/		990-T	1 6	EXTER Exempt Organ	NDED TO NOVI			· Fay Baturn	. 1	OMB No 1545-0047
	Form	99U-1	"		nd proxy tax und			iax neturii		ONE 110 1343-0047
	,4	^	For ca	lendar year 2019 or other tax yea		J. JJ	and ending			2019
		سر مسر کام	l		.irs.gov/Form990T for in	structio		mation	- L	
, e <sup>e</sup>		tment of the Treasury al Revenue Service	▶	Do not enter SSN numbe					5	Open to Public Inspection for 01(c)(3) Organizations Only
	A	Check box if address changed		Name of organization (	Check box if name c	hanged	l and see instructions.)			yer identification number yees' trust, see tions )
	<b>B</b> E:	xempt under section	Print	ATWOOD FOUNDATION	N INC				9	2-6002571
	X	] 501(c <b>)</b> <u>3</u> )	Tuna	Number, street, and room	n or suite no. If a P.O. bo	x, see ir	nstructions.		E Unrelat	ted business activity code structions)
	_	408(e) 220(e)	Туре	301 W NORTHERN LI	GHTS BLVD, NO. 4	12				,
		408A 530(a) 529(a)		City or town, state or pro ANCHORAGE, AK 95		r foreig	n postal code			
		ok value of all assets end of year		F Group exemption numb		<u> </u>	<u> </u>			
				G Check organization type			<del>`</del>			Other trust
			_	ation's unrelated trades or b	· · · · · · · · · · · · · · · · · · ·	1		e the only (or first) un		
		-		LIFIED PARTNERSHIP				e, complete Parts I-V.		
				ace at the end of the previou	us sentence, complete Pa	rts i an	id II, complete a Schedu	le M for each addition	ai trade (	or
		siness, then complete		ooration a subsidiary in an a	affiliated group or a parer	nt_cube	udiary controlled group?		Yes	x No
				tifying number of the paren		เเ-อนมอ	idialy controlled group.		163	, <u></u> , NO
				ATASH INVESTMENTS			Telep	hone number > 90	07-743	3-2800
	Pa	rtí Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
	71 a	Gross receipts or sale	s							/ 1
	b	Less returns and allow			c Balance	1c				
	. 2	Cost of goods sold (S				2				/
	3	Gross profit. Subtract				3		<del> </del>	/	
		Capital gain net incom			. 4707)	4a 4b	3,226	<del>                                     </del>	$\overline{}$	3,226.
		Capital loss deduction		Part II, line 17) (attach Form	14797)	40 4c	3,220	· <del>                                     </del>	-+	3,220.
	5	•		ship or an S-corporation (at	trach statement)	5	-3,710	STAT 14	o	-3,710.
	6	Rent income (Schedu	e CIV	10/		6				
	7	Unrelated debt-financ	ed-incor	ne (Schedule, E.)		7				
	8	Interest, annuities, roy	ettes a	ind rents from a controlled o	organization (Schedule F)	8				
	9	InvestMeùt/incøije) oj	a sacto	on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9				
	10	Exploited exempt activ	vity inco	ome (Schedule L)		10				
	11	Advertising income (Some Other income (See ins	chegule	?·U)		11		-		
		Total. Combine lines				12 13/	-484	+		-484.
		rt II Deductio	ns No	ot Taken Elsewher	e (See instructions for			·		
				pe directly connected wi				, 		
	14	Compensation of off	ıcers, dı	rectors, and trustees (Sche	edule K)				14	
	15	Salaries and wages							15	
	16	Repairs and mainten	ance						16	
	17 18	Bad debts Interest (attach sche	dula) (c	an instructions)	<i>.</i>				17	
22	10	Taxes and licenses	aule) (S	ee mstructions)					19	250.
202	20	Depreciation (attach	Form 45	562)			20		"	
MAY 1 %	21			n Schedule A and elsewhere	e on return		21a		21b	,
<b>-</b>	22	Depletion							22	-
Ä	23	Contributions to defe	4	ropensation plans					23	
_	24	Employee benefit pro							24	
SCANNED	25	Excess exempt expe							25	
Z	26	Excess readership co							26 ob	<del>_</del>
X	27 28	Other deductions (at Total deductions. A							2/7 2/8	250.
တ္ထ	20 29			ncome before net operating	i loss deduction. Subtrac	t line 2	8 from line 13		29	-734.
	30	/		loss arising in tax years be						
		(see instructions)		g you. o do	Jg	, ., <u>-</u> .	SEE STATEM	ENT 15	30	0.
	<u> 31</u>		axable II	ncome. Subtract line 30 fro	om line 29				311	-734.
	92370	1 01-27-20 LHA FO	r Paper	work Reduction Act Notice	e, see instructions.					Form <b>990-T</b> (2019)

