Form 990-T	E	Exempt Organization Bus	sine	ss income i				OMB No 1545-0687
		(and proxy tax und	er se			1909		2040
	For ca	lendar year 2018 or other tax year beginning $\underbrace{ ext{OCT-1}}_{}$, $\underbrace{ ext{20}}_{}$, and ending SEP		9	_	2018
Department of the Treasury		Go to www irs gov/Form990T for in				01/-1/21	⊦	Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service	<u> </u>	Do not enter SSN numbers on this form as it may			TION IS A 5	U I(C)(3)		501(c)(3) Organizations Only over identification number
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)			(Emp	loyees' trust, see uctions)
B Exempt under section	Print	COLLEGE SPARK WASHINGTON		91	1-1215725			
x 501(c 10 3 ,)	or	Number, street, and room or suite no. If a P O box	x, see ir	structions.	-			ated business activity code instructions)
408(e)220(e)	Туре	190 QUEEN ANNE AVENUE NORTH, NO.	260	·] `	
408A		City or town, state or province, country, and ZIP o	r foreig	n postal code				
529(a)	<u> </u>	SEATTLE, WA 98109					52599) 0
C Book value of all assets at end of year		F Group exemption number (See instructions)	<u> </u>		1	1		
	•	G Check organization type ► x 501(c) corp			<u> </u>	401(a)		Other trust
	-	ition's unrelated trades or businesses	1		he only (or			
trade or business here				If only one, o	•			
		ice at the end of the previous sentence, complete Pa	arts i an	d II, complete a Schedule	M for each	addition	iai trade	3 Or
business, then complete		-v poration a subsidiary in an affiliated group or a parer	at-cube	idiani controllad aroun?			Ye	es x No
		tifying number of the parent corporation	11-5005	idially controlled group?				;5 <u>A</u> NU
J The books are in care o				Telepho	ne number	2	06-46	1-5374
		de or Business Income		(A) Income		xpenses		(C) Net
1a Gross receipts or sal		,		``		•		, ,
b Less returns and allo		c Balance ▶	10					
2 Cost of goods sold (2					
		A - A	3					
4a Capital gain net inco		h Schedule D)	4a	32,917.				32,917
	•	Part II, line 17) (attach Form 4797)	4b	702.				702
			4c					
5 Income (loss) from :		ship or an S corporation (attach statement)	5	3,636.	STM	r 14		3,636
6 Rent income (Sched		,	6					
6 Rent income (Sched 7 Unrelated debt-finan	ced incor	ne (Schedule E)	7					
8 Interest, annuities, ro	yalties, a	and rents from a controlled organization (Schedule F)	8					
9 Investment income of	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9		-			
0 Exploited exempt act	ivity inco	me (Schedule I)	10					
Interest, annuities, rollinvestment income of Exploited exempt act Advertising income (Other income (See in	Schedule	e J)	11					
Other income (See in	struction	is, attach schedule)	12					
13 Total. Combine line			13_	37,255.				37,255.
Part II Deduction	ons No	ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected	or limita	ations on deductions.)				
			d with	the unfelated business)income/			
•	ficers, di	rectors, and trustees (Schedule K)	D043	MAD	70		14	
15 Salaries and wages			M	MAR 2 7 2020	S-OSC		15	
16 Repairs and mainte	nance		_		100		16	
17 Bad debts		1	ł	OGDEALTHA			17	
18 Interest (attach sch	edule) (se	ee instructions)		SEE-STATEMENT	15		18	369.
19 Taxes and licenses							19	4.
		e instructions for limitation rules)		1 1			20	2,931.
21 Depreciation (attach		•		21				
•	laimed or	n Schedule A and elsewhere on return		22a			22b	
23 Depletion							23	
24 Contributions to de		mpensation plans					24	_
25 Employee benefit po	_	shodula IV					25	_
26 Excess exempt exp	•	•					26	
27 Excess readership of	•	•		SEE STATEMENT	116		27	2,250.
28 Other deductions (a		•		SEE STATEMENT	. 10	20	28	5,554
29 Total deductions A		-	t has Of) from line 12		58	_	31,701,
		ncome before net operating loss deduction. Subtrac					30 31	31,701.
		oss arising in tax years beginning on or after Janua	ıy 1, 20	TO (SEE MENUCHOUS)		31	32	31,701.
32 Unrelated business	I SIUEXA	ncome. Subtract line 31 from line 30				<u> 21</u>	92	51,701.

