| Internal Revenue Service | ▶ | Do not enter SSN number | s on this form as it n | may be mad | le public if yo | our organiz | ation is a 501(c)(3) | | 501(c)(3) Organizations Only |
|--|--------------|--------------------------------|-------------------------|---------------|-----------------|--------------|------------------------|----------|--|
| A Check box if address change | i | Name of organization (| Check box if nam | ne changed | and see instr | uctions.) | | Emp | oyer identification number loyees' trust, see ictions) |
| B Exempt unger section | Print | THE BUSSELL FAMIL | Y POUNDATION | | | | | | 91-1663336 |
| X 501(c()/3) | Or | Number, street, and room | or suite no. If a P.O. | box, see in: | structions. | | | | ated business activity code nstructions) |
| 408(e) 220(e | ;) Type | P.O. BOX 2567 | | | | | | 1 | |
| 408A 530(a | ı) | City or town, state or prov | ince, country, and ZI | P or foreign | postal code | | | | |
| 529(a) | | GIG HARBOR, WA 9 | 8335 | | | | | 52599 | 90 |
| C Book value of all assets at end of year | | F Group exemption numb | er (See instructions.) |) ▶ | | | | | |
| | 9,015. | G Check organization type | X 501(c) (| corporation | 50 | 1(c) trust | 401(a) | trust | Other trust |
| | • | ition's unrelated trades or bi | usinesses. 🕨 | 1 | | Describe | the only (or first) un | related | |
| trade or business here | ▶ s: | EE STATEMENT 20 | | | · | If only one, | , complete Parts I-V. | If more | than one, |
| describe the first in the | blank spa | ice at the end of the previous | s sentence, complete | e Parts I and | l II, complete | a Schedule | M for each addition | al trade | or |
| business, then comple | te Parts III | -V | | | | | <u></u> | | |
| I During the tax year, wa | s the corp | oration a subsidiary in an a | ffiliated group or a pa | arent-subsid | diary controlle | ed group? | > | Ye | s X No |
| If "Yes," enter the name | and iden | tifying number of the parent | corporation. | | | | | | |
| J The books are in care | | | | | | Teleph | one number 🕨 25 | 53-85 | 8-5050 |
| Part I Unrelat | ed Trac | de or Business Inco | ome | | (A) Inc | ome | (B) Expenses | , | (C) Net |
| 1a Gross receipts or s | ales | | _ | | | | | | |
| b Less returns and al | owances | | c Balance | ▶ 1c | | | | | |
| 2 Cost of goods sold | (Schedule | A, line 7) | | 2 | | | | | |
| 3 Gross profit. Subtra | ct line 2 f | rom line 1c | | 3 | | | | | |
| 4 a Capital gain net inc | ome (attac | h Schedule D) | | 4a | | 36,298. | | | 36,298 |
| , - | • | art II, line 17) (attach Form | 4797) | 4b | | | | | |
| c Capital loss deducti | | | • | 4c | | | | | |
| • | | ship or an S corporation (att | ach statement) | 5 | /3 | 69,453. | STMT 21 | | -369,453 |
| 6 Rent income (Sche | | , | , | 6 | | | | | |
| 7 Unrelated debt-fina | • | ne (Schedule E) | | 7, | | | | | |
| | | nd rents from a controlled or | rganization (Schedule | . F) 8 | | | | | |
| | • | on 501(c)(7), (9), or (17) or | - | | | | | | |
| 10 Exploited exempt a | | | , | | al Revenu | Je Servic | е | | |
| 11 Advertising income | - | , , | | | ved US B | | | | |
| 12 Other income (See | - | | | 12 | 345 | | | | |
| 13 Total. Combine lin | | • | | 13 | 10V 0 53 | 33, 155. | | | -333,155 |
| | | t Taken Elsewhere | (See instructions | | | | | | |
| (Deduction | ns must b | pe directly connected wit | h the unrelated bu | isiness inc | ome) | | | | |
| 14 Compensation of o | officers, di | rectors, and trustees (Sched | Jule K) | | Ogden, | UT | | 14 | |
| 15 Salaries and wage | | | , | | - 0, | • | | 15 | |
| 16 Repairs and maint | | | | | | | | 16 | |
| 17 Bad debts | | | | | | | i | 17 | |
| 18 Interest (attach sc | hedule) (s | ee instructions) | | | | | | 18 | _ |
| 19 Taxes and licenses 20 Depreciation (attac | | | | | | | , | 19 | 727 |
| 20 Depreciation (attac | h Form 4 | 362) | | | 1 | 20 | | | - |
| | | n Schedule A and elsewhere | on return | | | 21a | - | 21b | |
| 22 Depletion | | | | | • | | | 22 | |
| 23 Contributions to d 24 Employee benefit | eferred co | mpensation plans | | | | | | 23 | |
| 24 Employee benefyt | , | | | | | | | 24 | |
| 25 Excess exempt exp | - | chedule I) | | | | | | 25 | - |
| 26 Excess readership | • | | | | | | | 26 | |
| 27 Other deductions (| | | | | SEE | STATEMEN | NT 22 | 27 | 4,300 |
| 28 Total deductions. | | | | | | | | 28 | 5,027 |
| / | | ncome before net operating | loss deduction. Subt | ract line 28 | from line 13 | | | 29 | -338,182 |
| | | loss arising in tax years begi | | | | | | | · |
| (see instructions) | -porating | soc arioning in tax yours boy | g c or altor bal | , ,, | | STATEMEN | NT 23 | 30 | 0 |
| , . | tayahle u | ncome. Subtract line 30 from | n line 29 | | | | | 31 | -338,182 |
| Uni cialed busines | , andore I | TOURING, COUNTRIES OF ITOI | | | | | | | |

