line 32

Form	990-T	(8) (9) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	xempt Organizat								0 5 9 0	
	c		• •	xy tax unde	er se	•	• •				201	7
	, ,,	For cal	lendar year 2017 or other tax year beginning Go to www irs gov/l		etructio	and endi	-	ation			ZU I	•
Depart Interna	ment of the Treasury	▶	Do not enter SSN numbers on this						l(c)(3)	1	Open to Public Insp 501(c)(3) Organizati	ection for ons Only
A [Check box if address changed		Name of organization (Chec	ck box if name cl	nanged	and see instruct	ions.)			(Empl	oyer identification n oyees' trust see ctions)	umber
B E>	kempt under section	Print	JHM CHARITABLE	FOUNDAT	ION					4	5-68213	40
X	501(c) (3) 408(e) <u>220(e)</u>	or Type	Number, street, and room or suite 1300 HIGHLAND A		•						ated business activ instructions)	ity codes
] 408A530(a)] 529(a)		City or town, state or province, con MANHATTAN BEACH	•	foreig 266					523	000	
C Boo	ok value of all assets and of year 155,963,0		F Group exemption number (See i	nstructions)	>							
				501(c) corp		<u></u>			401(a)			r trust
			ary unrelated business activity					SHIPS A	AND_			•••
	• •		oration a subsidiary in an affiliated		t-subsi	diary controlled	group?		▶ L.	Ye	s X No	
			tifying number of the parent corporations W. HAMPAR	ition -	 		Tolonb	one number	> (310)550-99	1 1
Pa			de or Business Income		-	(A) Incon		···	penses	_	(C) Ne	
	Gross receipts or sale					(11) 111511		1.	-	* ,	, (5)	
	Less returns and allow		c Balar	nce	1c						,	
	Cost of goods sold (S		A, line 7)		2				,	``		•
3	Gross profit. Subtract	line 2 fr	om line 1c		3			* *				
4 a	Capital gain net incon	ne (attac	h Schedule D)		4a							
þ	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b							
C	Capital loss deduction	n for trus	its		4c							
5	Income (loss) from pa	artnersh	ips and S corporations (attach state	ment)	5	5,271,	896.				5,271,	<u>896.</u>
6	Rent income (Schedu	•			6							
7	Unrelated debt-financ				7					-		
			and rents from controlled organization		8							
			on 501(c)(7), (9), or (17) organizatio	on (Schedule G)	9				-			
	Exploited exempt acti	•			10 11							
	Advertising income (\$ Other income (See in:		•		12							
	Total Combine lines		•	,	13	5,271,	896.				5,271,	896.
Pa			ot Taken Elsewhere (See	instructions fo				<u> </u>		اسججسي	<u> </u>	
	(Except for		utions, deductions must be direct					income)				
14	Compensation of off	icers, dii	rectors, and trustees (Schedule K)		RE	CEIVED	Ì			14	15,	000.
15	Salaries and wages			-						15		
16	Repairs and mainten	ance		2	ИU	V 19 2018	2-0\$0		į	16		
17	Bad debts			5	110		SX			17		
18	Interest (attach sche	dule)		-	$\frac{1}{\sqrt{2}}$	DEN, U				18		000
19	Taxes and licenses								10	19	250,	
20			e instructions for limitation rules)	STATEME	IN'I'			EMENT	Τß	20	2,248,	819.
21	Depreciation (attach						21			001		
22		aimed or	n Schedule A and elsewhere on retu	rn		[2]	2a			22b		
23	Depletion	orrad aa	managation along							23		
24 25	Contributions to defe Employee benefit pro		npensation plans							25		
26	Excess exempt expe	-	chedule I)							26		
27	Excess readership of									27	···	
28	Other deductions (at	•	•			SEE	STAT	EMENT	19	28	106,	808.
29	Total deductions A									29	2,620,	
30			ncome before net operating loss dec	duction. Subtract	line 29	from line 13				30	2,651,	269.
31	Net operating loss d	eduction	(limited to the amount on line 30)			SEE	STAT	EMENT	20	31	401,	
32	Unrelated business t	axable ır	ncome before specific deduction. Su	ibtract line 31 fro	om line	30				32	2,249,	
33	Specific deduction (Generally	y \$1,000, but see line 33 instruction	s for exceptions)					33	1,	000.

