823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

			AMENI	מסת משר	/ 3 \ /	זגשמשמ (7	27000	40	091()
	000.T		Exempt Organ	ED FOR 512			Tay Baturn	. 1	OMB No 1545-0687
Form	990 - T		zempi Organ	nd proxy tax und		stion 6033(a)		' ├	
	·	F	•	•	C 3C		1612		2012
		For cal	lendar year 2018 or other tax yea		notruptio:	, and ending	rmation	- 1	2010
	tment of the Treasury al Revenue Service		• Do not enter SSN number	irs.gov/Form990T for it s on this form as it may				1	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (_		and see instructions.)		D Emplo	yer identification number
A	address changed		Name of Organization (L	Check ook ii haine t	Jilangeu i	and see msudenons.)			oyees' trust, see ctions)
D C	xempt under section	Print	THE GOG FOUR	אד אסדיים א	·C .			0.	3-0466352
] 501(C)(3)	OL	Number, street, and room			structions		E Unrela	ted business activity code
[25	408(e) 220(e)	Туре	2127 ESPEY		-	on actions.		(See in	istructions)
\vdash	408A 530(a)		City or town, state or prov			nostal code		1	
-]529(a)		CROFTON, MD	21114	, loreign	postar code		9000	099
C Bo	ok value of all assets		E Croup exemption numb	or (See instructions)		···			
ate	75.412.6	09.	G Check organization type	X 501(c) cor	poration	501(c) trus	t 401(a)	trust	Other trust
H En	ter the number of the	organiza	tion's unrelated trades or b	usinesses.	1	Descri	be the only (or first) un		
			SSIVE INVEST				ne, complete Parts I-V.		than one.
			ce at the end of the previou						
	siness, then complete			, ,		,			
			oration a subsidiary in an a	ffiliated group or a pare	nt-subsic	diary controlled group	?	Ye	s X No
	• •		tifying number of the parent						
			MARY C. SHARI			Tele	phone number $ ightharpoonup 4$	10-	721-7126
Pa	rt I Unrelated	Trac	de or Business Inc	ome		(A) Income	(B) Expenses	3	(C) Net
1 a	Gross receipts or sale	s							1
b	Less returns and allow	vances		c Balance	1c				,
2	Cost of goods sold (S	chedule	A, line 7)		2				<u> </u>
3	Gross profit. Subtract	line 2 fr	rom line 1c		3				
4 a	Capital gain net incom	ie (attac	h Schedule D)	\bigcirc	4a				
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b		<u> </u>		
C	Capital loss deduction	for trus	sts		4c				
5	Income (loss) from a	partners	ship or an S corporation (at	t <u>ach</u> statement)	5	123,397	•		123,397.
6	Rent income (Schedu)	6		<u> </u>		
7	Unrelated debt-finance			72	7				
8	Interest, annuities, roy	alties a	nd rents from a controlled o	rganization (Schedule F)	8		<u> </u>		
9	Investment income of	a sectio	on 501(c)(7), (9), of (11/06)	ganization (Schedule G)	9				
10	Exploited exempt activ				10				
11	Advertising income (S	Schedule	المالية	IT \	11				
12	Other income (See ins	struction	is, attach schedule) IV,		12	402 200			100 207
<u>13</u>	Total. Combine lines	3 throu	gh_12		13	123,397			123,397.
Ра			ot Taken Elsewhere utions, deductions must						
					o with th				
14	•	icers, dii	rectors, and trustees (Sche	aule K)				14	
15	Salaries and wages			Λ -	/ ~ (.	المميا		15 16	
16	Repairs and mainten	ance		KR	l e 1	V-60			
17	Bad debts	dula) (c	no instructions.	•		v-ed 232020		17	
18	Interest (attach sche	aule) (si	ee instructions)		112	3000		19	•
19	Taxes and licenses	one (Ca	n instructions for limitation			_		20	**
20			e instructions for limitation	rules)		21		20	•
21	Depreciation (attach			on return		21 22a		22b	
22		umed Of	n Schedule A and elsewhere	on retuill		[<u> </u>	 -	23	
23 24	Depletion Contributions to defe	arrod oc	mnencation plans					24	
24 25	Employee benefit pro		mponsation plans					25	
25 26	Excess exempt exper		hedule I)					26	
20 27	Excess exempt exper							27	
28	Other deductions (at					SEE STA	ATEMENT 1	28	7,321.
20 29	Total deductions. A					222 511		29	7,321.
30			ncome before net operating	loss deduction. Subtrar	ct line 29	from line 13		30	116,076.
31			loss arising in tax years beg					31	1
32	•		ncome. Subtract line 31 fro		, ,, 20	(000		32	116,076.
								<u></u>	