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Calendar year 2019 or other tax year beginning

► Go to www irs gov/Form990T for instructions and the latest information

Department of the Treasury

| (· , ai (| (Int | Total Unrelated Business Taxable Income | | | |
|--|--|--|-----------------------|---|--|
| 32 | Total o | f unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | - 1 | 32 | -338,182. |
| 33 | Amour | ats paid for disallowed fringes | • | 33 | |
| 34 | Charita | ble contributions (see instructions for limitation rules) STMT 25 STMT 26 | _ | 34 | 0. |
| 35 | | nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 a | (C) | 35 | -338,182. |
| 36 | | ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | _ | 36 | 0. |
| 37 | | f unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 1 | 37 | -338,182. |
| 38 | | c deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 0 | 38 | 1,000. |
| | • | | Ų | 139 | 1,000. |
| 39 | | ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, ne smaller of zero or line 37 | // | | -338,182, |
| Dort | | Tax Computation | | 39 1 | -330,102, |
| - | | | | 1 1 | |
| 40 | - | zations Taxable as Corporations. Multiply line 39 by 21% (0.21) | | 40 | 0. |
| 41 | | Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: | | Des | |
| | Т | ax rate schedule or Schedule D (Form 1041) | | 41 | ··· |
| 42 | Proxy t | ax. See instructions | > | 42 | |
| 43 | Alterna | tive minimum tax (trusts only) | | 43 | |
| 44 | Tax on | Noncompliant Facility Income See instructions | | 44 | |
| | | Add lines 42, 43, and 44 to line 40 or 41, whichever applies | | 45 | 0. |
| Part | ,VA | Tax and Payments | | | |
| 46 a | Foreign | tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a | | 14 | |
| b | Other c | redits (see instructions) 46b | | | |
| | | business credit. Attach Form 3800 46c | | | |
| | | or prior year minimum tax (attach Form 8801 or 8827) | | [P.S.] | |
| | | redits. Add lines 46a through 46d | - | 46e | |
| - | | ct line 46e from line 45 | | | 0. |
| | | axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach set | | 47 | |
| | | | edule) | 48 | 0 |
| | | ix. Add lines 47 and 48 (see instructions) | | 49 | 0. |
| | | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | | 50 | 0. |
| | | nts: A 2018 overpayment credited to 2019 | _ | | |
| þ | 2019 es | stimated tax payments | | | |
| C | Tax dep | osited with Form 8868 51c | | | |
| | Foreign | organizations. Tax paid or withheld at source (see instructions) 51d | | | |
| đ | i oroigii | organizations. Tax paid or withheld at source (see instructions) | | ا څدا | _ |
| | | withholding (see instructions) 51e | | 3 | - |
| e | Backup | The state of the s | | 3 | - |
| e f | Backup Credit f | withholding (see instructions) | | 3 | - |
| e f | Backup Credit f Other c | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) 516 517 | | | - |
| e f 9 | Backup Credit fo Other co Fo | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total 51e 51f 51f | | 的数据 | - |
| e f g 52 | Backup Credit fo Other co Fo Total pa | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51e 51f 51f Total 51g | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| e f g 52 53 | Backup Credit for Other co For Total par Estimat | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g 51g 51g 64 tax penalty (see instructions). Check if Form 2220 is attached | | 52 53 | |
| 6 f g 52 53 54 | Backup Credit for Other con For Total par Estimat Tax due | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total sayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached or films 52 is less than the total of lines 49, 50, and 53, enter amount owed | . | 52 53 54 | |
| e f g 52 53 54 55 | Backup Credit for Other con Formal particular Total particular Estimat Tax due Overpay | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total | . > | 52 52 53 54 55 | |
| 52 53 54 55 56 | Backup Credit fo Other co Total pa Estimat Tax due Overpa Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g 51g 51g 51g 51g 51g 51g 51 | > | 52 53 54 | |
| 52 53 54 55 56 ,Part | Backup Credit f Other co Fc Total pa Estimat Tax due Overpa Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g | > > > | 52 52 53 54 55 | |
| 52 53 54 55 56 Part | Backup Credit for Other control For Total particular Estimat Tax due Overpar Enter th VI; S At any t | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g | > | 52 52 53 54 55 | Yes No |
| 52 53 54 55 56 Part | Backup Credit for Other control For Total particular Estimat Tax due Overpa Enter th VI; S At any t over a f | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g | > | 52 52 53 54 55 | F. W. N. |
| e f g 52 53 54 55 56 Part | Backup Credit f Other c Fo Total pi Estimat Tax due Overpa Enter th VI S At any t over a f FinCEN | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g | > | 52 52 53 54 55 | TALL SALES |
| e f g 52 53 54 55 56 Part | Backup Credit for Other co For Total pa Estimat Tax due Overpa Enter th VII S At any t over a f Fincen here | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51g sayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | > | 52 52 53 54 55 | Bar Fig |
| e f g 52 53 54 55 56 ,Part 57 | Backup Credit for Other control For Total particle Estimat Tax due Overpar Enter th VI; S At any to over a f FinCEN here During | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51f 51g sayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached at line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority imancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country the lax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | > > > | 52 52 53 54 55 | TALL SALES |
