t	Form	990-T	E	exempt Orga	nization Bu	sine	ss Inco		39314 ax Retur		0 7 0 5 8 OMB No 1545-0687
7.				(aı	nd proxy tax und	der se	ction 603	3(e))			
ρ_{χ}	<u>۲</u> ١		For car	lendar year 2016 or other tax ye	ar beginning JUL 1	, 20	16 , and en	ding JU	N 30, 20	17	2016
6	Departm	nent of the Treasury		► Information about Fo	orm 990-T and its instru	ctions i	s available at	www.irs.g	ov/form990t.		Open to Public Inspection for
	Internal	Revenue Service	▶	Do not enter SSN numbe		_			ation is a 501(c)(3		Open to Public Inspection for 501(c)(3) Organizations Only over identification number
	A <u> </u>	Check box if address changed		Name of organization (L	Check box if name i	changed	l and see instru	ictions.)		(Empl	oyees' trust, see ctions)
			-		DITC MEDIA	an.	TTD				_ <u></u>
		empt under section	Print or	AMERICAN PU							6-3503764 ated business activity codes
		501(c()(3)) 408(e) 220(e)	Туре	Number, street, and room		ox, see ii	istructions.				nstructions)
		408A 530(a)		City or town, state or pro		or foreign	n noctal code			1	
	=	529(a)		ST. PAUL, M		or roreig	iii hosiai cone			454	110 523000
	r Book	value of all assets	F Grou	ip exemption number (See		>				1-5-	22000
	163	od of year 100,062.		ck organization type	X 501(c) corporation	on [501(c) tru	st	401(a) trust		Other trust
				ary unrelated business act			STATEM				
				oration a subsidiary in an					>	Ye	s X No
				tifying number of the parer							
				OOUG RODERIC				Telepho	one number 🕨	(651)290-1446
	Par	t i Unrelate	d Trac	de or Business Inc	come		(A) Inco	ome	(B) Expense	es	(C) Net
	1a (Gross receipts or sale	es	211,115.							
	b l	ess returns and allo	wances		c Balance	1c		,115.			
	2 (Cost of goods sold (S	Schedule	A, line 7)		2		,101.			
	3 (Gross profit. Subtrac	t line 2 fi	rom line 1c		3		,014.			32,014.
		Capital gain net incor	•	·		4a	14	,459.			14,459.
	p@l	Vet gaın (loss) (Form	4797, F	art II, line 17) (attach Forn	n 4797)	4b					
,		Capital loss deduction				4c		505			F 505
	5	ncome (loss) from p	artnersh	ips and S corporations (at	tach statement)	5	5	,585.		,	5,585.
	** **	Rent income (Schedi				6					
		Unrelated debt-financ				7					
	~~~		•	and rents from controlled o	- '	8		-			
				on 501(c)(7), (9), or (17) o	organization (Schedule G		10,657	940	4,313,	500	6,344,250.
	N T (	Exploited exempt act	-	, ,			10,057	,040.	4,313,	330.	0,344,230.
	C × 2	Advertising income (		•		11					
		Other income (See in <b>Total</b> . Combine lines					10,709	898	4 313	590	6,396,308.
	Par			ot Taken Elsewhe	re (See instructions:f					<u> </u>	0,330,300.
	<u> </u>			utions, deductions mus							
	14	Compensation of of	ficers di	rectors, and trustees (Sch	edule K)	1	2 61	-/3		14	
		Salaries and wages		, 0010.0, 4.10 4.001000 (001.	1	1 1	A % - L.	پ پ		15	20,911.
	16	Repairs and mainter	nance		1.	- '1			1	16	
	17	Bad debts			1					17	
	18	Interest (attach sche	edule)		1					18	
	19	Taxes and licenses								19	28,684.
	20	Charitable contribut	ions (Se	e instructions for limitation	rules) <b>STATEMI</b>	ENT	4 SEE	STAT	EMENT 2	20	32,522.
	21	Depreciation (attach	Form 4	562)				21		J .	
	22	Less depreciation cl	aımed o	n Schedule A and elsewhe	re on return		Ĺ	22a		22b	
	23	Depletion								23	
	24	Contributions to def		mpensation plans						24	20 -15
	25	Employee benefit pr	-							25	28,542.
		Excess exempt expe								26	5,664,586.