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

Part I	II Tax Computation						
35	Organizations Taxable as Corporations See instructions for tax computation.			1 1			
	Controlled group members (sections 1561 and 1563) check here See instructions and	d					
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			,		•	
	(1) \$ (2) \$ (3) \$						
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)			1.			
	(2) Additional 3% tax (not more than \$100,000)						
C	Income tax on the amount on line 34		•	35c			
36	<u>Trusts Taxable at Trust Rates</u> <u>See instructions for tax computation.</u> Income tax on the amount of	on line 34 from	:				
	X Tax rate schedule or Schedule D (Form 1041)		•	36	88	8,8	<u> 15.</u>
37	Proxy tax See instructions		•	37			
38	Alternative minimum tax			38			
39	Tax on Non-Compliant Facility Income See instructions			39	- 00	0 0	1 -
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	88	8,8	15.
Part I							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		⊣ ՝ ∣			
b	Other credits (see instructions)	41b		- `			
C	General business credit. Attach Form 3800	41c		┦.			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	 	-			
е	Total credits Add lines 41a through 41d			41e	0.0	Ö 0	1 6
42	Subtract line 41e from line 40			42	00	8,8	T 2 •
43	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 886	66 L. Other	(attach schedule)		0.0	8,8	1 5
44	Total tax Add lines 42 and 43	1 1		- 44	00	0,0	12.
	Payments A 2016 overpayment credited to 2017	45a	000 000	-			
	2017 estimated tax payments		000,000	ᅴᅟᆡ			
	Tax deposited with Form 8868	45c		 "			
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		┨、┃			
	Backup withholding (see instructions)	45e ·					
	Credit for small employer health insurance premiums (Attach Form 8941)	45f					
9	Other credits and payments: Form 2439			`			
	Form 4136 Other Total ▶	45g		- 1	1 00	0 0	00
46	Total payments. Add lines 45a through 45g			46	1,00	0,0	00.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47			
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed			48	11	1 1	85.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	185. R	e formale all	49		1,1	0.
50 Part \			efunded >	- 1 50			<u> </u>
	At any time during the 2017 calendar year, did the organization have an interest in or a signature					Yes	No
51	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization					163	, ,
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fi		•				
	here	oroigii codiiti y					Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to a fi	oreion trust?				X
32	If YES, see instructions for other forms the organization may have to file	undictor to, a n	orongin ir doi:				
53	Enter the amount of tax-exempt interest received or accrued during the tax year						
	Under penalties of perjury declare that I have examined this return, including accompanying schedules and star	tements, and to th	e best of my know	ledge and b	pelief it is true	θ,	
Sign	correct, and complete Oeclaration of preparer (other than taxpayer) is based on all information of which preparer	r has any knowled é	ge T				
Here	DIRECTO	R		-	S discuss this er shown belo		/ith
	Signature of office Date Title				s)? X Y	· -	No
	Print/Type preparer's name Preparer's signature Dai	te	Check	ıf PTI	N	•	
Paid		1/14/18	self- employe				
Prepa		didig			01575	149	
Use (- CLITTHONIA DOOMALI DAL LI D		Firm's EIN		1-074		9
036 (1925 CENTURY PARK E FL 16	-					
	Firm's address ► LOS ANGELES, CA 90067		Phone no.	(310	<u>)273-</u>	<u> 250</u>	1