913 27K

Part III	Total Unrelated Business Tax	able Income					
	otal of unrelated business taxable income comp	uted from all unrelated trades or businesse	s (see instructions)	33	31	,701.
	Amounts paid for disallowed fringes		•	,	34		
	Deduction for net operating loss arising in tax yea	irs beginning before January 1, 2018 (see i	nstructions) St	rmT 17	35	4	,323.
	otal of unrelated business taxable income before						
	ines 33 and 34	•			36	27	,378.
	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		38	3)7		,000.
	Inrelated business taxable income Subtract lin	-	ine 36.	-			
	enter the smaller of zero or line 36		,	39	38	26	,378.
	Tax Computation				<u> </u>		·
	Organizations Taxable as Corporations Multiply	line 38 by 21% (0 21)		40▶	39	5	,539.
	Trusts Taxable at Trust Rates See instructions f		unt on line 38 fron	•			•
. [Tax rate schedule or Schedule D (F	· ·		•	40		
41 F	Proxy tax See instructions			•	41		
	Alternative minimum tax (trusts only)			,	42		
	Tax on Noncompliant Facility Income See instru	ictions			43		
	Total Add lines 41, 42, and 43 to line 39 or 40, w			45	44	5	,539.
Part V	Tax and Payments	**			, , , , , , , , , , , , , , , , , , , 		•
	oreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	45a				
	Other credits (see instructions)	,, ,	45b				
	General business credit. Attach Form 3800		45c		1		
	Credit for prior year minimum tax (attach Form 88	301 or 8827)	45d	-	1		
	Total credits. Add lines 45a through 45d	,	1 100 1		45e		
	Subtract line 45e from line 44				46	5	539.
		Form 8611 Form 8697 Form	8866 Othe	Γ (attach schedule)	47		
	Total tax Add lines 46 and 47 (see instructions)			49	48	5	539.
	2018 net 965 tax liability paid from Form 965-A o	r Form 965-B. Part II. column (k). line 2		*17	49		0.
	Payments A 2017 overpayment credited to 2018		1 504	6,483			
	2018 estimated tax payments		50b		1		
	ax deposited with Form 8868		50c		1		
	oreign organizations. Tax paid or withheld at sou	rce (see instructions)	50d		1		
	Backup withholding (see instructions)	rec (see instructions)	50e		- }		
	Credit for small employer health insurance premic	ume (attach Form 8941)	50f		1		
	· · ·	Form 2439			1		
y (_	Other Total	▶ 50g				
51 T	otal payments Add lines 50a through 50g		008		51	6	,483.
	stimated tax penalty (see instructions). Check if	Form 2220 is attached 🕨 🗓			52		,
	ax due. If line 51 is less than the total of lines 48				53		
	Overpayment If line 51 is larger than the total of		ı	55	.54		944.
	nter the amount of line 54 you want. Credited to			lefunded >	55		0.
Part VI	Statements Regarding Certain						
	at any time during the 2018 calendar year, did the					Yes	No
	ver a financial account (bank, securities, or other	•		-		100	
	inCEN Form 114, Report of Foreign Bank and Fin	•					
	ere	ancial Accounts in Yes, enter the name of	the foreign count	y		-	x
	ouring the tax year, did the organization receive a	distribution from or was it the grantor of	or transferor to a f	oreign trust?			x
	"Yes," see instructions for other forms the organ		n transferor to, a r	or cigir trust.			
	nter the amount of tax-exempt interest received						
	Under penalties of perjury, I declare that I have examin		and statements, and t	o the best of my kno	wledge and belief, it	is true.	L
Sign	correct, and complete Declaration of preparer (other th	an taxpayer) is based on all information of which p	reparer has any know	ledge			
Here		Z/a/Za EXECUTE	E DIRECTOR		lay the IRS discuss the		with
	Signaturé of officer	Date Title	_ DIRECTOR		e preparer shown belistructions)?	es e	¬ No
	Print/Type preparer's name		Date	<u> </u>			
	Print/Type preparer's name	Preparer's signature	Date		IT PIIN		
Paid	SARAH B. HUANG	SARAH B. HUANG	03/12/20	self- employed	P0074597	4	
Prepar	Ermin name & CLARK MITRER D. C.	PARAM B. HUANG	03/12/20	Fırm's EIN ▶			
Use Or	ily	TREET, SUITE 1400		THIII SEIN)I-II)4U.		
	Firm's address BELLEVUE, WA 9	•		Phone no 4	25-454-4919		
	Liming andiego Depres AV 3	0001		1 1000 10 4			

