	10	EXTE	NDED TO NOVE	EMBE	ER 15,	2019					
Form 990-T	'	Exempt Orga					ax Re	turn		OMB N	o 1545-0687
		(a	nd proxy tax und	er se	ction 603	3(e))				~	040
	`, Forca	alendar year 2018 or other tax yea	ar beginning		, and e	nding			_	2	018
Department of the Tre	asurv	Go to www	.irs.gov/Form990T for in	structio	ns and the la	test inform	ation.		Ļ		
Internal Revenue Serv	rice D	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								501(c)(3) Oi	ublic Inspection for rganizations Only
A Check bo		(En traine of organization (Caralle of an area of an area of an area of organization (Caralle organization (Caralle of								oyees, trus	ication number st, see
address o	<u> </u>									ctions)	
B Exempt under	section Print	ATWOOD FOUNDATION								92-600	2571 ess activity code
X 501(c €)3	Tuna	Number, street, and roon			istructions.					etructions	
408(e)	J220(8)	301 W NORTHERN L									
408A 529(a)	_530(a)	City or town, state or pro	* * * * * * * * * * * * * * * * * * * *	r toreig	n postai code				52599	0	
C Book value of all a	ssets -	F Group exemption num	 	>					02333	 -	
at end of year	7,360,427.				50	1(c) trust		401(a)	trust		Other trust
	· · · · · · · · · · · · · · · · · · ·	ation's unrelated trades or t		1	- 1-1-0		the only (or				1 011101 11 001
	_	STHROUGH INCOME FR				If only one,				than one	} .
		ace at the end of the previous		rts I an							•
	complete Parts III		· · · · · · · · · · · · · · · · · · ·								
During the tax y	ear, was the corp	poration a subsidiary in an	affiliated group or a parer	nt-subsi	diary controlle	ed group?		▶ [Yes	s <u>x</u>	No
		tifying number of the parer									
		LATASH INVESTMENTS					one number	_		3-2800	
		de or Business Inc	ome		(A) Inc	ome	(B) I	Expenses			(C) Net
1 a Gross receip											* .
	and allowances		c Balance	1c			•				
-	ds sold (Schedule	•		2			1				
•	Subtract line 2 f			3							
• •	net income (attac	Part II, line 17) (attach Forn	. 4707\	4a 4b		-27.	ı	•			-27.
• •	deduction for tru	. ,	17131)	4c							
•		ship or an S corporation (a	ttach statement)	5		13,324.	* ST	MT 14			-13,324.
•	(Schedule C)	omp or all o desperation (a		6			-				
	bt-financed inco	me (Schedule E)		7							
8 Interest, ann	uities, royalties, a	and rents from a controlled	organization (Schedule F)	8							
9 Investment	income of a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9							
10 Exploited ex	empt activity inco	ome (Schedule I)		10							
_	income (Schedul	•		11			,				
	•	ns; attach schedule)		12			٠				
	bine lines 3 throu	_{igh 12} ot Taken Elsewher	2 (2	13		13,351.					-13,351.
Part II De	cept for contrib	utions, deductions must	be directly connected	or ilmita I with t	he unrélated	ductions) Dusiness	income '		-		
		rectors, and trustees (Sche	-			REC	EIVE		114		
14 Compensation 15 Salaries an	•	11 001010, una 11 001000 (00110	idulo ity		l _o [_IU	٦	_		
. 16 Repairs and	d maintenance				C248	NOV	2 5 201	9 5	15 16		
17 Bad debts 18 Interest (at					191				17		
18 Interest (at	tach schedule) (s	see instructions)			ļ [—]	OGD	EN, U	·T	18		
Taxes and Charitable of Charit					L			-	19		250.
Z20 Charitable		e instructions for limitation	rules) STATEMENT	16	SEE	STATEMEN	T 15		20		0.
21 Depreciation	n (attach Form 4	•				21					
22 Less depre	ciation claimed o	n Schedule A and elsewher	e on return			22a			22b		
23 Depletion	ne to deferred on	magnestian alone							23		
	ns to deferred co penefit programs	ompensation plans							24 25		
	mpt expenses (S								26		
	dership costs (So	•							27		
	ctions (attach scl	•							28		·
	ctions. Add lines	•							29		250.
30 Unrelated b	ousiness taxable i	income before net operating	loss deduction. Subtrac	t line 29	from line 13				30		-13,601.
31 Deduction	for net operating	loss arising in tax years be	ginning on or after Janua	ry 1, 20	18 (see instru	ictions)			31		
		ncome. Subtract line 31 fro							32		13,601.
823701 01-09-19 L	HA For Pape	rwork Reduction Act Notice	e, see instructions.	^			1	47		Form	990-T (2018)