| e f g 52 53 54 55 56 .Part 57 | Backup Credit for Other control For Total particle Estimat Tax due Overpar Enter th VI; At any to over a f FinCEN here During If "Yes," | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51f 51f 51f Total Total 51g ayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached at line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority imancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file. | > | 52 52 53 54 55 | TO THE STATE OF TH |
| e f g 52 53 54 55 56 .Part 57 | Backup Credit for Other control For Total particle Estimat Tax due Overpar Enter th VI; At any to over a f FinCEN here During If "Yes," | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 51f 51g sayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached at line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority imancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country the lax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | > | 52 52 53 54 55 | TO THE STATE OF TH |
| e f g 52 53 54 55 56 Part 57 | Backup Credit f Other ci Fc Total pi Estimat Tax due Overpa Enter th VI; S At any t over a f FinCEN here During f If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total Total Sig ayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached If line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file. e amount of tax-exempt interest received or accrued during the tax year side penalties of payery, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my | knowled | 52 53 54 55 56 | X X |
| e f g 52 53 54 55 56 .Part 57 | Backup Credit f Other ci Fc Total pi Estimat Tax due Overpa Enter th VI; S At any t over a f FinCEN here During f If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total Tota | _ | 52 53 54 55 56 | X X |
| e f g 52 53 54 55 56 Part 57 | Backup Credit f Other ci Fc Total pi Estimat Tax due Overpa Enter th VI; S At any t over a f FinCEN here During f If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total Total Sig ayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached If line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file. e amount of tax-exempt interest received or accrued during the tax year side penalties of payery, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my | Ma | 52 53 54 55 56 | shelf, it is true, |
| e f g 52 53 54 55 56 .Part 57 | Backup Credit f Other ci Fc Total pi Estimat Tax due Overpa Enter th VI; S At any t over a f FinCEN here During f If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total Total 51g Total Total 51g Total 51g Total 51g Total 51g Total 51g Total 51g Tot | Ma the | 52 53 54 55 56 | X X |
| e f g 52 53 54 55 56 .Part 57 | Backup Credit f Other ci Fc Total pi Estimat Tax due Overpa Enter th VI; S At any t over a f FinCEN here During f If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total 51g sayments. Add lines 51a through 51g ed tax penalty (see instructions). Check if Form 2220 is attached e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid e amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority imancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file. e amount of tax-exempt interest received or accrued during the tax year see instructions for other forms the organization may have to file. e amount of tax-exempt interest received or accrued during the tax year \$ characteristics of pergry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my recet, and complete Departition of prepare (other than taxpayer) is based on all information of which prepare has any knowledge 11/10/2020 CHIEF EXECUTIVE OFFICER Title | Me the ins | 52 53 54 55 56 | discuss this return with shown below (see 7 X Yes No |
| 52 53 54 55 56 Part 57 58 59 Sign Here | Backup Credit f Other co Fo Total pi Estimat Tax due Overpai Enter th VI S At any t over a f FinCEN here During If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total 516 517 Total Tot | Me the ins | 52 53 54 55 56 | discuss this return with shown below (see 7 X Yes No |
| 52 53 54 55 56 Part 57 58 59 Sign Here | Backup Credit f Other co For Total pi Estimat Tax due Overpa Enter th VI S At any t over a f FinCEN here During If "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total Tota | Me the ins | 52 53 54 55 56 56 9 repare structions)* | discuss this return with shown below (see 7 X Yes No |
| 52 53 54 55 56 Part 57 58 59 Sign Here | Backup Credit for Other control For Total part Estimat Tax due Overpar Enter th VI: Stany t Over a f FinCEN here During if FinCen Enter th On control On | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total To | Me the | 52 53 54 55 56 56 9 reparer structions; | discuss this return with shown below (see 7 X Yes No |
| 52 53 54 55 56 Part 57 58 59 Sign Here | Backup Credit for Other control For Total part Estimat Tax due Overpar Enter th VI: Stany t Over a f FinCEN here During fif "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 orm 4136 Other Total To | Me the | 52 53 54 55 56 56 9 reparer structions; | discuss this return with shown below (see 7 X Yes No |
| 52 53 54 55 56 Part 57 58 59 Sign Here | Backup Credit for Other control For Total part Estimat Tax due Overpar Enter th VI: Stany t Over a f FinCEN here During fif "Yes," Enter th | withholding (see instructions) or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439 Other Total Tota | Mz the ins | 52 53 54 55 56 56 9 reparer structions; | discuss this return with shown below (see 7 X Yes No |

