Form 990-T	Extended to nove			ax Return	L	OMB No 1545-0687
	(and proxy tax und		ction 6033(e))			2018
	For calendar year 2018 or other tax year beginning		, and ending	. 41	-	2010
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990T for in ▶ Do not enter SSN numbers on this form as it may				Or So	pen to Public Inspection for 11(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c			<u> </u>	D Employ	er identification number vees' trust, see
B Exempt under section	Print ENGELSTAD FAMILY FOUND	ATIC	ON		80	-6008137
X 501(c)(3 3 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box 851 S. RAMPART BLVD, S.	•				ed business activity code tructions)
408A 530(a)	City or town, state or province, country, and ZIP of LAS VEGAS, NV 89145-46	r foreigi			7132	0.0
		<u>> </u>			<u> , 134</u>	
802,050,3	F Group exemption number (See instructions) G Check organization type ► 501(c) corp	oration	X 501(c) trust	401(a)	trust	Other trust
H Enter the number of the	organization's unrelated trades or businesses. 🕨	1	Describe	the only (or first) un	related	
	INVESTMENTS IN LLCS AND LI			, complete Parts I-V.		
	ank space at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade o	r
business, then complete						1
	the corporation a subsidiary in an affiliated group or a parer	ıt-subsı	diary controlled group?	▶ 1	Yes	X No
	nd identifying number of the parent corporation W. CRAIG RAMOS		Talanh	one number 🕨 (702)	385-4646
	Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sale		.	(vi) moonio	PHILIPPOPER TO	3.464.3	
b Less returns and allow		1c				
2 Cost of goods sold (S		2		STATE OF THE STATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	39111111111111111111111111111111111111
3 Gross profit. Subtract	line 2 from line 1c	3		調整性学です。	, j 4j4	
4 a Capital gain net incom	ne (attach Schedule D)	4a	134,734.			134,734.
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction		4c	200 104			200 104
•	partnership or an S corporation (attach statement)	5	-329,184.	HER STMT.	L9 🚮	-329,184.
6 Rent income (Schedu	·	6 7		-		· · · · · · · · · · · · · · · · · · ·
	ed income (Schedule E) (alties, and rents from a controlled organization (Schedule F)	8			-	
· · · · · · · · · · · · · · · · · · ·	a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
	vity income (Schedule I)	10				
11 Advertising income (S		11				
	structions, attach schedule)	12		是基础的。	المجار الراث ا	
13 Total. Combine lines	3 through 12	13	-19 <u>4,45</u> 0.			-194,450.
Partill Deductio	ns Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected	r limita I with t	ations on deductions) he unrelated business	s income)		
14 Compensation of off	icers, directors, and trustees (Schedule K)				14	
15 Salaries and wages	RECEIV		701		15	
16 Repairs and mainten	ance	• 0	181		16	
17 Bad debts	ance dule) (see instructions) ons (See instructions for limitation rules) OGDEN	5012	RS-OS		17	
•	dule) (see instructions)		<u></u>		18	
19 Taxes and licenses	ODEN	JU	T		19	
	ons (See instructions for limitation rules) OGDE		101		20	
21 Depreciation (attach	urned on Schedule Aland elsewhere on return		21 22a		22b	
22 Less depreciation cla 23 Depletion	mined on Schedule wand eisewhere dii fetuffi		[228]		23	
•	erred compensation plans				24	
25 Employee benefit pro	•				25	
26 Excess exempt expe	_		,		26	
27 Excess readership co	,				27	
28 Other deductions (at	tach schedule)				28	
29 Total deductions A	dd lines 14 through 28				29	0.
30 Unrelated business t	axable income before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	-194,450.
•	erating loss arising in tax years beginning on or after Janua	ry 1, 20	118 (see instructions)		$\overline{}$	786-4787 AFA
	axable income Subtract line 31 from line 30				32	-194,450.
823701 01-09-19 LHA F	r Paperwork Reduction Act Notice, see instructions					Form 990-T (2018)



