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	•		EXTENDED TO NOVI							
Form	990-T	E	Exempt Organization Bus	ine	ss Income T	ax Return	L	OMB No 1545-0687		
	•		(and proxy tax und	er se	ction 6033(e))			0040		
		For ca	endar year 2018 or other tax year beginning		, and ending		_	2018		
Depart	ment of the Treasury		► Go to www.irs gov/Form990T for in	structi	ons and the latest inform	ation		Open to Public Inspection for		
	Revenue Service	•	Do not enter SSN numbers on this form as it may	be ma	de public if your organiz			501(c)(3) Organizations Only oyer identification number		
Α _	Check box if		Name of organization (Check box if name changed and see instructions) DET							
	address changed		THE DAN AND MARGARET M		uctions)					
B Ex	empt under section	Print	FUND		3-7017790					
<u>_</u>	501()(82)	or Type	Number, street, and room or suite no. If a P.O. box		ated business activity code nstructions)					
<u> </u>	408(e) 220(e)	.,,,,	100 TAYLOR STREET, NO.							
<u> </u>	408A530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code			000		
	529(a)	1	NASHVILLE, TN 37208			_	900	003		
G Book value of all assets at end of year 1.5.2 0.00 F Group exemption number (See instructions)										
<u>u co</u>	45,153,9		G Check organization type X 501(c) corpliants unrelated trades or businesses.	1		401(a)		Other trust		
		•	PASSIVE INVESTMENTS	±		the only (or first) uni		than and		
			ce at the end of the previous sentence, complete Pa	rte Lan		, complete Parts I-V		•		
	iness, then complete			i to i gii	o II, complete a Schedule	S IN TOT CACIT AUDITIONS	oi ii auc	· Oi		
			oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ [Υe	es X No		
			Ifying number of the parent corporation	0000	iolary controlled group	,		,o <u></u> ,no		
			REV. MARY K. FRISKICS-WA	ARRI	EN Teleph	one number 🕨 6	15-	481-8787		
Par			le or Business Income ·		(A) Income	(B) Expenses		(C) Net		
1 a	Gross receipts or sale	es								
b	Less returns and allov	wances	c Balance ▶	1c						
2	Cost of goods sold (S	Schedule	A, line 7)	2						
3	Gross profit. Subtract	line 2 fr	om line 1c	3						
4 a	Capital gain net incom	ne (attac	h Schedule D)	4a						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b						
	Capital loss deduction			4c_						
		•	hip or an S corporation (attach statement)	5	-93,027.	STMT 1	. 4	-93,027.		
	Rent income (Schedu			6						
	Unrelated debt-financ			7		<u> </u>				
			nd rents from a controlled organization (Schedule F)	8						
			n 501(c)(7), (9), or (17) organization (Schedule G)	9				<u> </u>		
	Exploited exempt activ Advertising income (S	-	•	10						
	Other income (See ins		•	12		<u>. </u>		·		
	Total. Combine lines		·	13	-93,027.	<u> </u>		-93,027.		
-	A II Danis Air	1	AT-land Flancisch aug de la land de			DE 3511/F		1		
	(Except for d	contribu	tions, deductions must be directly connected	with t	he unrelated business	income)	=U_]		
14			ectors, and trustees (Schedule K)		1 1		14	100		
15	Salaries and wages				C245	NOV 1 4 2][[P		
16	Repairs and mainten	ance					16	35		
17	Bad debts .				-	OGDEN,	, 17 . -			
18	Interest (attach sche	dule) (se	e instructions)			OGDEN,	481			
19	Taxes and licenses						19			
20		•	instructions for limitation rules)				20			
21	Depreciation (attach		•		21					
22	·	aimed on	Schedule A and elsewhere on return		[22a]		22b			
23	Depletion					}	23			
24	Contributions to defe		npensation plans			}	24			
25 26	Employee benefit pro	-	hadula I)			}	25			
26 27	Excess exempt exper		•			ŀ	26			
27 28	Excess readership co Other deductions (att	•	•			ŀ	27			
28 29	Total deductions (an		· ·			ŀ	28 29	0.		
30			come before net operating loss deduction. Subtract	line 20) from line 13	ŀ	30	-93,027.		
31			oss arising in tax years beginning on or after Januar			ŀ	31	33,027.		
32	,	•	come. Subtract line 31 from line 30	, ,, 20	(200	ļ	32	-93,027.		
<u> </u>			work Poduction Act Notice and instructions		···		04	Form 990-T (2018)		