| 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 yea | ır | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. St | ubtract I | 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 (v | 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 | (From Real I | Property and | l Per | sonal Property L | ease | d With Real Prop | erty) | | |
| (see instructions) | | | | | | | | | — |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | · | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | ed or accrued | | | | 2(a) Dadwatiana directiv | | ted with the income in | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | ` of rent for p | personal | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | nd 2(b) (a | 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 Det | t-Financed | Income (see | ınstru | ctions) | | | | | |
| | | | 2 | Gross income from | | 3 Deductions directly cont to debt-finance | | | |
| 1 Description of debt-fi | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-finar | adjusted basis llocable to nced property 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 colum 3(a) and 3(b)) | |
| (1) | | | 1 | % | | | | | |
| (2) | | | | % | | | | | _ |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | inter here and on page 1 Part I, line 7, column (B) | |
| Totala | | | | | | 0 | | | 0. |
| Totals Total dividends-received deductions in | acluded in column | Я | | | | | :+- | | 0. |
| LOTAL MINIMELIND-LEGGIAGN MENNERINIS II | iciaaca iii colulliil | U | | | | | | | <u> </u> |

| | | | | Exempt | Controlled O | rganızatı | ons | | | | |
|---------------------------------------|-----------------|--|-----------------------------------|--|---|---|--|-----------------------------------|--|---------------------|--|
| 1 Name of controlled organizat | tion | 2. Em identif num | cation | | related income e instructions) | 4 Tot payr | tal of specified ments made | includ | ert of column 4 ded in the cont zation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | _ | | - | | | | |
| (2) | | | | | | | | - | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organi | ızatıons | | | • | | | | | | | |
| 7. Taxable Income | 8. Net | unrelated incon see instruction | ne (loss) s) | 9 Total | of specified payr made | nents | 10. Part of colu in the controlli gross | mn 9 tha ing orgal s income | nization's | 11 D | eductions directly connected th income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | ĺ | | | | | | | | | | |
| (4) | 1 | | | | | | | | | <u> </u> | |
| | | | | | | | Add colun Enter here and line 8, c | | e 1, Part I, | | ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | ▶ | | | 0. | | 0 |
| Schedule G - Investme (see inst | ent Inco | me of a S | Section | 501(c)(7 | 7), (9), or (| 17) Org | ganization | _ | | | |
| 1 Desc | cription of inc | ome | | | 2 Amount of | ıncome | 3. Deduction directly connect (attach scheduler) | cted | 4 Set- | asıdes schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | Ì | | |
| (3) | | | | | | | | | | | * |
| (4) | | | | | | | | | | | |
