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Form	990-T	E	Exempt Organization Bus			ax Return	ОМВ N	lo 1545-0047
	1	E 0 . 0 0	(and proxy tax und	der se		1917	L 2	010
D		Porca	Go to www irs gov/Form990T for i	nstructi	, and ending ons and the latest inform	ation	- 4	UIJ
	ment of the Treasury I Revenue Service	▶	Do not enter SSN numbers on this form as it ma	y be ma	ade public if your organize			ublic Inspection for ganizations Only
A	Check box if address changed		Name of organization (Check box if name		D Employer identif (Employees' trus instructions)			
	empt under section	Print	GARY E. MILGARD FAMILY FOUNDATIO		81-138 E Unrelated busine			
X	501(c)(3 03 408(e) <u>220(e)</u>	or Type	Number, street, and room or suite no If a P.O bo		(See instructions			
] 408A530(a)] 529(a)		City or town, state or province, country, and ZIP TACOMA, WA 98402	or foreig	gn postal code		525990	
C Boo	ok value of all assets nd of year	400	F Group exemption number (See instructions)	<u> </u>	504(1)	404(-)		7 045 - 14 - 14
U. Ent	107,759,		G Check organization type X 501(c) contion's unrelated trades or businesses	rporatio 1		401(a) t		_ Other trust
	de or business here	-	EE STATEMENT 13			the only (or first) unr complete Parts I-V 1		<u> </u>
	-		ace at the end of the previous sentence, complete P	arts I ar		•		',
	siness, then complete			u 10 / u	,	m to: odom dodniona	,	
L \ Du	ring the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?	▶ [Yes X	No
<u> </u>	Yes," enter the name a	nd iden	tifying number of the parent corporation 🕨					
	books are in care of		TREV COOKSON		7	one number 🕨 25		
Pa			de or Business Income		(A) Income	(B) Expenses	$-\!$	(C) Net
	Gross receipts or sale			١.				
	Less returns and allow		c Balance	10			$\overline{}$	
	Cost of goods sold (S Gross profit Subtract			3				
	Capital gain net incom			4a				
		•	Part II, line 17) (attach Form 4797)	4b				·
	Capital loss deduction			4c				
	•		ship or an S corporation (attach statement)	5	50/139.	STMT 14		50,139
	Rent income (Schedu		or an o corporation (annual orangement)	6				
	Unrelated debt-finance		me (Schedule E)	7				
			and rents from a controlled organization (Schedule F)	8		* - * - *		
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G) 9				
10	Exploited exempt activ	vity inco	ome (Schedule I)	10/				
11	Advertising income (S	Schedule	e J)	/11				
12	Other income (See ins	struction	ns, attach schedule)	12				
	Total. Combine lines	0 1111 00	.gc	13	50,139	DECEN	/	7 50,139
Pa			ot Taken Elsewhere (See instructions to directly connected with the unrelated business.)			RECEN		,
				ness in	<u> </u>		()	1
14		icers, di	rectors, and trustees (Schedule K)			NOV 0 2	2020 ·	
15	Salaries and wages Repairs and mainten	0000			1	´L	15	-
16 17	Bad debts	ance			†	OGDEN	1 10 T	+
10	Interest (attach sche	dule) (s	ee instructions)		Ę.		18	<u></u>
19	Taxes and licenses	aulo) (3	oo maraanan)				19	
00	Depreciation (attach	Form 4	562)		20	Ĭ		
21			n Schedule A and elsewhere on return		21a		21b	
, ,,	Depletion						22	
23	Contributions to defe	erred co	mpensation plans				23	
24	Employee benefit pro	ograms					24	_
25	Excess exempt expe	nses (So	chedule I)			-	_25	
26	Excess readership co	osts (Sø	hedule J)				26	
25 26 27 28 29	Other deductions (at					-	27	
₹ 28	Total deductions A						28	FO 130
			ncome before net operating loss deduction Subtra			-	29	50,139
30	,	erating	loss arising in tax years beginning on or after Janu	ary 1, 2	บาช		_	^
	(see instructions)		Culturat has 20 for a fire 20			}	30	50,139
31			ncome Subtract line 30 from line 29				31 Form	990-T (201
92370	1 01-27-20 LHA FC	or Papel	rwork Reduction Act Notice, see instructions				1/2 LOUIL	200-1 (201S
						\mathcal{C}	0 <i>f</i>	

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Page 2

Form 990-T (2019)