Schedule A - Cost of Goods Sold. Enter	method of invent	tory va	aluation > N/A					
1 Inventory at beginning of year 1			Inventory at end of year	r		6	<u> </u>	
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	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule) 4a		8	Do the rules of section	263A (v	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 (From Real I (see instructions)	Property and	Pers	sonal Property L	ease	d With Real Prop	erty)		
1 Description of property								
(1)								
(2)								
(3)								
(4)								
· · · · · · · · · · · · · · · · · · ·	ed or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	је	3(a) Deductions directly columns 2(a) ai	connec nd 2(b) (cted with the income in attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total 0.	Total			0.				
(c) Total income Add totals of columns 2(a) and 2(b) Enhere and on page 1, Part I, line 6, column (A)				0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	>		0.
Schedule E - Unrelated Debt-Financed	Income (see	instru	ctions)					
		,	Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-financed property		•	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)		 						
(2)								`
(3)								
(4)	-							
4 Amount of average acquisition 5 Average debt on or allocable to debt-financed of or a property (attach schedule) 5 debt-financed debt-financed	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 Aliocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		1	%			+		
(2)			%			1		
(3)		İ	%				••	
(4)		†	%					
17		1			nter here and on page 1, Part I line 7, column (A)		Enter here and on pag Part I, line 7 column	
Totals			_		0			0.
Total dividends-received deductions included in column	ı 8							0.

Form **990-T** (2017)

(

Schedule F - Interest, F	Annuille	s, noyan	ies, an	a nents	From Co	ntrolle	u Organiza	luon	s (see ins	struction	ns)	
				Exempt (Controlled O	rganızatı	ons					
、1 Name of controlled organizat	ion	2 Emp identific num	cation	3 Net unre (loss) (see	elated income instructions)		al of specified nents made	includ	rt of column 4 ded in the cont zation's gross	rolling	connected with income	
(1)									-			· · · · · · · · · · · · · · · · · · ·
(2)												
(3)								1				
(4)		İ										
Nonexempt Controlled Organi	zations						•••••					
7 Taxable Income	8 Net u	unrelated incom see instructions		9 Total	of specified payi made	ments	10 Part of column the controllingross	mn 9 tha ing orgai s income	nization's			ctions directly connected come in column 10
/1)	-											
(1)							<u> </u>					
(2)							· ·				—	
(3)												
_(4)	l			L								
							Add colun Enter here and line 8 c		e 1, Part i,	l	er here	olumns 6 and 11 and on page 1 Part I e 8 column (B)
Totals						•			0.			0.
Schedule G - Investme	nt Incor	me of a S	ection	501(c)(7	'), (9), or (17) Orc	anization			1		<u> </u>
(see insti					,, (-,, (,	,					
1 Desc	ription of inco	ome			2 Amount of	income	3 Deduction directly connectations	cted	4 Set-	-asides schedule)	,	5 Total deductions and set-asides (col 3 plus col 4)
(1)	•										一十	
(2)					-						一	
									<u> </u>		\dashv	
(3)									 		\dashv	
(4)					Enter here and Part I, line 9, co				<u> </u>	•		Enter here and on page 1 Part I, line 9, column (B)
					1 at 1, mile 3, cc				æ .	•		
Totals Schedule I - Exploited	Evamet	Activity	Incom	Other.	Than Ad	0.	a Incomo		<u></u>			0.
(see instru	-	Activity			THAIL AU		ig income		Ţ			
1 Description of exploited activity	unrelated incom	Gross d business ne from business	directly of with pro of un	penses connected oduction related s income	4 Net incor from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	attribut	penses table to mn 5		7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)												
(2)											$\overline{}$	
(3)									 		\dashv	
							<u>-</u>		 		\dashv	
(4)	page '	ere and on 1, Part I, , col (A)	page 1	re and on 1, Part I, , col (B)		` .	t .		1	,-	寸	Enter here and on page 1, Part II line 26
<u>Totals</u>		0,		0.	,							0.
Schedule J - Advertision	na Incoi		nstruction									
Part I Income From					solidated	Basis						
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	or (loss) (c col 3) if a g	tising gain of 2 minus ain comput hrough 7	5 Circulate income		6 Read			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1				†		\top	
(2)			\neg		\dashv						┨	*
(3)					\dashv				 		\dashv	•
(4)			+		-				 		\dashv	
(7)	+	•			+		-		1		+	
Totals (carry to Part II. line (5))	•	1	,	0								0.

Form 990-T (2017) JHM CHARITABLE FOUNDATION 45-68213

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	▶	0.	0.	10000	,		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)	1 . (s.)			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	4 Compensation attributable to unrelated business
(1) LYSA GRIGORIAN	TRUSTEE	50.00%	15,000.
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	15,000.