THE DAN AND MARGARET MADDOX CHARITABLE

Fα(π 990-T (2018) FUND	23-7017790	Page 2
Part III Total Unrelated Business Taxable Income		
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-93,027.
34 Amounts paid for disallowed fringes	34	
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
lines 33 and 34	36	<u>-93,027.</u>
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38 Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,		
enter the smaller of zero or line 36	38	-93,027.
Part IV Tax Computation	. 1 - 1 -	
39 Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	▶ 39	0.
40 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from		
Tax rate schedule or Schedule D (Form 1041)	40	
41 Proxy tax See instructions	► 41 12 12 12 12 12 12 12 12 12 12 12 12 12	
42 Alternative minimum tax (trusts only)	42	
 43 Tax on Noncompliant Facility Income See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 	43	0.
Part V Tax and Payments	44	<u> </u>
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b Other credits (see instructions) 45b		
c General business credit. Attach Form 3800		
d Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		
e Total credits. Add lines 45a through 45d	45e	
46 Subtract line 45e from line 44	46	0.
47 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule) 47	·
48 Total tax Add lines 46 and 47 (see instructions)	48	0.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a Payments A 2017 overpayment credited to 2018		
b 2018 estimated tax payments 50b		
c Tax deposited with Form 8868	1,000.	
d Foreign organizations Tax paid or withheld at source (see instructions) 50d		
e Backup withholding (see instructions) 50e		
f Credit for small employer health insurance premiums (attach Form 8941) 50f		
g Other credits, adjustments, and payments Form 2439		
Form 4136 Other Total ▶ 50g		
51 Total payments Add lines 50a through 50g	51	1,000.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	· · · · · · · · · · · · · · · · · · ·
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	1 000
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want Credited to 2019 estimated tax	54	1,000.
55 Enter the amount of line 54 you want Credited to 2019 estimated tax 1,000. Reful Part VI Statements Regarding Certain Activities and Other Information (see instruct		<u></u>
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		199 110
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
here ▶		X
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	Х
If "Yes," see instructions for other forms the organization may have to file.		
58 Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the be correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	est of my knowledge and belief	, it is true,
	May the IRS disc	cuss this return with
CHAIR CHAIR	the preparer sho	
	instructions)?	X Yes No
2019.10.24	heck if PTIN	
Paid 10:15:04 -04'00' St	elf- employed	666397
Preparer STEFF COUNTY DOWN TO THE STEFF COUNTY		0574444
Use Only Firm's name CHERRY BEKAERT LLP 222 SECOND AVENUE S, SUITE 1240	iiuraeua 🛌 🗀 🗀 —	<u> </u>
	Phone no 615-38	3-6592
823711 01-09-19		orm 990-T (2018)

