n9 .						141)K	,
Form 990-T	1 8	Exempt Organ	sization Rus	einae	s Income T	۰۰ ک av Boturr	, ı	OMB No 1545-0687
Form 330-1	1		d proxy tax uno			ax n e turi	'	
	For ca	alendar year 2018 or other tax year	•		,	v 30, 201	ا و.	2018
0			rs.gov/Form990T for i				_	
Department of the Trea Internal Revenue Service	sury 28	Do not enter SSN numbers	s on this form as it ma	y be made	public if your organiza	ition is a 501(c)(3)	[Open to Public Inspection for 501(c)(3) Organizations Only
A Check box		Name of organization (Check box if name of	changed an	d see instructions.)		(Empl	oyer identification number oyees' trust, see
address ch		•			_		1	ctions)
B Exempt under se	1	AMERICAN PUR						6-3503764 ated business activity code
X 501(c0)3) or Type	Number, street, and room		ox, see instr	uctions.			nstructions)
= $=$	220(e)	480 CEDAR ST					-	
408A 529(a)	530(a)	City or town, state or provi		or toreign p	ostai code		523	000
Book value of all acc	ets	Consumption aumbi	(Coo	•	·		727	
at end of year 160,41	16,677.	G Check organization type	► X 501(c) cor	rporation	501(c) trust	401(a)	trust	Other trust
H Enter the number	r of the organiza	ation's unrelated trades or bu	usinesses.	2	Describe t	he only (or first) un	related	
trade or business	here 🕨 PAI	RTNERSHIP INC	COME		. If only one, o	complete Parts I-V.	If more	than one,
describe the first	ın the blank spa	ace at the end of the previous	s sentence, complete P	arts I and II	, complete a Schedule	M for each addition	ial trade	or
business, then co	•							
		poration a subsidiary in an af		ent-subsidia	ry controlled group?	▶ l	Ye	s X No
		tifying number of the parent DOUG RODERICK			Talanha	as sumbas N	<u> </u>)290-1446
		de or Business Inco		T T	(A) Income	(B) Expenses		(C) Net
1a Gross receipts		ue or Business into			(7,7,111001110	(0) 220000		(0) //01
b Less returns a			c Balance	1c				
L	sold (Schedule	e A, line 7)	4	2				~
3 Gross profit. S	Subtract line 2 fi	rom line 1c	$\Lambda \Lambda$	3				
4 a Capital gain ne	et income (attac	ch Schedule D)	/ / /	4a	9,357.	•		9,357.
b Net gain (loss) (Form 4797, F	Part II, line 17) (attach Form	4797) J	4b				
c Capital loss de				4c				
, ,	•	ship or an S corporation (att	ach statement)	5	23,661.	STMT 1		23,661.
6 Rent income (•	ma (Cahadula E)		7				
		me (Schedule E) and rents from a controlled o	reconstant (Schodulo E)					
		on 501(c)(7), (9), or (17) org		\vdash		 		
		ome (Schedule I)	gamzanon (concocato d	10				
•	come (Schedule	, ,		11				
12 Other income	(See instruction	ns; attach schedule)		12		•		
13 Total. Combi				13	33,018.			33,018.
		ot Taken Elsewhere				,		
	-	utions, deductions must l		ea with the	unrelated business	income.)	1	
•	· ·	rectors, and trustees (Sched	lule K)				14	
15 Salaries and 16 Repairs and 	•						16	
17 Bad debts	mamilenance			02	1920		17	
	ch schedule) (s	ee instructions)			1120		18	
19 Taxes and lic	, ,	,		0 0	v ·		19	
20 Charitable co	ntributions (Se	e instructions for limitation r	ules) STATEME	ENT 3	SEE STATE	EMENT 2	20	3,202.
21 Depreciation	(attach Form 4	562)			21			
22 Less depreca	ation claimed o	n Schedule A and elsewhere	on return		22a		22b	
23 Depletion							23	
		mpensation plans					24	
	nefit programs						25	
	pt expenses (So	•					26	
	rship costs (Sc ions (attach sch	•					27 28	
	i ons , Add lines	•				78	29	3,202.
_		ncome before net operating	loss deduction. Subtrai	ct line 29 fr	om line 13	V.	30	29,816.
		loss arısıng ın tax years begi					31	
		ncome. Subtract line 31 fron			<u> </u>	<u> </u>	,32	29,816.
823701 01-09-19 LF	A For Paper	work Reduction Act Notice,	see instructions.			/ \1	16	Form 990-T (2018)