Form 990-T (2017)

SCHEDULE I (Form 1.041)

Alternative Minimum Tax - Estates and Trusts

► Attach to Form 1041

► Go to www irs gov/Form1041 for instructions and the latest information

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number JHM CHARITABLE FOUNDATION 45-6821340

Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxab	ole Income	· · · · · · · · · · · · · · · · · · ·			
1	Adjusted total income or (loss) (from Form 1041, line 17)				1	2,249,819.
2	Interest				2	·
3	Taxes				3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)				4	
5	Refund of taxes				5	(
6	Depletion (difference between regular tax and AMT)				6	
7	Net operating loss deduction. Enter as a positive amount	SEE	STATEMENT	24	7	401,450.
8	Interest from specified private activity bonds exempt from the regular tax				8	
9	Qualified small business stock (see instructions)				9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)				10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)				11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)				12	
13	Disposition of property (difference between AMT and regular tax gain or loss)				13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and	AMT)			14	
15	Passive activities (difference between AMT and regular tax income or loss)				15	
16	Loss limitations (difference between AMT and regular tax income or loss)				16	
17	Circulation costs (difference between regular tax and AMT)				17	
18	Long-term contracts (difference between AMT and regular tax income)				18	
19	Mining costs (difference between regular tax and AMT)				19	
20	Research and experimental costs (difference between regular tax and AMT)				20	
21	Income from certain installment sales before January 1, 1987				21	(
22	Intangible drilling costs preference				22	
23	Other adjustments, including income-based related adjustments				23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that a	applies)			24	()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24				25	2,651,269.
	Note. Complete Part II below before going to line 26		1			
26	The state of the s	I/A	26			
27	Estate tax deduction (from Form 1041, line 19)	I/A	27			
28	Add lines 26 and 27				28	0.654.065
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from by	ne 25			29	2,651,269.

- \$24,100 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$24,100, but less than \$176,850, go to line 45.

\$176,850 or more enter the amount from line 29 on line 51 and no to line 52.

Pa	\$176,850 or more, enter the amount from line 29 on line 51 and go to line 52 rt II Income Distribution Deduction on a Minimum Tax Basis N/A	
30	Adjusted alternative minimum taxable income (see instructions)	30
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31
32	Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-	32
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for	
	charitable purposes (from Form 1041, Schedule A, line 4)	33
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34
35	Capital gains computed on a minimum tax basis included on line 25	35 (
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36
37	Distributable net alternative minimum taxable income (DNAMTI) Combine lines 30 through 36. If zero or less, enter -0-	37
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39
40	Total distributions. Add lines 38 and 39	40
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42

Sche	edule ! (Form 1041) (2017) JHM CHARITABLE FOUNDATION				45-	-6821340 Page 2
	rt II Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)		N/A	4
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3	37				
	If zero or less, enter -0-				43	
44	Income distribution deduction on a minimum tax basis Enter the smaller of line 42 or line	43				
	Enter here and on line 26				44	
Pa	rt III Alternative Minimum Tax					
45	Exemption amount				45	\$24,100 00
46	Enter the amount from line 29	46	<u> </u>			
47	Phase-out of exemption amount	47		\$80,450 00	\	
48	Subtract line 47 from line 46 If zero or less, enter -0-	48				
49	Multiply line 48 by 25% (0 25)				49	
50	Subtract line 49 from line 45 If zero or less, enter -0-				50	
51	Subtract line 50 from line 46				51	2,651,269.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or had	as a gan	n on lu	nes 18a and 19		
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary) Otherwis	e, if line	e 51 is	- '		
	• \$187,800 or less, multiply line 51 by 26% (0 26).					
	 Over \$187,800, multiply line 51 by 28% (0.28) and subtract \$3,756 from the result 				52	738,599.
53	Alternative minimum foreign tax credit (see instructions)				53	
54	Tentative minimum tax. Subtract line 53 from line 52				54	738,599.
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G)	ule G, li	ne 2a)		55	888,815.
56	Alternative minimum tax Subtract line 55 from line 54 If zero or less, enter -0- Enter here	e and or	n			•
	Form 1041, Schedule G, line 1c				56	0.
Pa	art IV Line 52 Computation Using Maximum Capital Gains Rate					
	Caution If you didn't complete Part V of Schedule D (Form 1041), the Schedule D 7	Tax Wo	orkshe	et,		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the	e instru	ictions	5		
	before completing this part				1	
57	Enter the amount from line 51	1	1		57	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax					
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for					
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	┼		-	
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				,	
	(as refigured for the AMT, if necessary) If you didn't complete					
	Schedule D for the regular tax or the AMT, enter -0-	59	-		⊢′∶	
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the				1 1	
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter		}			
	the smaller of that result or the amount from line 10 of the Schedule D Tax	60			ł l	
	Worksheet (as refigured for the AMT, if necessary)	60	<u> </u>	 	61	
61	Enter the smaller of line 57 or line 60				62	
62	Subtract line 61 from line 57 If line 62 is \$187,800 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by				102	
63	28% (0.28) and subtract \$3,756 from the result				▶ 63	
64	Maximum amount subject to the 0% rate	64	ı	\$2,550 00		
	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D		1	4 2,000 00	┤ · │	
03	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions					
	for Form 1041, whichever applies (as figured for the regular tax) If you didn't				*	
	complete Schedule D or either worksheet for the regular tax, enter the amount				.	
	from Form 1041, line 22; if zero or less, enter -0-	65				
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	1	'7'	┥	
67	Enter the smaller of line 57 or line 58	67			_	
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	T			
69		69				