Partil	III Total Unrelated Business Taxable Income			7010.	· · · · · · · · · · · · · · · · · · ·
		inetructions)		33	-194,450.
. 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	msu ucuons)			171,130.
34	Amounts paid for disallowed fringes	CM	MT 20	34	0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	•	M1 20	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur		-194,450.		
	lines 33 and 34			36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	_		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	6,			104 450
100	enter the smaller of zero or line 36			38	-194,450.
Rartii	VI Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount or	n line 38 from;			•
	X Tax rate schedule or Schedule D (Form 1041)		•	40	0.
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Parti	Tax and Payments	. ,			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
C	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_	
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	i6 🔲 Other (e	ttach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
е	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g			
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax		unded >	55	
Part	[1] Statements Regarding Certain Activities and Other Information				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		1		Yes No
	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 fi	oreign country			
	here >				X X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insteror to, a for	eign 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 \$\infty\$\$				
58	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to the	best of my know	ledge and b	elief, 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	Betty madata / 11/14/19 TRUSTEE				discuss this return with
	Signature of officer Date Title			instructions)	r shown below (see)? X Yes No
	Print/Type preparer's name Preparer's signature Dat		Check	ıf PTIN	
D	- el ma		self- employe		•
Paid	JEFFREY COOPER	1/14/19	our omploye		00165181
Prepa	DID TIDDOCAL TID	1 1 1 1 1 1 1	Firm's EIN		8-0150455
Use (5851 W CHARLESTON BLVD				
	Firm's address ► LAS VEGAS, NV 89146		Phone no.	(702)) 878-9788
823711 0				<u> </u>	Form 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory valuation N/A					_
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		_
2 Purchases	2		7 Cost of goods sold. Si	ubtract l	ine 6			_
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs		•	line 2			7		_
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				Yes No	,
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				<u> </u>	
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)		
(see instructions)								_
1. Description of property								
(1)							•	
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			0(-) 0 - 1 - 1 - 1 - 1 - 1			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	nd personal property (if the percenta arsonal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected with the nd 2(b) (attach sche	dute)	
(1)			<u> </u>					_
(2)	-			•		_		_
(3)								_
(4)								_
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0	•
Schedule E - Unrelated Deb	t-Financed	Income (see	nstructions)					
			2 Gross income from		3. Deductions directly conto debt-finance	nected with or alloc ed property	able	
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach	deductions schedule)	
(1)			-					_
(2)								_
(3)				İ	-			_
(4)								_
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property h schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))	
(1)			%			1		_
(2)			%		-			
(3)			%					_
(4)			%					_
					nter here and on page 1, Part I, line 7, column (A)	I	and on page 1, 7, column (B)	
Totals			_		0	_	0	
Total dividends-received deductions in	ncluded in columi	n 8			<u> </u>		0	
		· 	·					_

Form 990-T (2018)

			Exempt (Controlled O	rganızatı	ons					
1. Name of controlled organizat	ıden	mployer tification imber		elated income i instructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)				•							
(3)											
			+				 				
(4)			<u> </u>		I		<u> </u>				
Nonexempt Controlled Organi			T		-						
7 Taxable Income	8 Net unrelated inc (see instruction		9 Total	of specified payr made	nents	10. Part of colui in the controlli gross	nn 9 tha ng organ s income	uzation's	11. Dedi with i	uctions directly connected ncome in column 10	
(1)			<u> </u>						=		
(2)		_	T								
(3)			 		-				-		
			 								
(4)			<u> </u>			<u> </u>				· · ·	
						Add colun Enter here and line 8, 4		1, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
r Catala								0.		0	
^{[otals} Schedule G - Investme	nt Income of o	Continu	E01/a\/7	7) (0) 0 1	17) 0%	l zanization		<u> </u>	·		
schedule G - investme (see insti		Section	1 50 1 (6)(7), (9), or (17) Org	ganization		•			
† Desc	ription of income		4	2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)										i	
(2)		•									
				-							
(3)				-						 	
(4)				Enter here and Part I, line 9, co	lumn (A)					Enter here and on page Part I, line 9, column (8)	
Totals Schedule I - Exploited	Everent Activit	y Incom	o Other	Than Adv	0.	ing income	Application of the second		D. produktion	<u> </u>	
see instru		y incom	e, Other	man Au	ver tisii	ig income					
Description of exploited activity	- 2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not urrelal business inco	hat ed	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)						1					
(3)		 	,	 						***	
		 		 							