Form 99		ATWOOD FOUNDATION INC	92-6002	571	Page 2
Par	t Jrí	Total Unrelated Business Taxable Income			
32	Total o	unrelated business taxable income computed from all unrelated trades of businesses (see instructions)	32	-	-734.
33		its paid for disallowed fringes	33	-	
34	Charita	ble contributions (see instructions for limitation rules) STMT 17 STMT 18	34		0.
35	Total	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-	-734.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	86		0.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 37		-734.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	) <del>  1   </del>	1	000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	' <del>  1</del>		
00		ne smaller of zero or line 37	39	_	-734.
Par		Tax Computation	1 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:	70		<u></u> -
71		ax rate schedule or Schedule D (Form 1041)	141		
40		ax. See instructions	41		
42	-		42		
43		tive minimum tax (trusts only)	43		—
44		Noncompliant Facility Income See Instructions	44	<del></del>	
45 Par		Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments	45		0.
			т т —		
46 a	-	tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>⊣</b>		
b		redits (see instructions)	<b>⊣</b>		
C		I business credit. Attach Form 3800	4		
d		for prior year minimum tax (attach Form 8801 or 8827)	<b></b>		
е		redits. Add lines 46a through 46d	46e		
47		ct line 46e from line 45	47		0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49		ax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Payme	nts: A 2018 overpayment credited to 2019 6 , 500	-		
b	2019 e	stimated tax payments 5 tb	_		
C	Tax de	posited with Form 8868 5 c	<b>⊣</b>		
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 5 td	_		
е	Backup	withholding (see instructions) 51e	_		
f	Credit	for small employer health insurance premiums (attach Form 8941)			
9	Other o	redits, adjustments, and payments: Form 2439			
	F	orm 4136 Other Total <b>&gt;</b>	<b>_</b>		
52	Total p	ayments. Add lines 51a through 51g	52	_6,	500.
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	Q 55	6,	500.
\_56 <u></u>	Enter t	ne amount of line 55 you want: Credited to 2020 estimated tax 🕨 6 ,500 . Refunded	56		0.
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			'
	here	•		`-	X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		·	х
		see instructions for other forms the organization may have to file.			
59		ne amount of tax-exempt interest received or accrued during the tax year > \$			'
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl	ledge and belief, it is t	rue,	
Sign		orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May the IRS discuss t		vith
		Complying at affices	the preparer shown be instructions)?	elow (see Yes	No.
			<del></del>	169	No
		Print/Type preparer's name Preparer's signature Date Check	ıf PTIN		
Paid		WENDY CAMPOS Self- employed		•	
•	parer		P0044810		
Use	Only	Firm's name ► MOSS ADAMS LLP Firm's EIN ►	91-018	9318	
		805 SW BROADWAY STE 1200	<b>500</b> 4:-		
		Firm's address PORTLAND, OR 97205 Phone no.	503-242-1447		
923711	01-27-20		Form	990-T	(2010)

Schedule A - Cost of Goods	s Sold. Enter i	method of inven	tory v	aluation N/A				···	
1 * Inventory at beginning of year	1		$\overline{}$	Inventory at end of year	er		6		
2 Purchases	2		7	Cost of goods sold. St		ine 6			,
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs		<del>-</del> -		line 2			7		
(attach schedule)	4a		] 8	Do the rules of section	263A (\	vith respect to		Yes	No
b 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 P	Property and	Per	sonal Property L	.ease	d With Real Prop	erty	)	
1. Description of property									
(1)		-							
(2)	·		-						
(3)									
(4)	-								
	2. Rent receive	d or accrued				<u> </u>			
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	` of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar		cted with the income (attach schedule)	in
(1)	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)	<b>•</b>		<u></u> .	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	ot-Financed I	ncome (see	ınstru	ctions)	1				
			2	. Gross income from		<ol><li>Deductions directly control to debt-finance</li></ol>			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)				·					
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced 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 column 3(a) and 3(b))	olumns
(1)				%			1		
(2)				%			1		
(3)				%		<u>"</u>		<del>-</del>	
(4)			Ì	%		-			
	_					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				<b>•</b>		0			0.
Total dividends-received deductions in	ncluded in column	8							0.