Form 990-					36-350	13/64	Page 2		
Part	II Total Unrelated Business Taxa	ible Income							
33	Total of unrelated business taxable income compu	ted from all unrelated trades or bus	inesses (se	e instructions)		33	29,816.		
34	Amounts paid for disallowed fringes					34			
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018	3 (see instri	uctions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34					36	29,816.		
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			38	3,7	1,000.		
38	Unrelated business taxable income. Subtract line	37 from line 36. If line 37 is greate	r than line	36,		1 1 1			
	enter the smaller of zero or line 36				39	38	28,816.		
Part	V Tax Computation				-				
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)				39	6,051.		
40	Trusts Taxable at Trust Rates. See instructions for	r tax computation. Income tax on th	ne amount	on line 38 from:					
	Tax rate schedule or Schedule D (Fo				•	40			
41	Proxy tax. See instructions	•			•	41			
42	Alternative minimum tax (trusts only)				•	42			
43	Tax on Noncompliant Facility Income. See instru	ctions			_	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh				us	44	6,051.		
Part '		 			7/				
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a			· · · · · · · · · · · · · · · · · · ·		
	Other credits (see instructions)	•		45b		1			
c	General business credit. Attach Form 3800			45c		1			
-	Credit for prior year minimum tax (attach Form 88)	01 or 8827)		45d		1.			
	Total credits. Add lines 45a through 45d	,				45e			
46	Subtract line 45e from line 44					46	6,051.		
47		Form 8611 Form 8697	Form 88	66 Other	(attach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)				49	48	6,051.		
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k), lin	e 2 🕡		-9	49	0.		
	Payments: A 2017 overpayment credited to 2018	(-,,,	40	50a	10,053.				
	2018 estimated tax payments		<1b	50ь	3,667.	1			
	Tax deposited with Form 8868 -		SIC	50c	13,000.	1			
	Foreign organizations: Tax paid or withheld at sour	rce (see instructions)	~ 10	50d		1			
	Backup withholding (see instructions)	,		50e		1			
	Credit for small employer health insurance premiu	ms (attach Form 8941)		50f		1			
		orm 2439		4		1			
•			Total >	50g		-			
51	Total payments. Add lines 50a through 50g			7.01		\$1	26,720.		
52	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 🔲				52	<u>-</u>		
53	Tax due. If line 51 is less than the total of lines 48,				▶.	53			
A 54	Overpayment. If line 51 is larger than the total of li		verpaid		45	54	20,669.		
/ 10 ₅₅	Enter the amount of line 54 you want: Credited to	2019 estimated tax	7,	000. Re	funded	55	13,669.		
Part \	I Statements Regarding Certain	Activities and Other In	formati	on (see instru	ctions)	7			
56	At any time during the 2018 calendar year, did the	organization have an interest in or a	a signature	or other author	ity		Yes No		
	over a financial account (bank, securities, or other)) in a foreign country? If "Yes," the o	rganization	may have to fil	е		7		
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," enter the n	ame of the	foreign country					
	here						X		
57	During the tax year, did the organization receive a	distribution from, or was it the gran	tor of, or tra	ansferor to, a fo	reign trust?		X		
	If "Yes," see instructions for other forms the organi	-							
58	Enter the amount of tax-exempt interest received of	 							
C:	Under penalties of perjury, I declare that I have examine correct, and complete, Declaration of preparer (other that	d this return, including accompanying sch in taxpayer) is based on all information of	nedules and s which prepar	statements, and to er has any knowle	the best of my kno dge	wledge and b	elief, it is true,		
Sign Here	1. no)					ay the IRS dis	cuss this return with		
пете	Lougo		NIOR	VP & CF		-	own below (see		
	Signature of officer	Date / Title				structions)?	X Yes No		
	Print/Type preparer's name	Preparer's signature	Dat	te	Check r	f PTIN			
Paid	WARRY CREEK	WARDEN OF THE	ر ا	(05/00	self- employed	D00	070514		
Prepa	Le i & CITTUMONIT ADCC	KAREN GRIES	JU 3	/05/20	r		078514		
Use (only Firm's name ► CLIFTONLARSO		TTME	300	Fırm's EIN ▶	41~	0746749 ·		
		-	UITE	200	Dhone no G	:12 <u>-</u> 27	6-4500		
900744 0		.э, гих ээчи <i>с</i>			Phone no. 6				
823711 0°	-09- 19					Fo	orm 990-T (2018)		

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	valuation N/A					
1 Inventory at beginning of year	1	0.	6	Inventory at end of yea	ır		6	Ϊ	0.
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
Description of property									
(1)									
(2)									
(3)									
(4)				·					
	2. Rent receiv	ed or accrued				3(a) Deductions directly	conn	etad with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for po	ersonal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) an	d 2(b)	(attach schedule)	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)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see i	nstru	ictions)					
			2	2. Gross income from		3. Deductions directly control to debt-finance		perty	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	à
(1)		 							
(2)									
(3)								·	
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	•	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)				%					
(2)				%	<u> </u>		T		
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (8	
Totals				•		0			0.
Total dividends-received deductions in	icluded in column	1 8				>	1		0.