| | | | | | Enter here and o Part I, line 9, co | | | | | | Enter here and on page Part I, line 9, column (B) |
| Totals | | | | <u> </u> | | 0. | | | | | 0 |
| Schedule I - Exploited (see instru | - | Activity | Income | e, Other | Than Adv | ertisin | g Income | | | | |
| 1. Description of exploited activity | unrelated | Gross d business ne from business | directly of with pro of uni | penses connected oduction related s income | 4 Net incomfrom unrelated business (cominus columi gain compute | trade or lumn 2 i 3) If a cols 5 | 5 Gross inco from activity t is not unrelat business inco | hat ed | 6 Exp attribut colui | | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| | | - | | | through | 7 | | | | | , |
| (1) | | | | | | | | | ļ | | |
| (2) | ļ | | | | | | | | | | |
| (3) | ļ | | | | | | | | | | |
| (4) | ļ | | | | | | | | <u> </u> | | |
| | page | ere and on 1, 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 | <u>L</u> | 0. | | 0. | | | | | | | 0 |
| Schedule J - Advertisi | | | | | | | | | | | |
| Part I Income From I | Periodio | cals Repo | orted o | n a Con | solidated | Basis | | | | | |
| 1 Name of periodical | | 2 Gross advertising income | | 3 Direct ertising costs | 4 Advert or (loss) (co col 3) If a ga cols 5 th | l 2 minus in, computi | 5. Circulate income | | 6 Readi | | 7. Excess readership costs (column 5 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | _] | | | | | |] |
| (3) | | | | | | | | | | | |
| (4) | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | | 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) | | | | | | | |
| (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 | 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 20
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 21 |
|---|---|
| DESCRIPTION | NET INCOME OR (LOSS) |
| ACM PERMANENT CROPS, LLC - ORDINARY BUSINESS INCOME (LOSS) | -9,507. |
| ECOTRUST FORESTS II, LLC - ORDINARY BUSINESS INCOME (LOSS) KAYNE ANDERSON ENERGY FUND IV (QP), L.P ORDINARY | -43,298. |
| BUSINESS INCOME (LOSS) NORTH SKY CLEANTECH VENTURES, L.P ORDINARY BUSINESS | -68. |
| INCOME (LOSS) | 685. |
| PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII, LP - ORDINARY BUSINESS INCOME (L | -1,146. |
| THE LYME FOREST FUND IV TE, LP - ORDINARY BUSINESS INCOME (LOSS) | -26,238. |
| WASTEWATER OPPORTUNITY FUND, LLC - ORDINARY BUSINESS | -20,230. |
| INCOME (LOSS) | -176,469. |
| ACM FUND II, LLC - ORDINARY BUSINESS INCOME (LOSS) ECOTRUST FORESTS III, LLC - ORDINARY BUSINESS INCOME | -63,539. |
| (LOSS) GLOBAL IMPACT ACCESS PARTNERSHIP, LP - ORDINARY BUSINESS | -20,593. |
| INCOME (LOSS) | -11,537. |
| ARDSLEY PARTNERS RENEWABLE ENERGY FUND, L.P ORDINARY | |
| BUSINESS INCOME (LOS SOSV IV LP - ORDINARY BUSINESS INCOME (LOSS) | -14,688. -3,055. |
| SOSV IV LP - ORDINARI BUSINESS INCOME (LOSS) | |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | -369,453. ==================================== |
| | |
| FORM 990-T OTHER DEDUCTIONS | STATEMENT 22 |
| DESCRIPTION | AMOUNT |
| TAX PREPARATION FEES | 4,300. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 27 | 4,300. |