1. Name of controlled organizations   2, Engloyer (analysis)   3, their representation of the payments included in the controlled organizations   3, their representation of the controlled organizations   5 and organization (analysis)   5 controlled organizations   1 controlled Organizations   2 controll	Schedule F - Interest, A	nnuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	itions	(see ins	struction	is)
Comparison   Controlled Control			]		Exempt	Controlled O	rganızatı	ons				<u></u>
Column   Controlled Digarizations   Society   Column	1. Name of controlled organization		identific	ation	3. Net unrelated income (loss) (see instructions)		4, Tot payr	4. Total of specified payments made		included in the controlling		connected with income
Column   Controlled Digarizations   Society   Column	(1)								-		-	
Nonexempt Controlled Organizations   8   Not profetile ferome (lose)   9   Total of accorded asymmetric (line)   10   10   10   10   10   10   10   1												
Nonexempt Controlled Organizations							<del> </del>		-		+	<del></del>
Nonexemptic Controlled Organizations   8, Net variables income (Secal (1)   10, Part of chairms 8 and 11   10, Carborians and 11   11, Carborians 6 and 11, Carborians 6 and									<del>                                     </del>		-+	
7. Taxable income  8. Net unclaided concent floss) [cos matricotonis)  9. Total of expended payments indicated the scotic of the		ations	l				L		<u> </u>			
(1) (2) (3) (4)  Add column 5 and 10 Enter here and on page 1, Part 1, Iren 8, column (8) (see instructions)  1, Description of mome  2, Amount of according (estand considered (all and page 1) and according to the page 1, Part 1, Iren 8, column (9) (3) (4)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1, Description of mome  2, Amount of according (all and page 1, Part 1, Iren 8, column (9) (4)  Chief here and on page 1, Part 1, Iren 8, column (9) (4)  Chief here and on page 1, Part 1, Iren 8, column (9) (6) (7) (8) (8) (9) (9) (9) (1) (9) (1) (1) (2) (3) (4)  Chief here and on page 1, Part 1, Iren 8, column (9) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	<del></del>			<del></del> 1			T	10			T	
(d)  (d)  Add columns 5 and 10  Enter here and on page 1, Part 1, line 8, column (B)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions critic connected (attach schedule)  (11)  (22)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  For the and on page 1, Part 1, line 8, column (B)  5. Total deductions and set acades (attach schedule)  ((attach schedule)  ((b)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((a)  (b)  (c)  (c)  (d)  (d)  Enter here and on page 1, Part 1, line 8, column (B)  ((a)  (b)  (c)  (c)  (c)  (d)  (d)  Enter here and on page 1, Part 1, line 8, column (B)  ((a)  (d)  (ease instructions)  2. Amount of income  ((a)  (d)  (ease instructions)  (a)  (ease instructions)  2. Gross  (or and income (loss)  (or an unrelated basin or brain attributable to column 5 brain schedule)  (ease instructions)  (ease instructions)  4. Nat income (loss)  (or an unrelated schedule)  (or an unrelated schedu	/. Taxable income				9. Total		nents	in the controlli	ng organ	is included ization's		
(d)  (d)  Add columns 5 and 10  Enter here and on page 1, Part 1, line 8, column (B)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions critic connected (attach schedule)  (11)  (22)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  For the and on page 1, Part 1, line 8, column (B)  5. Total deductions and set acades (attach schedule)  ((attach schedule)  ((b)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((c)  (3)  (4)  Enter here and on page 1, Part 1, line 8, column (B)  ((a)  (b)  (c)  (c)  (d)  (d)  Enter here and on page 1, Part 1, line 8, column (B)  ((a)  (b)  (c)  (c)  (c)  (d)  (d)  Enter here and on page 1, Part 1, line 8, column (B)  ((a)  (d)  (ease instructions)  2. Amount of income  ((a)  (d)  (ease instructions)  (a)  (ease instructions)  2. Gross  (or and income (loss)  (or an unrelated basin or brain attributable to column 5 brain schedule)  (ease instructions)  (ease instructions)  4. Nat income (loss)  (or an unrelated schedule)  (or an unrelated schedu	(1)						-					
(d)  Add columns 5 and 10 Enter here and on page 1, Pert I, line 8, column (s)  (d)  Add columns 5 and 10 Enter here and on page 1, Pert I, line 8, column (s)  (d)  (e)  (3)  (d)  (d)  Enter here and on page 1, Pert I, line 8, column (s)  (see instructions)  (a)  (b)  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (e)  (f)  (e)  (f)  (e)  (f)  (e)  (f)  (f								<del></del> -				
Add columns 5 and 10   Enter here and on page 1, Part 1, time 8, column (A)   Column (B)					<del></del>						<del>                                     </del>	_
Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1, Description of income 2, Amount of income 3, Describing (attach schedule) (1) (2) (3) (4)  Enter here and on page 1, Part 1, ins 8, column (8) (3) (4)  Enter here and on page 1, Part 1, ins 9, column (8) (4)  Enter here and on page 1, Part 1, ins 9, column (8) (5) (6) (7) (8) (9) (9) (9) (17) Organization (see instructions)  1, Description of income  2, Amount of income 3, Describing (attach schedule) (b) (c) (d)  Enter here and on page 1, Part 1, ins 9, column (8) (b) (c) (d)  1, Description of explorited Exempt Activity Income, Other Than Advertising Income (see instructions)  4, Net income (8) (c) (c) (d) (d) (d) (e) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f											<del>                                     </del>	
Totals    Enter here and on page 1, Part I, Inne 8, column (B)	(4)									_	<u> </u>	<u> </u>
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)   1. Description of income   2. Amount of income   3. Deductions drectly connected (attach schedule)   4. Set-addes (attach schedule)   (1)   (2)   (2)   (3)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (5)   (4)   (4)   (5)   (4)   (4)   (5)   (4)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (4)   (5)   (5)   (5)   (6							1	Enter here and	on page	1, Part I,	l	ere and on page 1, Part I,