(see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) (2) (3) (4) (5) From real and personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2) (3) (4) (7) (6) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) (b) Total deductions Enter here and on page 1, Part I, line 6, column (B)
3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) From personal property (if the percentage of rent for personal property for interest the special or property personal property (if the percentage of rent for personal property end to descript personal property (if the percentage of rent for personal property in the rent is based on profit or income) (a) From personal property in the percentage of rent for personal property in the rent is based on profit or income) (b) From real and personal property (if the percentage of rent for personal property in the rent is based on profit or income) (c) Color income Add totals of column 8 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1. Description of debt-financed property (d) Other deductions (attach schedule) (a) Straight the depreciation (b) Other deductions (attach schedule)
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(d) Total Total Total (c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1. Description of debt-financed property 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)
Total 0. Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1. Description of debt-financed property 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1. Description of debt-financed property (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) O . 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)
here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1. Description of debt-financed property 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)
1. Description of debt-financed property 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule)
1. Description of debt-financed property 2 Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule)
1. Description of debt-financed property financed property (attach schedule) (attach schedule) (attach schedule)
(1)
(2)
(3)
(4)
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 reportable (column 2 x column 6) 7. Gross income reportable (column 6 x total of columns 3(a) and 3(b))
(1) %
(2) %
(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.
Total dividends-received deductions included in column 8

Form 990-T (2018) COLLEGE S									91-1215		Page 4
Schedule F - Interest,	Annuitie	s, Roya	lties, aı	nd Rent	s From C	ontroll	ed Organiz	zatio	ns (see ins	struction	ns)
				Exempt	Controlled O	rganızat	ions				
Name of controlled organiza	tion	identif	ployer ication iber		related income e instructions)		tal of specified ments made 5 Part of column 4 included in the con organization's gross		trolling	6 Deductions directly connected with income in column 5	
(1)		l			 	 		\vdash			
(2)						-				+	
(3)				-	_						
						_		 			
(4) Nonexempt Controlled Organi	zatione			l			·	l		I	
			(1)	0			10.0	0.45-		11.5	
7 Taxable Income		nrelated incor ee instruction		y rotai	of specified pay made	ments	10 Part of coluing the controlling gross		nization's		eductions directly connected h income in column 10
(1)									•		
(2)					·						
				 					-		
(3)	-	.	_	-							
_(4)				L							
							Add colun Enter here and line 8, c		ı, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.		0.
Schedule G - Investme	nt Incor	me of a	Section	501(c)((7) (9) or	(17) O	rganization	,		ı	
(see inst		iic oi a	occioi	1 50 1 (0)((7), (3), 01	(17) 0	garnzatioi	•			
·	ription of inco	me			2. Amount of	income	3 Deduction directly connected (attach scheduler)	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)		_									
(2)					1						
					<u> </u>						
(3)					ļ						
(4)					Enter here and	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	-	Activity	Incom	e, Othe	r Than Ac	lvertis	ing Income)			
	I	-	2 -		4 Net incom	ne (loss)					7 -
1 Description of exploited activity	2 G unrelated income trade or l	business e from	directly of with pro of uni	penses connected oduction related s income	from unrelated business (co minus colum gain, computi through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							-		-		
(1)					 		-				
(2)	ļ				 					_	
(3)											
(4)											
	Enter her page 1			re and on , Part I,							Enter here and on page 1,
	line 10,		line 10,								Part II, line 26
Totals		0.		0.							0.
Schedule J - Advertisi	na Incor	ne (see	nstruction	ns)	<u>,, , , , , , , , , , , , , , , , , , ,</u>						
Part Income From					enlidated	Racie					
	eriodic	als Nep			Solidated						
1 Name of periodical		2 Gross advertising income		3. Direct artising costs	or (loss) (co	ising gain of 2 minus ain, comput arough 7			6. Reado cost		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.	ı	0.						0.