		Excess readership of	•	·			an-	Cm r m	DMDMD	27	45 546
	28	Other deductions (a		•			SEE	STAT	EMENT 3	28	45,546. 5,820,791.
	29	Total deductions. A			a loop doduction Culti-	of line C	00 from line 40			29	5,820,791.
	30			ncome before net operatin	-	ici ime 2	9 from line 13 SEE	Ç∏ X III	EMENT 5	30	281,822.
	31			n (limited to the amount on ncome before specific ded		from lin		DIAL	EMEME 3	32	293,695.
	32			ncome before specific ded y \$1,000, but see line 33 ir			5 30			33	1,000.
	33	- Ֆիեռադ դեռույալ (	Generall	y w 1,000, but see lille 33 ll	ION OCHOID IOL EXCEPTION	13)				_ 55	±,000.

292,695. Form **990-T** (2016)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

1		A STATE OF THE PARTY OF THE PAR	26 250	2764	Page 2
orm 990-7	<u> </u>	AMERICAN PUBLIC MEDIA GROUP	<u> 36-350</u>	3/64	rage Z
Part I		ax Computation			<del></del>
35		izations Taxable as Corporations. See instructions for tax computation.		-	
		olled group members (sections 1561 and 1563) check here   X See instructions and:			
a	- 1	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
		\$ 50,000. (2) \( \begin{array}{c cccc} \$ 25,000. \\			
b		organization's share of: (1) Additional 5% tax (not more than \$11,750) \$\frac{\$10,819.}{}		1	
		Iditional 3% tax (not more than \$100,000)			00 505
C		e tax on the amount on line 34 SEE STATEMEN	г7 ▶	35c	98,585.
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
		Tax rate schedule or Schedule D (Form 1041)	•	36	
37	Proxy	tax. See instructions		37	
38	Altern	ative minimum tax		38	
39	Tax o	n Non-Compliant Facility Income. See instructions		39	
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	<u>98,585.</u>
Part I	۷ <u>۱</u>	ax and Payments			
41a	Foreig	in tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other	credits (see instructions)			
C	Gener	al business credit. Attach Form 3800			
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)			
е	Total	credits. Add lines 41a through 41d		41e	
42	Subtr	act line 41e from line 40		42	98,585.
43	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule)	43	
44	Total	tax. Add lines 42 and 43		44	98,585.
45 a	Paym	ents: A 2015 overpayment credited to 2016			
	-	estimated tax payments 45b			
			25,000.		
		in organizations: Tax paid or withheld at source (see instructions)  45d			
		ip withholding (see instructions)  45e			
f		for small employer health insurance premiums (Attach Form 8941)  45f		,	
a		credits and payments: Form 2439			
9	_	Form 4136 Other Total • 45g			
46		payments. Add lines 45a through 45g		46	125,000.
47		ated tax penalty (see instructions). Check if Form 2220 is attached		47	2,659.
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>&gt;</b>	48	
49		ayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49	23,756.
50		the amount of line 49 you want: Credited to 2017 estimated tax > 23,756. Ref	unded 🕨	50	0.
Part \		Statements Regarding Certain Activities and Other Information (see Instruc			
51		time during the 2016 calendar year, did the organization have an interest in or a signature or other authorit			Yes No
٠.		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	•		
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here				<b>x</b> '
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eian trust?		X
32		s, see instructions for other forms the organization may have to file.	J. 9.1. 1. 001		
53		the amount of tax-exempt interest received or accrued during the tax year			
- 33		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	he best of my know	vledge and	d belief, it is true,
Sign	co	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ge		
Here		SENIOR VP & CF		-	discuss this return with shown below (see
		Signature of pfficer Date Title			² X Yes No
			Check 1		
		The state of the s	·	-   -	
Paid			self- employed	ם ו	0078514
Prepa	21 01	KAREN GRIES CLIETONI ARCONA TEN LI	Firm's EIN		-0746749
Use (	Only	Firm's name CLIFTONLARSONALLEN LIP  220 SOUTH SIXTH STREET, SUITE 300	CHIH 2 EIN	41	L-0140143
		220 SOUTH SIXTH STREET, SUITE 300	Phone no 6	12-3	376-4500

623711 01-18-17

Form **990-T** (2016)