(4)	Enter here and on page 1, Part I line 10, col (A)	page	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 26	
Totals	0		0.			wy. Belyki	HUNG.	Mark Company	KELD WHI	. 0	
Schedule J - Advertisi											
Part I Income From	Periodicals Re	ported o	n a Con	solidated	Basis						
		 		1 4 54		 		Ι		7. Excess readership	
1 Name of periodical	2. Gross advertising income	, I	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compu hrough 7			6. Reade costs		costs (column 6 minus column 5, but not more than column 4)	
(1)				WATER TO STATE	ENCH (AL	952			,	CALLACTER STATES	
(2)						<i>I</i>			;		
					HI C	/					
,(3)						Ş		 	<u> </u>		
(4)						isk		<u> </u>			
Totals (carry to Part II, line (5))	<u>▶</u>	0.	0	<u>. </u>				<u> </u>		0	
										Form 990-T (201	

Form 990-T (2018) ENGELSTAD FAMILY FOUNDATION 80-60081
[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.	BELAT TRANS	· 数:数:数:		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part 1, line 11, col. (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	WAS HERE			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 (2018)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www.irs.gov/F1041 for instructions and the latest information

OMB No. 1545-0092

ENGELSTAD FAMILY FOUNDATION

Employer identification number

80-6008137

Note:	Form 5227 filers need to complete only Parts I and II.					
	rt I Short-Term Capital Gains and Losses-Gen	erally Assets He	ld One Year or	Less (See	ınstrı	uctions)
	See instructions for how to figure the amounts to enter on the lines below. (d) Proceeds Cost (or other basis) Form(s) 8949, Paline 2, column (
1 a	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					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked		-			
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	I			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	er estates or trusts	•		5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of	the 2017 Capital Loss				
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in cold column (3) on page 2	umn (h). Enter here and	on line 17,	>	7	
Pa	rt II Long-Term Capital Gains and Losses-Gene	erally Assets He	ld More Than C	ne Year (S	ee ır	structions)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	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			ļ.		
	these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	Totals for all transactions reported on Form(s) 8949 with			}		
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	d 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts			12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I	f the 2017 Constal Land			14	134,734.
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 o Carryover Worksheet				15	(
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col- column (3) on page 2	iumn (n). Enter here ani	o on line 18a,	•	16	134,734.