THE DAN AND MARGARET MADDOX CHARITABLE

Form 990-T (2018) FUND

23-7017790

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	raluation > N/A					
1 Inventory at beginning of year	1	<u> </u>	6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold Se	ubtract	line 6			
3 Cost of labor	3			from line 5 Enter here	and in l	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes N	0
 Other costs (attach schedule) 	4b			property produced or a	acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)		
								<u> </u>	—
1 Description of property									
(1)				- -					
(2)									—
(3)									—
(4)	0 - 81					T			_
(a) From personal property (if the per		ed or accrued	and nore	anal property (if the percents		3(a) Deductions directly			
rent for personal property in the per 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	id 2(b) (attach	schedule)	
(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		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	_	n	١.
Schedule E - Unrelated Del		Income (see	nstru	ctions)		Traiti, into e, esternit (e)			Ė
-			Τ,	1 -		3 Deductions directly confito debt-finance		allocable	_
•			2	Gross income from or allocable to debt-	(a)	Straight line depreciation		Other deductions	—
Description of debt-fi	nanced properly			financed property	``'	(attach schedule)		ttach schedule)	
(1)			+						_
(2)									_
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		llocable deductions n 6 x total of columns 3(a) and 3(b))	s
(1)				%			 		_
(2)			1	%			<u> </u>		
(3)			1	%					_
(4)				%					
			1.			nter here and on page 1, Part I, line 7, column (A)		ere and on page 1, tine 7, column (B)	_
				_			1	_	
Totals	adudad is advi	. 0		>		0.	`	0	•
Total dividends-received deductions in	iciaaea in columi	10				•	· 1	U	

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Schedule F - Interest,	Annuities, Roya	lties, and					tion	S (see in:	struction	s)
			Exempt	Controlled O	rganızat	ions			-	
Name of controlled organizat .	ident	mployer ification imber		elated income e instructions)		otal of specified Iments made	includ	rt of column 4 led in the cont zation's gross	rolling	Deductions directly connected with income in column 5
(1)					-		 -		-	
(1)							 -			
(2)					 					
(3)							 			
Nonexempt Controlled Organi	zations				L		l			
7 Taxable Income	8 Net unrelated inco	ome (loss)	O Total	of specified pays	mente	10 Part of colu	mn Q tha	t is included	11 00	ductions directly connected
, Jacob Mario	(see instructio		J 10(a)	made	noma .	in the controlli	ing orgai	nization's		n income in column 10
(1)						, ,				
(2)							-			
(3)						-				
(4)	1			•						
						Add colum Enter here and line 8, c		1, Part I,		id columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme		Section	501(c)(7	'), (9), or (17) Or	ganization		,		
1. Desc	ription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						(Extech School			-	(coi 3 pius coi 4)
(2)										-
(3)										
(4)								_		
				Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Evamet Astivity	Incomo	Othor	Thon Adv	0.	KEMINISTACE	22.03	Tarkey The Ships	*, *** (\$task	<u> </u>
(see instru		, income	, Other	man Auv	rertisii	ig income		٠		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly co with pro- of unre- business	onnected duction elated	4 Net incom from unrelated business (co minus columi gain, compute through	I trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					,					
(2)								۴.		
(3)								,		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, d	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals • Advertising	0.	<u> </u>	<u> </u>	1780 E-6-11-14	<u> </u>	e e de la			HUKUKE	0.
Schedule J - Advertisir		instructions	•	t	Da-!-					
Rantil Income From I		ortea on	a Cons	solidated	Basis					
1 Name of periodical	2 Gross advertising income		Direct tising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin comput	5. Circulati income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					* 10 To 30 T	č				
(2)					ے دائے۔ عقل تھے اللہ	,				
(3)						"				
(4)					રે. ટે.સે.સે.સ્ટ	; -				
Totals (carry to Part II, line (5))	•	0.	0							0.
										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)	

1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (foss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					-		
(3)							
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1 Part I, line 11 col (8)		- ,	•	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)		%	
(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 14	
DESCRIPTION	NET INCOME OR (LOSS)	
DTC PRIVATE EQUITY IV, LP - ORDINARY BUSINESS INCOME (LOSS) DTC PRIVATE EQUITY V, LP - ORDINARY BUSINESS INCOME (LOSS) MREP GLOBAL V, LP - ORDINARY BUSINESS INCOME (LOSS) MREP SCIF - ORDINARY BUSINESS INCOME (LOSS) AEW PARTNERS VIII FEEDER - ORDINARY BUSINESS INCOME (LOSS)	-3,707. -36,930. -121. -12,015. -40,254.	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-93,027.	