Part I	Total Unrelated Business Taxable	Incomo	<u> </u>	32-600	23/1		raye Z
			<u> </u>				
33	Total of unrelated business taxable income computed fro	om all unrelated trades or businesses	(see instruction	is)	33	-13,(601.
34	Amounts paid for disallowed fringes				34		
35	Deduction for net operating loss arising in tax years begin	inning before January 1, 2018 (see in	istructions)	STMT 17	_35		0.
36	Total of unrelated business taxable income before specifi	ic deduction. Subtract line 35 from th	ne sum of				
	lines 33 and 34				36	-13,0	
37	Specific deduction (Generally \$1,000, but see line 37 ins	tructions for exceptions)			37	1,0	000.
38	Unrelated business taxable income. Subtract line 37 fr	om line 36. If line 37 is greater than l	line 36,				
	enter the smaller of zero or line 36				38	-13,6	601.
Part I	/ Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 3	8 by 21% (0.21)		>	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax of	computation. Income tax on the amou	unt on line 38 fr	om:			
	Tax rate schedule or Schedule D (Form 10	041)		>	40		
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	er applies			44		0.
Part \	Tax and Payments						
45 a	Foreign tax credit (corporations attach Form 1118; trusts	s 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		┦		
	Total credits. Add lines 45a through 45d		100		45e		
46	Subtract line 45e from line 44				46		0.
47	Other taxes. Check if from: Form 4255 Form	8611 Form 8697 Form	. 8866 T O	her (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	100111011110097110111	10000 01	iner (attach schedule)	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	303-b, Fart II, column (k), line 2	50a	6,500	\vdash		
	2018 estimated tax payments		50b	0,300	+ 1		
	Tax deposited with Form 8868				-l l		
	Foreign organizations: Tax paid or withheld at source (se	on instructions)	50c		-l -l		
	Backup withholding (see instructions)	e instructions)	50d		-		
		Hook Form 2041)	50e		-l		
	Credit for small employer health insurance premiums (at	·	50f		-		
9	Other credits, adjustments, and payments Form 2						
54	Form 4136 Other	Total	► 50g		⊣ <u>.</u> .		
51	Total payments. Add lines 50a through 50g				51	0,:	500.
52	Estimated tax penalty (see instructions). Check if Form 2			_	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, a	-		.	53		
54	Overpayment. If line 51 is larger than the total of lines 4	•	1		54	6,:	500.
Part \	Enter the amount of line 54 you want: Credited to 2019 I Statements Regarding Certain Acti		6,500.	Refunded	55		0.
			•				
56	At any time during the 2018 calendar year, did the organ	•		•		Yes	<u>No</u>
	over a financial account (bank, securities, or other) in a f						
	FinCEN Form 114, Report of Foreign Bank and Financial	Accounts. If "Yes," enter the name of	the foreign cour	ntry			
	here >			<u>-</u>	_		<u> </u>
57	During the tax year, did the organization receive a distrib		or transferor to,	a foreign trust?			<u>x</u>
	If "Yes," see instructions for other forms the organization	•					
58	Enter the amount of tax-exempt interest received or accr		 				
Sign	Inder penalties of perjury, I declare that I have examined this re correct and complete. Declaration of preparer wither than taxpa	sturn, including accompanying schedules and eyer) is based on all information of which prep	d statements, and t oarer has any know	o the best of my knowl ledge	edge and b	elief, it is true,	
Here	MANCH - COLLOOM	11/14/10		, Fi	May the IRS	discuss this return wi	ıth
110.0	Signature of officer	Date TREASURE	ER			r shown below (see	.
	<u> </u>				nstructions)? X Yes	No
	Print/Type pret/arer's name Pre	parer's signature	Date		if PTI	V	
Paid	<u> </u>			self- employed			
Prepa	rei	DY CAMPOS	10/16/19	 _		0448102	
Use C				Firm's EIN	• 9	91-0189318	
		TE 1200					
	Firm's address PORTLAND, OR 97205			Phone no.	03-242		
823711 01	09-19					Form 990-T (2	2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	inning of year 1		6 Inventory at end of year				6		
2 Purchases	2] 7	Cost of goods sold. Su	btract I	ine 6			
3 Cost of labor	3		from line 5. Enter here and in F line 2 8 Do the rules of section 263A (v		Part I,				
4 a Additional section 263A costs									
(attach schedule)	4a				with respect to	Yes	No		
b Other costs (attach schedule)	4b		property produced or acquired for resale) ap			for resale) apply to		ļ	
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?		11101 5 15		<u>, </u>	L
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	")	
Description of property									
(1)								· .	
(2)									
(3)									
(4)						•			
	2. Rent receive	ed or accrued				0/-15			
(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 p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	d conne	cted with the income in (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	ı (A)				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	ınstru	ctions)					
			2	. Gross income from		Deductions directly conto debt-finant			
Description of debt-financed property				or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	s	
(1)		*							
(2)			Ĭ						
(3)									
(4)						•			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	•	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				▶).		0.
Total dividends-received deductions in	ncluded in columi	18		<u></u>			<u> </u>		0.
								Form 990-T	(2018)