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

Schedule D (Form 1041) 2018 ENGELSTAD FAM	ILY FOUNDATION				80-6	008	137 Page:
Part III Summary of Parts I and II			(1) Beneficiaries'	(2)	Estate's		(3) Total
Caution: Read the instructions before com	pleting this part.			or	trust's		
17 Net short-term gain or (loss)		17					
18 Net long-term gain or (loss).							
a Total for year		18a		13	4,73	4.	134,734.
b Unrecaptured section 1250 gain (see line 18 of the work	sheet)	18b					
c 28% rate gain		18c					
19 Total net gain or (loss). Combine lines 17 and 18a	•	19		13	4,73	4.	134,734.
Note If line 19, column (3), is a net gain, enter the gain of	on Form 1041, line 4 (or Form S	90-T. i	Part I, line 4a) If lines	18a an	d 19, co	lumn (2), are net gains,
go to Part V, and don't complete Part IV If line 19, colur.	nn (3), is a net loss, complete F	Part IV	and the Capital Loss (Carryove	Worksh	eet, a	necessary
Part IV Capital Loss Limitation							
20 Enter here and enter as a (loss) on Form 1041, line 4 (or	Form 990-T, Part I, line 4c, if a tr	ust), th	e smaller of				
a The loss on line 19, column (3) or b \$3,000					20 (
Note: If the loss on line 19, column (3), is more than \$3,0	000, of if Form 1041, page 1, lii	ne 22 (or Form 990-T, line 3	88), is a l	oss, con	nplete	the Capital
Loss Carryover Worksheet in the instructions to figure you		·					
Part V Tax Computation Using Maxim	num Capital Gains Rate	es					
Form 1041 filers. Complete this part only if both lines 18a an	d 19 in column (2) are gains, or ai	n amour	nt is entered in Part I oi	r Part II a	nd there	is an en	try on Form 1041,
line 2b(2), and Form 1041, line 22, is more than zero.							
Caution Skip this part and complete the Schedule D Tax	Worksheet in the instructions if	•					
• Either line 18b, col (2) or line 18c, col (2) is more that	an zero, or						
 Both Form 1041, line 2b(1), and Form 4952, line 4g a 	are more than zero						
Form 990-T trusts Complete this part only if both lines 18a a	nd 19 are gains, or qualified divide	ends are	included in income in	Part I of	Form 990)-T, and	d Form 990-T, line
38, is more than zero. Slip this part and complete the. Schedu	ule D Tax Worksheet in the instru	ctions i	f either line 18b, col. (2) or line	18c, col <u>. (</u>	(2) is m	ore than zero.
21 Enter taxable income from Form 1041, line 22 (or Form 9	90-T, line 38)	21					
22 Enter the smaller of line 18a or 19 in column (2)			t.				
but not less than zero	22				l i		
23 Enter the estate's or trust's qualified dividends from							
Form 1041, line 2b(2) (or enter the qualified dividends							
included in income in Part I of Form 990-T)	23		4				
24 Add lines 22 and 23	24				·		
25 If the estate or trust is filing Form 4952, enter the							
amount from line 4g, otherwise, enter -0-	25		_				
26 Subtract line 25 from line 24 If zero or less, enter -0-		26					
27 Subtract line 26 from line 21 If zero or less, enter -0-		27]		
28 Enter the smaller of the amount on line 21 or \$2,600		_ 28					
29 Enter the smaller of the amount on line 27 or line 28		29					
30 Subtract line 29 from line 28 If zero or less, enter -0 Th	is amount is taxed at 0%		•	>	30		
31 Enter the smaller of line 21 or line 26		31					
32 Subtract line 30 from line 26		32					
33 Enter the smaller of line 21 or \$12,700		33					
34 Add lines 27 and 30		34					
35 Subtract line 34 from line 33. If zero or less, enter -0-		35					
36 Enter the smaller of line 32 or line 35		36					
37 Multiply line 36 by 15% (0 15)				>	37		
38 Enter the amount from line 31		38					
39 Add lines 30 and 36		` 39			1		
40 Subtract line 39 from line 38. If zero or less, enter -0-		40					
41 Multiply line 40 by 20% (0 20)			•	>	41		
42 Figure the tax on the amount on line 27. Use the 2018 Tax	x Rate Schedule for Estates						
and Trusts (see the Schedule G instructions in the instruc	ctions for Form 1041)	42					
43 Add lines 37, 41, and 42		43					
44 Figure the tax on the amount on line 21. Use the 2018 Tax	x Rate Schedule for Estates						
and Trusts (see the Schedule G instructions in the instruc	ctions for Form 1041)	44	<u>. L</u>				
45 Tax on all taxable income. Enter the smaller of line 43 of	or line 44 here and on Form 1041,	Schedu	le				
G, line 1a (or Form 990-T, line 40)				<u> </u>	45		
240040 40 04 40					Set	alubar	D /Form 1041\ 201