(see instructions)  1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (1) (2) (3) (4)  Solve and sol	Totals						<b>•</b>			0.		0.
(see instructions)  1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (1) (2) (3) (4)  Solve and sol	Schedule G - Investmer	nt Incon	ne of a S	ection :	501(c)(7	7). (9). or (	17) Ord	anization				
1. Description of income 2. Amount of income (aftach schedule) (af						,, (-,, (	,	,				
(1) (2) (3) (4)    Part I, line 9, column (A)   Part I, line 9, column (B)	1. Descr	ption of inco	me			2. Amount of	ıncome	directly conne	cted			and set-asides
(2) (3) (4)  Totals  Finter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity uniquated business income from wrade or business income from wrade or business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B)  2. Gross uniquated business income from wrade or business income from wrade or business income  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B)  5. Gross income from activity that is business income (see instructions)  6. Expenses attributibile to sharing a latinous page 1, Part I, line 10, col (A) line 10, col (B) line 10, col (B) line 10, col (B) line 10, col (B)  1. Name of periodical Reported on a Consolidated Basis  2. Gross advertising gain or loss) (Col 2 mmus column 5)  7. Excess exempt expenses (column 2) uniquated business income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising costs advertising costs or loss) (Col 2 mmus column 5)  (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)							· · · · · · · · · · · · · · · · · · ·	-			(
(3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity income from related business income from rade or bu						<u> </u>	-					
Column   C												<del></del>
Enter here and on page 1, Part I, line 9, column (A)   Part I, line 9, column (B)				• •		<b> </b>						
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2. Gross unrelated business income form rade or business income form rade or business income rade rade rade or business income rade rade rade or business income rade rade rade rade rade rade rade rad												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2. Gross unrelated business income form rade or business income form rade or business income rade rade rade or business income rade rade rade or business income rade rade rade rade rade rade rade rad	Totals				•		0					n
1. Description of exploited activity  2. Gross uncertaked business income from trade or business succided with production of unrelated dusiness income from trade or business income from activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated fro	Schedule I - Exploited E	•	Activity	Income	, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity  2. Gross uncertaked business income from trade or business succided with production of unrelated dusiness income from trade or business income from activity that is not unrelated business income from activity that is not unrelated business income from activity that is not unrelated fro				0 -		4. Net incon	ne (loss)					7.
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  0.  Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs advertising costs  3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  7. Excess readership costs (column 6 minus column 4)  (1) (2) (3)		unrelated incom	business e from	directly co with pro- of unre	onnected duction elated	from unrelated business (co minus colum gain, comput	I trade or dumn 2 n 3) If a e cols 5	from activity t is not unrelat	hat ed	attribut	table to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  0.  Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs advertising costs  3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  7. Excess readership costs (column 6 minus column 4)  (1) (2) (3)	(1)		<u> </u>									1
(3) (4)  Enter here and on page 1, Part I, line 10, col (A) Ine 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7  4. Advertising gain or (loss) (col 2 minus cols 5 through 7  4. Advertising gain or (loss) (col 2 minus cols 5 through 7  6. Readership costs (column 6 minus column 4)  7. Excess readership costs (column 6 minus cols 5 through 7  (1) (2) (3)						<u> </u>	<del> </del>	<del></del>	-			<del>                                     </del>
(4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  D.  O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)							-					
Enter here and on page 1, Part 1, line 10, col (A)  Totals  0.  0.  Col (B)  0.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs of 1 a gain, compute cols 5 through 7  (1)  (2)  (3)						†	-					+
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  5. Circulation income  6. Readership costs (column 6, but not more than column 4)	(4)	page 1,	, Part I,	page 1,	Part I,							on page 1,
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  5. Circulation income  6. Readership costs (column 6, but not more than column 4)	Totals ▶		0.		0.							0.
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising and or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3)  5. Circulation income  6. Readership costs (column 5, but not more than column 4)		a Incon	ne (see ir	struction	s)	<u> </u>		•				
1. Name of periodical  2. Cross advertising advertising costs  3. Direct advertising costs  4. Cross (col 2 minus costs)  5. Circulation income  5. Readership costs  4. Costs  5. Circulation  6. Readership costs  6. Readership co						solidated	Basis					
1. Name of periodical  2. Cross advertising advertising costs  3. Direct advertising costs  4. Cross (col 2 minus costs)  5. Circulation income  5. Readership costs  4. Costs  5. Circulation  6. Readership costs  6. Readership co	<u> </u>	<del></del> -					_	T				<u> </u>
(3)	1. Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, computi					costs (column 6 minus column 5, but not more
(3)	(1)							<del>                                     </del>				
(3)		-+		_		$\dashv$						
												,
				-   -		$\dashv$						