Schedule F - Interest,		, -		Controlled O				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
1. Name of controlled organization	identi	mployer fication mber		elated income instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
					-					
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified paye made	nents	10. Part of colur in the controlli gross	mn 9 that ing organ s income	is included ization's	11. Dec with	ductions directly connected income in column 10
(1)		_								,
(2)			1		Ī					
(3)			1		Î					
(4)	1				1					
	1					Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (8)
Totals					>			0.		0.
Schedule G - Investme (see inst	ent Income of a tructions)	Section	n 501(c)(7), (9), or	(17) Or	ganization	1			
1. Des	cription of income			2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4. Set-a (attach se		5. Total deductions and set-asides (col 3 plus col 4)
(1)										I
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			>		0.					0.
Schedule I - Exploited (see instr	•	y Incon	ne, Othe	r Than Ac	lvertisi	ng Income	•			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pa of ur	xpenses connected roduction nrelated ss income	4. Net incom from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that led	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	1									
(2)	T									
(3)	1	<u> </u>		T	İ					-
(4)	†	1 -			İ					1
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B).		•		•			Enter here and on page 1, Part II, line 26
Schedule J - Advertis				l] 0.
	Periodicals Rep			solidated	Basis					
1. Name of periodical	2. Gross advertising income	adv	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a go cols 5 th	ising gain of 2 minus ain, compute arough 7	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	>	0.	0	<u>. </u>		1		····		0 Form 990-T (2018

Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						1
(4)					. "	
Totals from Part I	0.	0.		_	. *	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			·	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	· · · · · ·	•	·	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		_%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
ASP 2003 NON-US FUND, LP 30-0134064 - ORDINARY BUSINESS INCOME (LOSS) ASP 2003 US FUND, LP 30-0134062 - ORDINARY BUSINESS INCOME (LOSS) ASP 2004 NON-US FUND, LP 20-0291150 - ORDINARY BUSINESS INCOME (LOSS) ASP 2004 US FUND, LP 20-0291077 - ORDINARY BUSINESS INCOME (LOSS) ASP 2006 DIRECT FUND, LP 20-3812594 - ORDINARY BUSINESS INCOME (LOSS) ASP 2006 NON-US FUND, LP 20-3654916 - ORDINARY BUSINESS INCOME (LOSS) ASP 2006 US FUND, LP 20-3654598 - ORDINARY BUSINESS INCOME (LOSS) ASP 2008 DIRECT FUND, LP 26-1268760 - ORDINARY BUSINESS INCOME (LOSS) ASP 2008 NON-US FUND, LP 26-1268760 - ORDINARY BUSINESS INCOME (LOSS) ASP 2008 NON-US FUND, LP 26-1268649 - ORDINARY BUSINESS INCOME (LOSS) ASP 2008 US FUND, LP 26-1268403 - ORDINARY BUSINESS INCOME (LOSS)	-79. 4,150121. 5,003. 308310. 11,273. 700. 94. 2,643.
FOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	23,661.
FORM 990-T CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV	AMOUNT
MINNESOTA PUBLIC RADIO N/A	10,079,613.
TOTAL TO FORM 990-T, PAGE 1, LINE 20	10,079,613.

FORM 990-T	CONT	RIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONT	TRIBUTIONS SUBJEC	T TO 100% LIMIT			
CARRYOVER OF I	PRIOR YEARS UNUSE	D CONTRIBUTIONS			
FOR TAX YEAR	R 2013	6,266,418			
FOR TAX YEAR		17,820,163			
FOR TAX YEAR		8,164,623			
FOR TAX YEAR		8,758,552			
FOR TAX YEAR	R 2017	8,800,101			
TOTAL CARRYOVE	מיג		49,809,857		
-	YEAR 10% CONTRIB	UTIONS	10,079,613		
	JTIONS AVAILABLE		59,889,470		
TAXABLE INCOME	E LIMITATION AS A	DJUSTED	3,202		
EXCESS 10% CON	JTR TRIJTTONS		59,886,268	+	
EXCESS 100% CO	·		0		
TOTAL EXCESS (59,886,268		
ALLOWABLE CONT	TRIBUTIONS DEDUCT	ION		3,	202
TOTAL CONTRIBU	JTION DEDUCTION			3,	202

SCHEDULE M (Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

32,132.