Schedule A - Cost of Goods	s Sold. Enter	nethod of invento	ory v	aluation ► N/A					
1 Inventory at beginning of year	1	0.		Inventory at end of year			6		0.
2 Purchases	2	179,101.		Cost of goods sold. St		ne 6			
3 Cost of labor	3			from line 5. Enter here					
4a Additional section 263A costs				line 2		<b>,</b>	7	179	,101.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	•	т т	res No
<b>b</b> Other costs (attach schedule)	4b		•	property produced or a	-	•			1.0
5 Total Add lines 1 through 4b	5	179,101.		the organization?		to result, apply to			X
Schedule C - Rent Income	(From Real		Pei		Lease	ed With Real Pro	pert	y)	· ·
(see instructions)						-			
1. Description of property									
(1)									
(2)									
(3)									
(4)						_			
	2 Rent receive	d or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` ' of rent for per	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	<b>3(a)</b> Deductions directly columns 2(a) ar	connected (b) (a	cted with the inci attach schedule)	ome in
(1)									
(2)									
(3)					-			<del></del>	
(4)									
Total	0.	Total			0.	,			
(c) Total income. Add totals of columns 2	2(a) and 2(b). Ent	er				(b) Total deductions.			
here and on page 1, Part I, line 6, column	(A)	<b></b>			0.	Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-rinanced	income (see in	stru	ctions)		3. Deductions directly con	nected :	with or allocable	
			2	Gross income from or allocable to debt-	,	to debt-financ	ed prop	<del></del>	
1. Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)	·	(b) Other dedu (attach sched	
(1)									
(2)									
(3)			·						
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or all debt-finan	idjusted basis ocable to ced property schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable de column 6 x total 3(a) and 3	of columns
(1)				%		- <del></del>			
(2)				%	-				
(3)				%		<del></del>			
(4)				%		<del></del>	<del></del>		
	-			76		iter here and on page 1, art I, line 7, column (A)		Enter here and or Part I, line 7, colu	
Totals				<b>&gt;</b>		0	.		0.
Total dividends-received deductions inc	cluded in column	8							0.

1. Name of periodical advertising costs col 3) If a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Form 990-T (2016)

0.

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

0

0

Form 990-T (2016) AMERICAN PUBLIC MEDIA GROUP

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	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	<b></b>	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)	<b></b>	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		<b>&gt;</b>	0.

Form 990-T (2016)

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
MINNESOTA PUBLIC RADIO	N/A	8,791,074.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	8,791,074.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		TRUOMA
PROGRAMMING EXPENSE TELEPHONE DEVELOPMENT EXPENSE ADMIN SERVICES		8,564. 545. 31,996. 4,441.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	45,546.

## 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.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

Name

Employer identification number

AMERICAN PUBLIC ME				<u> 36 -</u>	3503764
Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Year	r or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(0) Adjustments to ga or loss from Form(s) 89- Part I, line 2, column (	19,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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			<u> </u>		
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked			<u> </u>		-20.
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked				<del></del>	
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		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	-20.
Part II   Long-Term Capital Ga	ns and Losses - Ass	sets Held More Tha	an One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(9) Adjustments to ga or loss from Form(s) 89	49,	(h) 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 II, line 2, column (	g)	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	<u></u>	· · · · · · · · · · · · · · · · · · ·			
9 Totals for all transactions reported on					14 470
Form(s) 8949 with Box E checked	<del></del>		<del></del>		14,479.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	L	<del></del>			<del> </del>
11 Enter gain from Form 4797, line 7 or 9		_		11	
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	<del> </del>
14 Capital gain distributions				14	14 470
15 Net long-term capital gain or (loss). Combin		ın h	<del></del>	15	14,479.
Part III Summary of Parts I an			·····	T	Γ
16 Enter excess of net short-term capital gain (li	•			16	14 450
17 Net capital gain. Enter excess of net long-term	· · · · · · · · · · · · · · · · · · ·		=	17	14,459.
18 Add lines 16 and 17. Enter here and on Form the corporation has qualified timber gain, als	o complete Part IV	oper line on other returns. If		18_	14,459.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2016

Scriedule D (Form 1120) 20 16 AMERICAN PUBLIC MEDIA GROUP	<u>'</u>	30-3503/64	Page 2
Part IV Alternative Tax for Corporations with Qualified Tim	nber Gain. Complete Part IV only	if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing Fo	orm 1120-RIC. See instructions.		