Schedule F - Interest, A	nnuities	s, Royali	ies, and	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	ns)	
				Exempt (Controlled O	rganızatı	ons					
1. Name of controlled organizate	on	2. Em identifi num	cation		elated income instructions)		otal of specified ments made for included in the organization's gr		ed in the contr	rolling	connected with income	
(1)								<u> </u>				
(2)							- · <u>-</u>					
(3)												
(4)		-										
Nonexempt Controlled Organiz	zations											
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payr made	nents	10. Part of coluing the controlling gross	mn 9 thai ng organ s income	ization's		eductions directly connected h income in column 10	
(1)												
(2)						1						
(3)											,	
(4)												
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						<u>▶</u>			0.		0.	
Schedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (17) Org	anization					
1. Descr	ription of incor	m o			2. Amount of	ınçome	 Deduction directly connected (attach schedule) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)							•					
(2)												
(3)												
(4)												
				_	Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited		A	l	▼	The second selection	0.	1				0.	
(see instru	-	Activity	Income	e, Other	Inan Adv	ertisin	g income					
1. Description of exploited activity	unrelated	e from	directly o with pro of unr	penses connected oduction elated s income	4 Net incon from unrelated business (co minus colum gain, comput through	trade or dumn 2 n 3) If a a cols 5	Cross income from activity that is not unrelated business income Cross income 6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)												
(2)												
(3)												
(4)	Enter her page 1, line 10,	, Part I, col (A)		` '					•		Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisin	l less=	0.		0,	L				•	-	0.	
Part I Income From F					solidated	Basis						
		0 -	- [4. Adver	ising gain	<u> </u>		-		7. Excess readership	
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs		ol 2 minus ain, comput	5. Circulai income		6. Read		costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					_						,	
(3)					_							
(4)					<u> </u>		_					
Totals (carry to Part II, line (5))	•		0.	().	<u> </u>					0. Form 990-T (2018	

19051016 146892 628390

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 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	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)

FORM 990-T INCOME	C (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION		NET INCOME OR (LOSS)
ABRY PARTNERS VIII LP - ORDINA		-9,145
ABRY PARTNERS VIII LP - OTHER		- 5
CARMEL PARTNERS INVESTMENT FUN	ID III LP - NET RENTAL REAL	2 420
ESTATE INCOME CARMEL PARTNERS INVESTMENT FUN	ID TV I.D - OPDINARY RIGINEGS	-2,429
INCOME (LOSS)	IV DF - ORDINARI BOSINESS	- 2
CARMEL PARTNERS INVESTMENT FUN	ID V LP - ORDINARY BUSINESS	
INCOME (LOSS)	:	- 4
CARMEL PARTNERS INVESTMENT FUN	ID V LP - OTHER NET RENTAL	
INCOME (LOSS)	ID II I D. THERDERE THOUSE	-1,836
CARMEL PARTNERS INVESTMENT FUN CARMEL PARTNERS INVESTMENT FUN		
INCOME (LOSS)	D II DI ONDINAKI BOSINESS	-10
WICKS COMMUNICATIONS & MEDIA F	PARTNERS III LP - ORDINARY	
BUSINESS INCOME (LOS		15
DARWIN VENTURE CAPITAL FUND OF	FUNDS II LP - ORDINARY	
BUSINESS INCOME (LOSS) PINNACLE EQUITY FUND - ORDINAF	V RIIGINEGG INCOME (LOGG)	-: 4:
PINNACLE EQUITY FUND - ORDINAF	TI BUSINESS INCOME (LOSS)	<u></u>
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	-13,324
FORM 990-T	CONTRIBUTIONS	STATEMENT 15
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	
DESCRIPTION/KIND OF PROPERTY	METHOD OSED TO DETERMINE PMV	AMOUNT
GRANTS PAID	N/A	1,763,36
PASSTHROUGH CONTRIBUTIONS	N/A	7
FOTAL TO FORM 990-T, PAGE 1, I	INE 20	1,763,43

FORM 990-T CONTRIBUTIO	NS SUMMARY	STATEMENT	16
QUALIFIED CONTRIBUTIONS SUBJECT TO 10	0% LIMIT		
FOR TAX YEAR 2014 1 FOR TAX YEAR 2015 1 FOR TAX YEAR 2016 1	IBUTIONS ,633,568 ,225,096 ,409,108 ,305,074 ,470,679		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	7,043,525 1,763,438		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	8,806,963 0		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	8,806,963 0 8,806,963	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		_	0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 17
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	19,189.	19,189.	0.	0.
12/31/11	2,698.	2,698.	0.	0.
12/31/12	2,454.	2,454.	0.	0,
12/31/16	18,906.	0.	18,906.	18,906.
12/31/17	25,242.	0.	25,242.	25,242.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	44,148.	44,148.