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H Enter the number of the organization type ▶ ■ Solicio corporation	at e	end of year	F Gro	up exemption number	(See instruct	lions)	>			1		
HEnter the number of the organizations unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated frade or business here ➤ INTOSTMENTS If only one, complete Parts IV in first in the blank space at the end of the previous sentence, complete Parts IV in full provided in the first in the blank space at the end of the previous sentence, complete Parts IV in full provided in the previous sentence, complete Parts IV in full provided in the previous sentence, complete Parts IV in full provided in the previous sentence of the parent corporation in the blank space at the end of the previous sentence, complete Parts IV in full provided in the previous sentence of the parent corporation IV in the previous space in care of ▶ RAGONNOT SECRETISE COMPANY Telephone number ▶ (415) 501–4885 Part I Unrelated Trade or Business Income 1a Gross receptor or safes 1b Less rivums and allowoos 2 Cost of goods sold (Schodule A, line 7), 2 2	19	92,007,408.						501(0	c) trust	401(a)	trust Otl	her trust
trade or business here ➤ INVESTMENTS If only one, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts and if, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I The books are in care of ▶ARGONADT SECURITIES COMPANY Telephone number ▶ (415) 501–4885 ■ Tel	H E							•	Describ	e the only	(or first) unrelated	
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If Yes, "enter the name and identifying number of the parent corporation The books are marked PARGONADT SECURITIES COMPANY Telephone number (415) 501-4885	fır	st in the blank spa	ce at the	end of the previous s	sentence, co	mplete						
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Telephone number ► (415) 501-4885 Part I Unrelated Trade or Business Income (B) Expenses (C) Net 16 Gross receipts or sales b Less returns and altowances 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 4 Capital garn net income detable Schedule A, line 7). 4 Capital garn net income detable Schedule A, line 7). 5 Income (loss) (From 47). Part Lifties Visit A (Line 1). 6 Capital loss deduction 1come (Schedule A). 7 Unrelated debt-Innanced Income (Schedule B). 8 Interest, nanues, reveales, are mante for Schedule C). 9 Investment income of a section 50 (C)T, (9), or (17) organization (Schedule G). 10 Exploited exempt activity income (Schedule B). 11 Advertisarian income of a section 50 (C)T, (9), or (17) organization (Schedule G). 12 Other income (See instructions, sittach schedule). 12 Other income (See instructions, sitach schedule). 13 1 -150, 360. Part II) Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be diffectly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 16 Repairs and mantenance 16 Bad debts. 17 Interest (attach schedule) (see instructions). 18 Interest (attach schedule) (see instructions). 19 40,543. 20 Charlable contributions (See instructions). 21 Depreciation (attach Form 4562). 22 Less depreciation (attach Form 4562). 23 Depletion. 24 Compensation of officers, declared organization plans 25 Excess readership costs (Schedule A). 27 Excess readership costs (Schedule A). 28 Other deductions (Attach Schedule B). 29 Gross of the deductions (Attach Schedule B). 20 Charlable contributions to deferred compensation plans 21 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Good Form Form Form Form Keduction A Kilotics, see instructions. 50 Form Form Form Keduction A Kilotic	I D	uring the tax year,	was the	corporation a subsidia	ary in an affil	ated g	roup or a parent-s	ubsidiary	controlled group?		▶ Yes	X No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	If	"Yes," enter the na	ame and	identifying number of	the parent co	rporati	on >					
1 a Gross recepts or sales b Less returns and allowances c Balance b Capital goan of the Control of the Capital goan net income (schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1 c 3 Capital goan net income (schedule O) b Net gain (loss) (Form 479, Part Line North Capital c Capital loss deduction (FORMS) c Capital loss deduction (FORMS) c Capital loss deduction (FORMS) c Rent income (Schedule D) c Exploited exempt activity income (Schedule I) c Ditter income (See instructions, attach schedule) c C Combine lines 3 through 12 c Other income (See instructions, attach schedule) c C Combine lines 3 through 12 c C Combine lines 3 through 12 c C Combine lines 3 through 12 c C C C C C C C C C C C C C C C C C C C	J Th	ne books are in care	of ▶AF	GONAUT SECUR	ITIES CO	MPAI	1Y	Telepho	ne number 🕨 (4	15)501	-4885	
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Gross profit Subtract line 2 from line 1c 3 4 a SUBJECT STATE AND	b	Less returns and allowa	nces	·	c Balance	1c-	``					
4a Capital gain net income (totach Schedule D) b Net gain (loss) (form 477, Part Lifthe Notation Physics 4b 18	2	Cost of goods sol	d (Schedi	ule A, line 7)		2		_	+		这个都是这种。	STORY OF SERVICE
b Net gam (loss) (Form 4797, Part links Data Data Part Part links Data Part Part links Data Part Part links Part	3	Gross profit Subt	ract line	2 from line 1c		3						
c Capital loss deduction for patriam to the complete comp	4 a	-			 .	4a						
Solution	b				4797).	4b						
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Advertising income (Schedule J)	-										 ,	_
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32 Unrelated business taxable income Subtract line 31 from line 30	30	Unrelated busines	s taxabl	e income before ne	t operating	loss	deduction Subtr	act line	29 from line 1	3 30		
For Paperwork Reduction Act Notice, see instructions.												
Over to 4 con						30 .			<u> </u>	32		
									MDED		Form 990 -	T (2018)