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)		-		<u> </u>		
(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 27
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 (2018)

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ 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

OMB No 1545-0123

Name

Employer identification number

COLLEGE SPARK WASHINGTON

91-1215725

Part I Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(a) Advistments to as		(h) Gain or (loss) Subtract
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	19.	column (e) from column (d) and combine the result with column (g)
round off cents to 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 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					12.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	<u> </u>	4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa	tion)			6	()
7 Net short-term capital gain or (loss) Combine	lines 1a through 6 in column	h		7	12.
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	9,	column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(Sales prise)	(4 01.10) 545.57	T ELY II, IINO E, COIGINITY (S	,, 	
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			ļ		
no adjustments (see instructions) However,					
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					
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					122.
11 Enter gain from Form 4797, line 7 or 9				11	32,783.
12 Long-term capital gain from installment sales	· ·	7		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13	
14 Capital gain distributions				14	22.005
15 Net long-term capital gain or (loss). Combine		n h	-	15	32,905.
Part III Summary of Parts I and		Llege (line 15)		10	12.
16 Enter excess of net short-term capital gain (lin	•	•	. 7)	16	32,905.
17 Net capital gain. Enter excess of net long-term			= 1)	18	32,903.
18 Add lines 16 and 17 Enter here and on Form	i izo, page i, ilne 8, or the pri	oper line on other returns		10	32,317.

JWA

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545 0074

2018

Attachment Sequence No 12A

Name(s) shown on return

COLLEGE SPARK WASHINGTON

Social security number or taxpayer identification no.

91-1215725

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

Partil Short-Term. Transac	tions involving capi	tal assets you held	1 year or less are go	enerally short-term (se	e instructio	ns) For long term	<u> </u>
transactions, see page 2 Note You may aggregate a codes are required. Enter the	e totals directly on	Schedule D, line 1	 a, you aren't require 	d to report these tran	sactions on	Form 8949 (see inst	ructions)
You must check Box A, B, or C below if you have more short-term transactions than v	Check only one b	ox If more than one b	oox applies for your sho	rt-term transactions, com	plete a separ	ate Form 8949, page 1,	or each applicable box
(A) Short-term transactions re		•	•	•	e Note ab	ove)	
(B) Short-term transactions re	eported on Form(s) 1099·B showii	ng basis wasn't re	eported to the IRS			
X (C) Short-term transactions n	ot reported to yo	u on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	in column	ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f). See instructions	Subtract column (e) from column (d) &
	1	(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
DRUM SPECIAL SITUATION						adjustifierit	
PARTNERS III LP							12.
111111111111111111111111111111111111111	+						
	 - 	-					
	-					_	
	<u> </u>						-
				·			
					_	_	
	 				_		
	<u> </u>						
	<u> </u>						-
	<u> </u>						
							_
			· · · · · · · · · · · · · · · · · · ·				
-							-
2 Totals. Add the amounts in colu	mns (d), (e), (a), a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		•					
above is checked), or line 3 (if B	•	'					12.
above is checked), or fille o (ii b							·-·

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

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

COLLEGE SPARK WASHINGTON

91-1215725

Before you check Box D, E, or F below, see whether you receive		
statement will have the same information as Form 1099-B Eith	her will show whether your basis (usually your cost) was re	ported to the IRS by your
broker and may even tell you which box to check	, , , ,	

broker and may even tell you which box to check

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 reported to the IRS (see **Note** above)

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

(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)	(e) Cost or other basis See the Note below and see Column (e) in	loss If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in) See instructions (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
DRUM SPECIAL SITUATION							
PARTNERS III LP							97.
PRIVATE EQUITY CORE FUND							
(QP) III, LP							25.
			-				
		<u> </u>			<u> </u>		
	_						
	· · · · · · · · · · · · · · · · · ·						
	 			<u> </u>			
-	· · · · · · · · · · · · · · · · · · ·					_	
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	-			-			
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	Ì						
		· · · · · ·					
	-						
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to	tal here and incl	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E	lox F above is ch	necked)					122.