Form 990-T (2019)

Totals (carry to Part II, line (5))

Part II Income From Perio columns 2 through 7 on a			ate Basis (For ea	ch periodical liste	d in Part II, fill in	
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	n of Officers, I	Directors, and	Trustees (see in	structions)		•
1. Name			2 Title	3. Perce	ted to	npensation attributable inrelated business

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FORM 990-T INCOL	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 14
DESCRIPTION			NET INCOME OR (LOSS)
ABRY PARTNERS VIII LP - ORDIN			3,566.
ESTATE INCOME	OND III LP - NET	KENTAL KEAL	-2,149.
CARMEL PARTNERS INVESTMENT FO	UND V LP - NET RE	NTAL REAL	-,
ESTATE INCOME			-128.
CARMEL PARTNERS INVESTMENT FU	UND V LP - OTHER	NET RENTAL	
INCOME (LOSS)			-1,315.
CARMEL PARTNERS INVESTMENT FO			4.
WICKS COMMUNICATIONS & MEDIA RENTAL INCOME (LOSS	PARTNERS III LP	- OTHER NET	3.
CARMEL PARTNERS INVESTMENT FU	IND TT I.P - ORDIN	ARY BUSTNESS	· .
INCOME (LOSS)			-12.
CARMEL PARTNERS INVESTMENT FO	UND VII LP - OTHE	R NET RENTAL	
INCOME (LOSS)			-3,679.
TOTAL INCLUDED ON FORM 990-T	, PAGE 1, LINE 5		-3,710.
FORM 990-T NET	OPERATING LOSS D	EDUCTION	STATEMENT 15
	T.000		
	LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
12/31/18 13,601.	0.	13,601.	13,601.
NOL CARRYOVER AVAILABLE THIS	YEAR	13,601.	13,601.

NET	OPERATING LOSS D	EDUCTION	STATEMENT 16
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
19,189.	19,189.	0.	0.
2,698.	2,698.	0.	0.
2,454.	2,454.	0.	0.
18,906.	0.	18,906.	18,906.
25,242.	0.	25,242.	25,242.
ER AVAILABLE THIS	YEAR	44,148.	44,148.
	LOSS SUSTAINED  19,189. 2,698. 2,454. 18,906. 25,242.	LOSS PREVIOUSLY APPLIED  19,189. 19,189. 2,698. 2,698. 2,454. 2,454. 18,906. 0.	LOSS PREVIOUSLY LOSS REMAINING  19,189. 19,189. 0. 2,698. 2,698. 0. 2,454. 2,454. 0. 18,906. 0. 18,906. 25,242. 0. 25,242.

FORM 990-T	CONTRIBUTIONS	STATEMENT 17
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS PAID PASSTHROUGH CONTRIBUTIONS	N/A N/A	1,653,810. 40.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	1,653,850.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 18
QUALIFIED CONTRIBUTIONS SU QUALIFIED CONTRIBUTIONS SU			
CARRYOVER OF PRIOR YEARS U FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	NUSED CONTRIBUTIONS 1,225,096 1,409,108 1,305,074 1,470,679 1,763,438		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CON	TRIBUTIONS	7,173,395 1,653,850	
TOTAL CONTRIBUTIONS AVAILATAXABLE INCOME LIMITATION	<del></del>	8,827,245 0	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	<del>-</del>	8,827,245 0 8,827,245	_
ALLOWABLE CONTRIBUTIONS DE	DUCTION		0
TOTAL CONTRIBUTION DEDUCTI	ON		0