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 23 |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 180,481. | 0. | 180,481. | 180,481. |
| NOL CARRYOV | VER AVAILABLE THIS | YEAR | 180,481. | 180,481. |

| FORM 990-T | NET (| OPERATING LOSS D | EDUCTION | STATEMENT 24 |
|-------------|----------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/09 | 216,902. | 181,035. | 35,867. | 35,867. |
| 12/31/10 | 200,091. | 0. | 200,091. | 200,091. |
| 12/31/11 | 24,799. | 0. | 24,799. | 24,799. |
| 12/31/12 | 218,248. | 0. | 218,248. | 218,248. |
| 12/31/13 | 106,270. | 0. | 106,270. | 106,270. |
| 12/31/14 | 28,228. | 0. | 28,228. | 28,228. |
| 12/31/15 | 188,503. | 0. | 188,503. | 188,503. |
| 12/31/16 | 96,835. | 0. | 96,835. | 96,835. |
| 12/31/17 | 127,492. | 0. | 127,492. | 127,492. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 1,026,333. | 1,026,333. |
| FORM 990-T | | CONTRIBUTIONS | | STATEMENT 25 |
| DESCRIPTION | N/KIND OF PROPERTY | METHOD USED TO | D DETERMINE FMV | AMOUNT |
| 50% CASH ON | 1LA | N/A | | 4,546,310 |
| TOTAL TO FO | ORM 990-T, PAGE 2, I | LINE 34 | | 4,546,310 |

| FORM 990-T | CONTR | IBUTIONS SUMMARY | | STATEMENT | 26 |
|---|--|---|-------------------------------|-----------|----|
| | CONTRIBUTIONS SUBJECT | | | | |
| CARRYOVER OF FOR TAX SECOND FOR TAX | YEAR 2015 YEAR 2016 YEAR 2017 | CONTRIBUTIONS 9,553,917 4,555,307 5,692,719 4,463,535 6,189,610 | | | |
| TOTAL CARRY | - YOVER ENT YEAR 10% CONTRIBU | TIONS | 30,455,088 4,546,310 | | |
| | RIBUTIONS AVAILABLE COME LIMITATION AS AD | JUSTED | 35,001,398 | _ | |
| | TRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS | | 35,001,398 0 35,001,398 | | |
| ALLOWABLE (| CONTRIBUTIONS DEDUCTION | ON | | _ | 0 |
| TOTAL CONTE | RIBUTION DEDUCTION | | | | 0 |