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). ENTITY 1

OMB No 1545-0687

Open to Public Inspection for

501(c)(3) Organizations Only

Name of the organization AMERICAN PUBLIC MEDIA GROUP

Employer identification number 36-3503764

Unrelated business activity code (see instructions) Describe the unrelated trade or business

SALE OF UNRELATED MERCHANDISE Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 107,480. 1a Gross receipts or sales 107,480 **b** Less returns and allowances c Balance 1c 75,348. Cost of goods sold (Schedule A, line 7) 2 32,132 32,132. 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4с Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	60,206.
16	Repairs and maintenance	16	
17	Bad debts	17	-
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	0.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	8,254.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 4	28	122,925.
29	Total deductions. Add lines 14 through 28	29	191,385.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-159,253.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-159,253.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

13

Schedule M (Form 990-T) 2018

Page 3

3	6	_	3	5	U	3	7	6	4
_	J		_	_	v	_	,	v	-

AMERICAN PUBLIC MEDIA GROUP 36-3503764	Form 990-T (2018)						Page :
1 Inventory at beginning of year 1						36-3503	764
2	Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation			,
3 Income land 3 Income land 5 Income	 Inventory at beginning of year 	1		6 Inventory at end of ye	ar		6
All Additional section 263A costs (attach schedule) 4a	2 Purchases	2		7 Cost of goods sold. S	ubtract	line 6	
(attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (attach schedule) (b) (c) (c) (c) (d) (e) (a) (e) (a) (e) (a) (e) (e	3 Cost of labor	3		from line 5. Enter here	and in l	Part I,	
b Other costs (affach schedule) 5 Total. Add lines 1 through 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total dividends received 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Total for through 40 5 Tot	4a Additional section 263A costs			line 2			7 .
S Total. Add lines 1 through 4b 5 line organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accoused (a) From personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the percentage of received personal property in the per	(attach schedule)	4a		8 Do the rules of section	1263A (with respect to	Yes No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accused (a) Promise and property (the percentage of rent for personal property (the percentage of rent for personal property (the percentage of rent for personal property (the percentage of rent for personal property (the percentage of rent for personal property (the percentage of rent for personal property exceeds 50% or if the rent is based on profit or more than 50%) (2) (3) (4) (4) (5) (7) Total deductions. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, lime 8, column (b). Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property (1) (2) (3) (4) (4) (4) (4) (5) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	b Other costs (attach schedule)	4b		property produced or	acquired	d for resale) apply to	
(a) Trong personal property (if the percentage of information of personal property is more than store) (if the percentage of information of personal personal personal personal property is more than store) (if the percentage of information of personal pers	5 Total. Add lines 1 through 4b	5		the organization?			
1. Description of property (1) (2) (3) (4) 2. Rent received or accused (a) From personal property (if the personal prop		(From Real	Property and	d Personal Property	Leas	ed With Real Prop	erty)
(1) (2) (3) (4) 2. Fent received or accrued (a) From personal property (if the personal property or more personal proper	(see instructions)						
(3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 50%) (b) From real and personal property (if the percentage of rent for personal property (if the person	1. Description of property						
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(2) (3) (4) Total 1	(1)						
(3) (4) Total Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 7. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) 7. Gross income reportable (column 6 x total of columns 2 x column 6) (column 6 x total of columns 2(a) and 3(b)) (c) % (d) % (a) % Enter here and on page 1, Part I, line 7, column (B) Part I, line 7, column (B) Part I, line 7, column (B) Part I, line 7, column (B) O . O .		•					
(d) Total O	-						
Total (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from callocable to debt-financed property 1. Description of debt-financed property 2. Gross income from callocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from callocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (b) Other deductions (attach schedule) 7. Gross income reportable (column reportable (column 2 x column 6) (c) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (b) Other deductions (attach schedule) (c) (a) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) (a) Straight line 6, column (B) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) (a) Straight line 6, column (B) (b) Other deductions (attach schedule) (a) Straight line 6, column (B) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) (d) Other deductions (attach schedule) (e) Other deductions (attach schedule) (a) Straight line 6, column (B)		_					
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(2)	debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property			reportable (column	(column 6 x total of columns
(2)	(1)			%			
(3)				%			
(4) Enter here and on page 1, Part I, line 7, column (A) Totals Total dividends-received deductions included in column 8 Enter here and on page 1, Part I, line 7, column (B) O • O • O •				%			
Totals Total dividends-received deductions included in column 8 Enter here and on page 1, Part 1, line 7, column (A) O • O • O • O •				%			
Total dividends-received deductions included in column 8							
Total dividends-received deductions included in column 8	Totals			•		0.	0.
		cluded in columi	18	•			
							Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PROGRAM EXPENSES TELEPHONE DEVELOPMENT ADMIN SERVICES	-	7,719. 444. 37,167. 77,595.
TOTAL TO SCHEDULE M, PAR	RT II, LINE 28 .	122,925.