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

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 13
BUSINESS ACTIVITY

THE PRIMARY UNRELATED BUSINESS ACTIVITY IS CONDUCTED WITHIN PASSIVE INVESTMENT PARTNERSHIPS IN WHICH THE ORGANIZATION HOLDS AN INTEREST.

TO FORM 990-T, PAGE 1

FORM 990-T INCO	OME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION		NET INCOME OR (LOSS)
CONTRARIAN DISTRESSED REAL E	ESTATE DEBT FUND II, - NET	
	ESTATE DEBT FUND II, - INTEREST	-1,878.
INCOME CONTRARIAN DISTRESSED REAL E	CSTATE DERT FIND II - OTHER	9.
INCOME (LOSS)	STATE DEBT TOND II, OTHER	-5.
	NERS III LP - NET RENTAL REAL	
ESTATE INCOME		327.
DRUM SPECIAL SITUATION PARTN DRUM SPECIAL SITUATION PARTN	VERS III LP - INTEREST INCOME VERS III LP - OTHER INCOME	1,149.
(LOSS)		2,439.
PRIVATE EQUITY CORE FUND (QP	P) III, LP - NET RENTAL REAL	
ESTATE INCOME PRIVATE EQUITY CORE FUND (QP) III ID INMEDECH INCOME	-131. 132.
PRIVATE EQUITY CORE FUND (QP		132.
(LOSS)		1,716.
	RTNERS III, LP - OTHER INCOME	
(LOSS)	III, LP - OTHER INCOME (LOSS)	-119. -3.
NORTHGATE VENTURE PARTNERS I	II, DF - OTHER INCOME (LOSS)	
TOTAL INCLUDED ON FORM 990-T	PAGE 1, LINE 5	3,636.
FORM 990-T	INTEREST PAID	STATEMENT 15
DESCRIPTION		AMOUNT
DRUM SPECIAL SITUATION PARTN	IDDC TIT	310.
PRIVATE EQUITY CORE FUND (QP		59.
TOTAL TO FORM 990-T, PAGE 1,	LINE 18	369.

FORM 990-T]	OTHER	DEDUCT	TIONS	STATEMENT	16
DESCRIPTIO	DN				AMOUNT	
TAX PREPAR	 RATION FEES					,250.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28			2	,250.
FORM 990-T	net net	OPERATING	LOSS	DEDUCTION	STATEMENT	17
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	SLY	LOSS REMAINING	AVAILABLE THIS YEAR	
09/30/18	4,323.		0.	4,323.	4,:	323.
NOL CARRYO	VER AVAILABLE THIS	YEAR		4,323.	4,:	323.

COLLEGE SPARK WASHINGTON EIN 91-1215725 FORM 990-T, PART II, LINE 20 9/30/2019

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

YEAR END	ORIGINAL AMOUNT		AMOUNT AVAILABLE		AMOUNT UTILIZED		AMOUNT EXPIRED		AMOUNT CARRYFORWARD	
09/30/14	\$	4,331,424	\$	4,329,275	\$	-	\$	4,329,275	\$	-
09/30/15	\$	6,879,323	\$	6,879,323	\$	-	\$	-	\$	6,879,323
09/30/16	\$	5,654,514	\$	5,650,803	\$	-	\$	-	\$	5,650,803
09/30/17	\$	4,720,567	\$	4,717,545	\$	-	\$	-	\$	4,717,545
09/30/18	ş	5,837,486	\$	5,837,486	\$	-	\$	-	\$	5,837,486
09/30/19	\$	5,993,608	\$	5,993,608	\$	2,931	\$	-	\$	5,990,677
	\$	33,416,922	\$	33,408,040	\$	2,931	\$	4,329,275	\$	29,075,834

TOTAL CONTRIBUTION CARRYFORWARD TO 9/30/2020 \$ 29,075,834