Form 990-T (2019) GARY E. MILGARD FAMILY FOUNDATION - MARK

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2		_ 7	Cost of goods sold Su	btract I	ine 6			
3 Cost of labor	3		_	from line 5. Enter here a	and ın F	Part I,		_	
4a Additional section 263A costs				line 2		į	7	<u> </u>	
(attach schedule)	_4a		8	Do the rules of section	with respect to		Yes	No_	
Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty ——	·) 	
1 Description of property									
(1)									
(2)									
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
		ed or accrued				3(a) Deductions directly	conne	cted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	3 0	columns 2(a) ar	nd 2(b)	(attach schedule)	
(1)									
(2)	-								
(3)	-								
(4)									
Total	0.	Total			0.]			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	(2)	3 Deductions directly con- to debt-finance Straight line depreciation			
Description of debt-fi	nanced property			financed property	(4)	(attach schedule)		(attach schedule)	•
(1)			 		-	<u>-</u>	1		
(2)			—				1		
(3)							1		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			+	%			1		
(2)			1	%			1		
(3)				%					
(4)				%					
	1		•			inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (8	
Totals				_		0			0.
Total dividends-received deductions	ncluded in colum	n 8		~ [+		0.

Schedule F - Interest, A	nnuitie	s, Royalt	ies, an					tions	(see ins	structio	ns)	
				Exempt	Controlled O	r -						
Name of controlled organizati	on	2 Emj identific num	cation		elated income instructions)	4 Tot payn	al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	rolling	6 con	Deductions directly nected with income in column 5
(1)												
(2)									***			
(3)									-			
				1							_	
(4)								<u> </u>			-	
Nonexempt Controlled Organiz				Ι.								
7. Taxable Income		nrelated incom ee instructions		9 Total	of specified payi made	nents	10 Part of colui in the controlli gross	mn 9 that ng organ s income	ization's	11 c	Deduction	ons directly connected me in column 10
(1)												
						-						
(2)										_		
(3)				ļ						-		
_(4)				<u> </u>								
							Add colum Enter here and line 8, c		1, Part I,		here a	umns 6 and 11 nd on page 1, Part I, 3, column (B)
Totals									0.			0.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7	'), (9), or (17) Org	anization					
(see instr												
						I	3. Deduction		4 Set-			5 Total deductions
1 Descr	ption of inco	me			2 Amount of	income	directly conne (attach sched			chedule)		and set-asides (col 3 plus col 4)
(1)					· · · · · · · · · · · · · · · · · · ·		,				-	(*** * * * * * * * * * * * * * * * * *
(2)												
					-	+					$-\vdash$	
(3)						-			· · · · · · · · · · · · · · · · · · ·			
(4)									_			
~				_	Enter here and Part I, line 9, co							nter here and on page 1, art I, line 9, column (B)
Totals Evaluated I		A	1	Othor	Thom Adv	•	- 1					0.
Schedule I - Exploited I (see instru		ACTIVITY	IIICOIIIE	e, Other	man Au	erusin	gincome					
1 Description of exploited activity	2 G unrelated incom trade or l	e from	directly of with pro of unr	penses connected oduction related s income	4. Net income from unrelated business (cominus colum gain, compute through	I trade or slumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colur	able to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						ĺ						
(2)							· -				\neg	
(3)						i					-	
(4)											\dashv	_
	Enter her page 1 line 10,	, Part I, col (A)	page 1	re and on I, Part I, col (B)						·		Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisin	a Inco	0.	20tm 10t	0.	I						1_	0.
			nstruction		ممانطمغمط	Doc:o						
Part I Income From F	erioaic	ais Repo	ortea oi	n a Cons	solidated	basis						
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs			5 Circulat	ION	6 Reade cost		CC	Excess readership osts (column 6 minus dumn 5, but not more than column 4)
(1)												
(2)				_	ヿ						7	i
(3)				·	╡						1	
(4)			+-		┪		-				1	
\''			 				+				+	
Totals (carry to Part II, line (5))	•		0.	0).							0. orm 990-T (2019)

Form 990-T (2019) GARY E. MILGARD FAMILY FOUNDATION - MARK [Partill] 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 end 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	4 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 13
BUSINESS ACTIVITY

PURSUANT TO PROP. REG. 1.512(A)-6(C)(I), THE UNRELATED BUSINESS ACTIVITY FOR THE ORGANIZATION IS INVESTMENT ACTIVITIES FROM QUALIFYING PARTNERSHIP INTERESTS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION	NET INCOME OR (LOSS)
EMERALD HILLS CAPITAL PARTNERS - ORDINARY BUSINESS INCOME (LOSS) EMERALD HILLS CAPITAL PARTNERS HOLDINGS - ORDINARY	-23,970.
BUSINESS INCOME (LOSS)	74,109.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	50,139.

FORM 990-T	CONTRIBUTIONS	STATEMENT 15
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	4,753,622.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	4,753,622.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 16
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018		
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	4,753,622	
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	4,753,622 4,914	_
EXCESS 10	TRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	4,748,708 0 4,748,708	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		 4,914
TOTAL CON	RIBUTION DEDUCTION		4,914