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.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

AMERICAN PUBLIC ME		36-3503764			
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
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)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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					_
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					-493.
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	e lines 1a through 6 in column	ı h		7	-493.
Part II Long-Term Capital Ga	ins and Losses (See i	nstructions)			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gas or loss from Form(s) 894 Part II, line 2, column (g	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	·		<u> </u>		
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					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					9,850.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	n h		15	9,850.
Part III Summary of Parts I an	d II				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	ıl loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	17	9,357.			
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns.		18	9,357.
Note: If losses exceed gains, see Capital loss	ses in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

36-3503764

AMERICAN PUBLIC MEDIA GROUP

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							
Part I Short-Term. Transact	ions involving capi	tal assets you held	1 year or less are g	generally short-term (se	e instructio	ns) For long-term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	I short term transa	ctions reported on Schedule D. line 1	Form(s) 1099-B sho	owing basis was reported to report these tran	ted to the If	RS and for which no	adjustments or
You must check Box A. B. or C below.	Check only one b	ox. If more than one t	oox applies for your sh	ort-term transactions, con	nplete a separ	ate Form 8949, page 1,	for each applicable box
If you have more short-term transactions than w (A) Short-term transactions re			•				
(B) Short-term transactions re	•	•	•	•	e Note au	ovej	
(C) Short-term transactions no	•	•	-	eported to the mo			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis. See the	column (f	(g), enter a code in). See instructions.	Subtract column (e)
, ,	' ' ' ' '	(Mo , day, yr)		Note below and see Column (e) in	(f)	, [(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
ASP 2003 US FUND,		<u> </u>		-		adjustment	
LP 30-0134062				 	-		2.
ASP 2004 US FUND,				 			
LP 20-0291077							2.
ASP 2006 NON-US							
FUND, LP							
20-3654916					<u> </u>		<499.>
ASP 2006 US FUND,	1						
LP 20-3654598							2.
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2 Totals. Add the amounts in colui							
negative amounts) Enter each to		-		1			
Schedule D, line 1b (if Box A abo	•	•					<493.>
above is checked), or line 3 (if B	ox C above is ch	тескеа)	l	i	I	1	1 7333.7

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

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. Transacti	ons involving capit	al assets you held	more than 1 year ar	e generally long-term	(see instruc	tions) For short-term	transactions,
see page 1 Note: You may aggregate a							
codes are required Enter the You must check Box D, E, or F below.	Check only one be	ox. If more than one b	ox applies for your lon	g-term transactions, com	plete a separa	te Form 8949, page 2, fo	ructions) or each applicable box
If you have more long-term transactions than we	Ill fit on this page for or	ne or more of the boxe	es, complete as many f	orms with the same box of	hecked as yo	u need	
(D) Long-term transactions re	•	•	•	•	e Note ab	ove)	
(E) Long-term transactions re	-	•	-	eported to the IHS			
(F) Long-term transactions no	1	I		1 (-)	Adiustme	nt, if any, to gain or	(h)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	in column column (f	(g), enter a code in). See instructions.	Subtract column (e)
, ,		(Mo, day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
ASP 2003 NON-US					-	adjustificiti	
FUND, LP				1			
30-0134064							<440.
ASP 2003 US FUND,							
LP 30-0134062				1			<731.
ASP 2004 NON-US							
FUND, LP							
20-0291150							<674.
ASP 2004 US FUND,							
LP 20-0291077							<3,141.
ASP 2006 US FUND,				<u> </u>	<u></u>		
LP 20-3654598					<u> </u>		5,219.
ASP 2008 US FUND,							
LP 26-1268403	ļ			1			9,617.
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2 Totals. Add the amounts in colu	mns (d), (e), (a), a	and (h) (subtract		†	†		
negative amounts) Enter each to		. , ,			İ		
Schedule D, line 8b (if Box D abo		•					
above is checked) or line 10 (if F	•	•			1		9.850.

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