Pa	rt IV Line 52 Computation Using Maximum Capital Gains Rate	S (co	ntinued)		
70	Maximum amount subject to rates below 20%	70	\$12,500 00		
71	Enter the amount from line 66	71] (` ` '	
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			,	
-	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax	1			
	Worksheet, whichever applies (as figured for the regular tax) If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 22, if zero or less, enter -0-	72		↓	
73	Add line 71 and line 72	73		↓`	
74	Subtract line 73 from line 70 If zero or less, enter -0-	74	· · · · · · · · · · · · · · · · · · ·	4	
75	Enter the smaller of line 69 or 74	75			
76	Multiply line 75 by 15% (0 15)		>	76	
77	Add lines 68 and 75	77		┨. │	
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go	to line	78		
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0 20)		•	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	1 1			
80	Add lines 62, 77, and 78	80		4	
81	Subtract line 80 from line 57	81		_	}
82	Multiply line 81 by 25% (0.25)		•	82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is \$187,800 or less, multiply line 57 by 26% (0 26). Otherwise, multiply line 57 by 2	28% (0.2	28)		
	and subtract \$3,756 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	l

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FORM 990-T	CONTRIBUTIONS	STATEMENT 18
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS - SEE FORM 990-PF	N/A	3,100,610.
PASSTHROUGH CONTRIBUTIONS FROM K-1	N/A	30,650,
TOTAL TO FORM 990-T, PAGE 1, LI	NE 20	3,131,260.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 19
DESCRIPTION	·	TUOMA
GAMBLING LICENSE FEE LEGAL FEES		1,500. 105,308.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	106,808.

FORM 990-T	INCOME (LOSS)	FROM PARTNERS	SHIPS	STATEMENT 22
PARTNERSHIP NAME		GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
COMMERCE CASINO CLUB INC OLD WEST INCOME FUND LP SAN CANYON PLAZA LLC FBI SACRAMENTO LLC	•	5,130,845. -8,667. -10,725. -69,663.	0. 0. 0.	5,130,845. -8,667. -10,725. -69,663.
TOTAL TO FORM 990-T, PAG	E 1, LINE 5	5,041,790.	. 0.	5,041,790.
FORM 990-T IN	COME (LOSS) FI	ROM S CORPORAT	PIONS	STATEMENT 23
S CORPORATION NAME	GROSS INCOME	LOSSES	DEDUCTIONS	NET INCOME OR (LOSS)
MUTHORE PROPERTIES INC. ORDINARY BUSINESS LOSS		05.004	0.	
	0.	-85,884.	0.	-85,884.
MUTHORE PROPERTIES INC. LONG TERM CAPITAL GAIN	315,990.	-85,884.	0.	-85,884. 315,990.