Form	990-T (2	018)				Page 2
Pai	t III	Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses	(see			
		tions);´゚		33	-19	0,903.
34		ts paid for disallowed fringes		34	<u> </u>	6,240.
35		tion for net operating loss arising in tax years beginning before January 1, 2018		-		
33				25	-	
		tions)		35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the				
	of lines	333 and 34	• • •	36		4 <u>,663.</u>
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,000.
38	Unrela	ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line	36,			
	enter t	he smaller of zero or line 36		38	-18	4,663.
Par	t IV					
39		zations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39		
40				133	·	
40	Trusts					
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)		40		
41		tax. See instructions				
42	Alterna	tive 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 applies		44		_
Par		Tax and Payments				
		n tax credit (corporations attach Form 1118, trusts attach Form 1116)				
				1.		
		credits (see instructions)				
		Il business credit Attach Form 3800 (see instructions)				
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)				
e	Total c	redits. Add lines 45a through 45d		45e		
46	Subtrac	ct line 45e from <u>line 44</u>		46		
47	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	dule) .	47		
48	Total ta	ax. Add lines 46 and 47 (see instructions)		48		0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		
			945.		_	
		the file of the fi	000.	1 1		
		timated tax paymonts	000.	1		
		posited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
e	Backup	withholding (see instructions)				
f	Credit f	or small employer health insurance premiums (attach Form 8941)				
		redits, adjustments, and payments Form 2439				
_		orm 4136 Other Total ▶ 50g				
51		ayments. Add lines 50a through 50g		51	113	3,945.
52	_		·;;	52		
		ed tax penalty (see instructions) Check if Form 2220 is attached	ٔ لــا			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	111	0.45
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		3,945.
<u>55</u>	Enter th	e amount of line 54 you want Credited to 2019 estimated tax ▶ 61,000. Refunde		55	52	2,945.
Par	VI	Statements Regarding Certain Activities and Other Information (see Instru	uctions	s)		
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signatu	re or	other a	uthority Ye	s No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				T
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of				, ·
	here >	, , ,		- · - · · · · · · · · · · · · · · · · ·	, ,	x
	-		- -	<u> </u>		$\frac{1}{x}$
	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a forei	gn trust?.	• • • • •	
		see instructions for other forms the organization may have to file			`	´
<u>58</u>		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
	l to	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and tipe, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	o the b	est of my	knowledge and	belief, it is
Sign	· [⊾ "'		840	v the ID	S discuss this	s return
Here		YNN MERZ (Sh) 1)6(2 11/07/2019 EXECUTIVE DIRECTOR		•	eparer showr	
		gnature of officer 7 Date Title		nstruction:		No
		Print/Type preparer's name Preparer's signature Date			PTIN	
Paid			Check			
Prep	arer			mployed	1	
Use		Firm's name		EIN -		
		Firm's address	Phone	no		
JSA					Form 990 -	T (2018)