19 Enter qualified timber gain (as defined in section 1201(b)(2))	. 19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return .	. 20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or	1 1		
(c) the amount on Part III, line 17	21		
<b>22</b> Multiply line 21 by 23.8% (0.238)	1	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appr	opriate for		
the return with which Schedule D (Form 1120) is being filed		. 24	
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
<b>27</b> Multiply line 26 by 35% (0.35)		27	
<b>28</b> Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appr	opriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J,	line 2, or the		
applicable line of your tax return		30	
		Schedule D (Form 1	120) 2016

621052 12-27-16

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Internal Revenue Service

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

3<u>6-3503764</u>

<u>AMERICAN PUBLIC MEDIA GROUP</u> 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. Part | Short-Term. Transactions involving capital assets you held 1 year or less are short-term. 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)

 $oxed{X}$  (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 loss. If you enter an amount (b) (d) (e) (h) (c) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) Subtract column (e) basis See the (Example, 100 sh. XYZ Co) (Mo., day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (g) Amount of (f) combine the result see *Column (e)* ın Code(s) the instructions with column (g) adjustment ASP 2003 US FUND, 30-0134062 <12. ASP 2004 US FUND, 20-0291077 <15. ASP 2006 NON-US FUND, LP 20-3654916 <1.> ASP 2006 US FUND, 20-3654598 11. ASP 2008 US FUND, 26-1268403 <3.> 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 <20.> above is checked), or line 3 (if Box C above is checked)

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

623011 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2016)

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

Social security number or taxpayer identification no.

## AMERICAN PUBLIC MEDIA GROUP

36-3503764

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.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. 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)

 $oxed{X}$  (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 loss. If you enter an amount (e) (h) (d) 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) basis. See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr.) disposed of from column (d) & Note below and (Mo, day, yr.) (g) Amount of see Column (e) ın combine the result Code(s) the instructions with column (g) adjustment ASP 2003 NON-US FUND, LP 30-0134064 <234.3 ASP 2003 US FUND, LP 30-0134062 <884. ASP 2004 NON-US FUND, LP 20-0291150 <230.> ASP 2004 US FUND, 20-0291077 <963. ASP 2006 NON-US FUND, LP 20-3654916 <558.> ASP 2006 US FUND, 8,056. 20-3654598 ASP 2008 DIRECT FUND, LP 26-1268760 215. ASP 2008 NON-US FUND, LP 26-1268649 <252.> ASP 2008 US FUND, 26-1268403 9,329. 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 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2016)

14,479.

above is checked), or line 10 (if Box F above is checked)

FORM 990-T INCOME (LOSS)	FROM PARTNERS	SHIPS	STATEMENT 6
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
ASP 2003 NON-US FUND, LP EIN: 30-0134064	-27.	19.	-46.
ASP 2003 US FUND, LP EIN: 30-0134062	3,096.	1,277.	1,819.
ASP 2004 NON-US FUND, LP EIN: 20-0291150 ASP 2004 US FUND, LP EIN:	-19.	19.	-38.
20-0291077	4,934.	1,370.	3,564.
ASP 2006 DIRECT FUND, LP EIN: 20-3812594 ASP 2006 NON-US FUND, LP EIN:	-339.	0.	-339.
20-3654916	-11.	213.	-224.
ASP 2006 US FUND, LP EIN: 20-3654598 ASP 2008 DIRECT FUND, LP EIN:	4,907.	3,069.	1,838.
26-1268760	1,573.	10.	1,563.
ASP 2008 NON-US FUND, LP EIN: 26-1268649 ASP 2008 US FUND, LP EIN:	417.	473.	-56.
26-1268403 INVESCO US BUYOUT EXPANSION CAPITAL	923.	3,289.	-2,366.
PARTNERSHIP FUND III, LP EIN: 74-2975158	-128.	0.	-128.
INVESCO NON-US PARTNERSHIP FUND III, LP EIN: 74-29755156	1.	3.	-2.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	15,327.	9,742.	5,585.

FORM	990-Т	TAX COMPUTATION	STATEMENT 7
1.	TAXABLE INCOME		
2.	LESSER OF LINE 1 OR FIRST	BRACKET AMOUNT . 50,000	
3.	LINE 1 LESS LINE 2		
4.	LESSER OF LINE 3 OR SECONT	D BRACKET AMOUNT . 25,000	
5.	LINE 3 LESS LINE 4		
6.	INCOME SUBJECT TO 34% TAX	RATE	
7.	INCOME SUBJECT TO 35% TAX	RATE 0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6		
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX		
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 1	13 TO FORM 990-T, PAGE 2, LINE 35C	98,585