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION	NET INCOME OR (LOSS)
ABERDEEN ENERGY & RESOURECES PARTNERS III, LP - ORDINARY	450 405
BUSINESS INCOME (LO ABERDEEN REAL ASSET PARTNERS LP - ORDINARY BUSINESS INCOME	-158,127.
(LOSS) ACON LATIN AMERICA OPPORTUNITIES FUND IV, LP - ORDINARY	-6,146
BUSINESS INCOME (LOS	-5,555
AG REALTY FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	-35,242
ANRP II, LP - ORDINARY BUSINESS INCOME (LOSS)	-45,170
AURORA LP - ORDINARY BUSINESS INCOME (LOSS)	2
BUYOUT (U.S.) CORE FUND V, LP - ORDINARY BUSINESS INCOME	
(LOSS)	13,206
CERBERUS INSTITUTIONAL PARTNERS VI, LP - ORDINARY BUSINESS	6 007
INCOME (LOSS) CLEARVIEW CAPITAL FUND II LP - ORDINARY BUSINESS INCOME	-6,827
(LOSS)	8,313
DBL PARTNERS III LP - ORDINARY BUSINESS INCOME (LOSS)	-86
HALCYON OFFSHORE ASSET BACKED LTD - ORDINARY BUSINESS INCOME (LOSS)	12,819
HOUSATONIC EQUITY INVESTORS VI, LP - ORDINARY BUSINESS	12,017
INCOME (LOSS)	-47,828
KINGDON CREDIT PARTNERS LP - ORDINARY BUSINESS INCOME	,
(LOSS)	-5,687
LIGHTHOUSE CAPITAL PARTNERS VI LP - ORDINARY BUSINESS	·
INCOME (LOSS)	-969
LIMECO, LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,046
LYME FOREST FUND III TE, LP - ORDINARY BUSINESS INCOME (LOSS)	-8
LYME FOREST FUND IV TE LP - ORDINARY BUSINESS INCOME	
(LOSS)	-3,419
LYME FOREST FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	-5,510
MERCED PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)	1,363
MREP DISTRESSED STRATEGIES II LP - ORDINARY BUSINESS	•
INCOME (LOSS)	-16,377
NGP NATURAL RESOURCES X, LP - ORDINARY BUSINESS INCOME	
(LOSS)	1,405
NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-195,738
OAKTREE PRIVATE INVESTMENT FUND 2009, LP - ORDINARY	
BUSINESS INCOME (LOSS)	-1,581
ONEX PARTNERS V LP - ORDINARY BUSINESS INCOME (LOSS)	-25,899
PARTHENON INVESTORS V, LP - ORDINARY BUSINESS INCOME	16 020
(LOSS)	16,839
PARTNERS GROUP REAL ESTATE SECONDARY 2013 (CLASS -	-4,205
ORDINARY BUSINESS INCOME	-4,205
PARTNERS GROUP REAL ESTATE SECONDARY 2017 (CLASS P), LP -	-3,534
ORDINARY BUSINESS PINEBRIDGE PEP V ASIA LP - ORDINARY BUSINESS INCOME (LOSS)	-3,534 -909
PINEBRIDGE PEP V ASIA LP - ORDINARY BUSINESS INCOME (LOSS) PINEBRIDGE PEP V LARGE MARKET US BUYOUT LP - ORDINARY	-303
PINEBRIDGE PEP V LARGE MARKET US BUYOUT LP - ORDINARY BUSINESS INCOME (LOSS)	4,530
PINEBRIDGE PEP V SECONDARY LP - ORDINARY BUSINESS INCOME	4,550
(LOSS)	475
(1000)	4/3

ENGELSTAD FAMILY FOUNDATION	80-6008137
PINEBRIDGE PEP V SMALL-MID MARKET US BUYOUT LP - ORDINARY BUSINESS INCOME (L	362.
PORTFOLIO ADVISORS SECONDARY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS) PRIVATE EQUITY CORE FUND (QP) V, LP - ORDINARY BUSINESS	35,622.
INCOME (LOSS) SIXTH CINVEN FUND (NO. 3) LP - ORDINARY BUSINESS INCOME	24,891.
(LOSS) STRATEGIC PARTNERS FUND VII, LP - ORDINARY BUSINESS INCOME	9,221.
(LOSS) SUSTAINABLE WOODLANDS FUND II, LP - ORDINARY BUSINESS	105,721. -9,165.
INCOME (LOSS) TORTOISE COMMINGLED MLP FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	-5,566.
UTILITY MANAGEMENT COMPANY, LLC - ORDINARY BUSINESS INCOME (LOSS)	-406.
VENTURE INVESTMENT ASSOCIATES VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-748.
PORTFOLIO ADVISORS SECONDARY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	21,795.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-329,184.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 20
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/05	2,269,722.	2,094,247.	175,475.	175,475.
12/31/06	15,778,243.	0.	15,778,243.	15,778,243.
12/31/07	17,219,430.	0.	17,219,430.	17,219,430.
12/31/08	28,577,190.	0.	28,577,190.	28,577,190.
12/31/09	20,462,814.	0.	20,462,814.	20,462,814.
12/31/11	2,338,338.	0.	2,338,338.	2,338,338.
12/31/14	200,487.	0.	200,487.	200,487.
12/31/15	956,180.	0.	956,180.	956,180.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	85,708,157.	85,708,157.