	

J

Fqrm 990-T (2019) FOR ARTS AND SCIENCES 55-0846712 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 that is included in the controlling organization's gross income 6. Deductions directly connected with income in column 5 2. Employer 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 1 Name of controlled organization number (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income Net unrelated income (loss)
 (see instructions) 9. Total of specified payments made 11. Deductions directly connected with income in column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I. Enter here and on page 1, Part I. line 8, column (A) line 8, column (B) 0. 0 **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions 3 Deductions 4. Set-asides (attach schedule) 2 Amount of income 1. Description of income directly connected (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B) Part I. line 9. column (A) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 7. Excess exempt 3. Expenses directly connected 5 Gross income from activity that is not unrelated from unrelated trade or business (column 2 2. Gross expenses (column 6 minus column 5, 6. Expenses 1. Description of exploited activity unrelated business attributable to with production income from trade or business minus column 3) If a column 5 but not more than column 4) gain, compute cols 5 business income business income through 7 (1) (2) (3) (4) Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 25 0. 0 Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated 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)			<u>]</u> ' [
(4)					_	
Totals (carry to Part II, line (5))	▶ 0.	0.				0.

Form **990-T** (2019)

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CHARLES AND LISA SIMONYI FUND

Form 990-T (2019) FOR ARTS AND SCIENCES

55-0846712

Page 5

Part III 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)

		DOSINESS ACTIVI		·
DEBT FINAN	ICED RENTAL REAL ES	STATE FROM WALTO	ON STREET REAL ESTAT	E FUND IV
TO FORM 990	-T, PAGE 1			
FORM 990-T		OTHER INCOME	3	STATEMENT 13
DESCRIPTION	ı			AMOUNT
WALTON STRE	- EET REAL ESTATE FUI	ND IV, LP		-1,391.
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12		-1,391.
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 14
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	809.	0.	809.	809.
NOL CARRYOV	809.			
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16 12/31/17	106,991.	0.	106,991. 7,083.	106,991. 7,083.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	114,074.	114,074.

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