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Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

Form 990-T (2018)	MIMI ANI									064551 Page 4
Schedule F-Interest, Ann	uities, Royalties						tions (se	e instructi	ons)	
1. Name of controlled organization	2. Employer identification numb		3. Net u	t Controlled Org inrelated income see instructions)	4. Total	of specific	included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										,
Nonexempt Controlled Organia	zations						<u> </u>			
7. Taxable Income	8. Net unrelated ii (loss) (see instruc			9. Total of specifie payments made	d	inclu	art of column ded in the co ization's gros	ontrolling		l. Deductions directly nected with income in column 10
(1)										
(2) /			ļ						<u> </u>	
(3)	· 					<u> </u>			<u> </u>	
(4)							1		-	Id columns 6 and 11
Totals					•	` Ente	i columns 5 a r here and on I, line 8, colu	page 1,	Ent	er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment Ir	come of a Sec	tion 50	01(c)(7), (9), or (17)	Orga	nizatio	n (see ins	tructions)	L	
1. Description of income	2. Amount of			3. Deduct directly con (attach sch	ions nected		4. Se	et-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)									_	
(4)	Enter here and	on page 1	5	11 37 . 281 SET	7/5/3/5		Contact the second	· · · · · · · · · · · · · · · · · · ·	6, 3	Enter here and on page 1,
Totals ▶	Part I, line 9, column (Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come. (Other	Than Adverti	sina Ir	come	(see instru	ictions)	•**	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Ex dir conner produ unr	penses rectly cted with uction of elated ss incom	4. Net incomfrom unrelate or business (2 minus columns	e (loss) ed trade column imn 3) mpute	5. Gro from a	Gross income om activity that s not unrelated usiness income 6. Expension attributable column		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) ,		-								
(2)										
(3)					\					
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page 1	ere and o 1, Part I,), col (B)							on page 1, Part II, line 26
Schedule J-Advertising In	come (see instri	uctions)		17 37521 0 3			<u> </u>		•	
Part I Income From Peri	odicals Report	ed on a	Cons	solidated Bas	is		· ·			
1. Name of periodical	2. Gross advertising income		Direct sing cost	4. Adverting an or (loss 2 minus col a gain, com cols 5 through)	(col 3) If		rculation come	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				THE STATE OF	<u> </u>					是自然分裂沙鼠
(2)					19.45					
(3)										一个。 美俚语或法国的
(4)				475.76	<u> </u>					
Fotals (carry to Part II, line (5))				,						Form 990-T (2018)

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.) 4. Advertising 7. Excess readership costs (column 6 2. Gross gain or (loss) (col 5. Circulation 6. Readership 3. Direct minus column 5, but 1. Name of periodical 2 minus col 3) If advertising advertising costs ıncome costs not more than a gain, compute ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) ▶

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

ATTACHMENT 1

) pm										
FORM 990T	-	LINE	5	-INCOME	(LOSS)	FROM	PARTNERSHIPS	OR	S	CORPORATIONS

NET INVESTMENT INCOME (UBTI RELATED) FROM PSHIPS:	
BAUPOST VALUE PARTNERS LP IV (FEIN: 26-2208448)	-170,020.
NATURAL GAS PARTNERS IX LP (FEIN: 26-0632609)	-458.
LESS: COST & PERCENTAGE DEPLETION	-2,442.
HCP PRIVATE EQUITY FUND LP (FEIN: 52-2335224)	217.
HCP VF IX INVESTORS LP (FEIN: 26-1958282)	
HCP WPPE X INVESTORS LLC (FEIN: 26-1278318)	•
THE VARDE FUND XI(B) (FEEDER), LP (FEIN: 46-2022036)	-1,626.
THE VARDE FUND XII(B) (FEEDER), LP (FEIN: 81-0992297)	-574 .
INCOME (LOSS) FROM PARTNERSHIPS	-174,903.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME
STATE INCOME TAX OVERPAYMENT

24,543.

PART I - LINE 12 - OTHER INCOME

24,543.