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

| THE RUSSELL FAMILY FOUNDAT | ON | | | 91- | -1663336 |
|--|-------------------------------|-----------------------------|--|-----|--|
| Did the corporation dispose of any investme | nt(s) in a qualified opportu | inity fund during the tax y | ear? | _ | Yes X No |
| If "Yes," attach Form 8949 and see its instru | | | | | , , |
| Part I Short-Term Capital Ga | | | | - | |
| See instructions for how to figure the amounts to enter on the lines below | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss from Form(s) 8945 | 9, | (ħ) Gain or (loss) Subtract column (e) from column (d) and |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column (g) | | combine the result with column (g) |
| 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 | | | | | 200 |
| Form(s) 8949 with Box C checked | | <u> </u> | | | -380. |
| 4 Short-term capital gain from installment sales | | | | _4 | |
| 5 Short-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach comput | ation) | | | 6 | (|
| 7 Net short-term capital gain or (loss). Combin | | | | 7 | -380, |
| Part II Long-Term Capital Gai | ns and Losses (See | instructions.) | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| See instructions for how to figure the amounts to enter on the lines below. | (d) | (e) Cost | (g) Adjustments to gain | | (h) Gain or (loss) Subtract |
| This form may be easier to complete if you round off cents to whole dollars. | Proceeds (sales price) | (or other basis) | or loss from Form(s) 8949 Part II, line 2, column (g) | | column (e) from column (d) and combine the result with column (g) |
| 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 no adjustments (see instructions). However, if you choose to report all these transactions 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 | | | <u> </u> | | 7,541. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | - | 11 | 29,137. |
| 12 Long-term capital gain from installment sales | | | - | 12 | |
| 13 Long-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | - | 13 | |
| 14 Capital gain distributions | | | - | 14 | |
| 15 Net long-term capital gain or (loss) Combine | | nn h | | 15 | 36,678. |
| Part III Summary of Parts I and | · - | | | | Τ |
| 16 Enter excess of net short-term capital gain (lin | | • | | 16 | 26.000 |
| 17 Net capital gain. Enter excess of net long-term | | | e ⁷⁾ | 17 | 36,298. |
| 18 Add lines 16 and 17. Enter here and on Form | | roper line on other returns | Ļ | 18 | 36,298. |
| Note If losses exceed gains, see Capital Los | ses in the instructions. | | | | |
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Form | n 1120 | | s | chedule D (Form 1120) 2019 |

Department of the Treasur 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

Name(s) shown on return

Social security number or taxpayer identification no.

THE RUSSELL FAMILY FOUNDATION 91-1663336 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. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long-term transactions, see page 2 Note You may aggregate all short-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 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-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 (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (b) (c) (d) (a) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) ın Code(s) the instructions with column (g) adjustment PORTFOLIO ADVISORS PRIVATE EQUITY FUND V 43. GLOBAL IMPACT ACCESS <126.> PARTNERSHIP, LP <297.> SOSV IV LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box 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

<380,>

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No 12A Form 8949 (2019) 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. THE RUSSELL FAMILY FOUNDATION 91-1663336 Before you check Box D, E, or F 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 [Partill] 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 Adjustment, if any, to gain or (h) (b) (c) (d) (e) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo., day, yr) (g) combine the result see Column (e) ın Amount of Code(s) the instructions with column (g) adjustment NORTH SKY CLEANTECH 667. VENTURES, L.P. PORTFOLIO ADVISORS PRIVATE 6,874. EQUITY FUND V 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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

negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)