Form **990-T** (2018)

Part II	Total Unrelated Business Taxable Income	_			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	11	6,0	76.
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	11	6,0	76.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,00	00.
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	11	5 <u>,0</u>	<u> 76.</u>
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	2	4,10	66.
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	+		
42	Alternative minimum tax (trusts only)	42	+		
43	Tax on Noncompliant Facility Income. See instructions	43	+	4 1	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		4,1	<u> </u>
Part V			1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 45a	-			
b	Other credits (see instructions)	-			
C	General business credit. Attach Form 3800 45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	┨			
	Total credits. Add lines 45a through 45d	45e		4,1	5 6
46	Subtract line 45e from line 44	46	+ 4	4, I	00.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	_	 	4,10	5 6
48	Total tax. Add lines 46 and 47 (see instructions)	48		¥, 1	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018 11,933		+		<u> </u>
	17 500	ᅥ			
		┥			
	Tax deposited with Form 8868 50c	-	1		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	\dashv			
	Backup withholding (see instructions) 50e	-			
	Credit for small employer health insurance premiums (attach Form 8941) Stephen and the advantage and appropriate [7.577 8420]	-			
9	Other credits, adjustments, and payments Form 2439 Form 4136 Other Total 50g				
		51	2	9,4	33.
51 50	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	52	† -	<i>-</i> ,	
52 52	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	 		
53 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		5,2	67.
54 55	Enter the amount of line 54 you want Credited to 2019 estimated tax	55			05.
Part V		1 00			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here >				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				X
•	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 periury, I declare that I Have examined this return, including accompanying schedules and statements, and to the best of my know	ledge an	d belief, it is true	,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF FINANCIAL				
Here	officer	-	IRS discuss this arer shown belo		/IUI
			ons)? X Ye		No
-	Print/Type preparer's name Preparer's signature Date Check	ıf P	TIN		
Paid	self- employe	- 1			
	T CALVIN MARKS 7/14/2020		P01226		
Prepa Use C	TOUNCON LAMPEDE TID	>	52-144	677	9
-36 C	4242 SIX FORKS ROAD, SUITE 1500				
	Firm's address ► RALEIGH, NC 27609 Phone no.	919	<u>-719-6</u>		
823711 01			Form 9	90-T	(2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A				
1 Inventory at beginning of year	1		T	Inventory at end of year	ır		6	
2 Purchases	2			Cost of goods sold. St	ubtract i	ine 6		
3 Cost of labor	3		_	from line 5. Enter here	and in I	Part I,		}
4 a Additional section 263A costs				line 2				L
(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	cquired	l for resale) apply to		
5 Total. Add lines 1 through 4b				the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	
Description of property							_	
<u>(1)</u>						<u> </u>		
(2)						<u>. </u>		
(3)						···-		
(4)			-			· - -		
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	(b) From real of rent for the re	and personal personal ant is base	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connec nd 2(b) (ted with the income in 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	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
			١,	. Gross income from		Deductions directly control to debt-finant		
1. Description of debt-fir	nanced property		•	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			+				+	<u></u>
(2)								
(3)			1					
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%		<u> </u>	1	· · · · · · · · · · · · · · · · · · ·
(2)		·	İ	%			1	
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0		0.
Total dividends-received deductions in	ncluded in columi	n 8					•	0.

			Exempt	Controlled Or	ganızatı	ons					
1. Name of controlled organization		Employer dentification number	3. Net unr (loss) (see	related income instructions)			tal of specified ments made 5. Part include organiza		olling	6. Deductions directly connected with income in column 5	
(1)			+		-		1	<u>-</u>			
(2)					-						
(3)											
(4)			†			-					
Nonexempt Controlled Organi	zations						1				
7. Taxable Income	8. Net unrelated (see instru		9 . Total	of specified paym made	ients	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's	11. Dec	luctions directly connected income in column 10	
(1)						· · · ·					
					<u> </u>		_				
(2)											
(3)			+			<u></u>					
. (4)	<u> </u>		1			Add colur Enter here and line 8, a		9 1, Part I, A)	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)	
Totals		- Castia	- F01/a\/7	r) (0) or (1	 	onization		0.		0	
Schedule G - Investme		a Section	n 5 01(C)(/	7, (9), or (1	/) Org	janization					
	reption of income			2. Amount of	ncome	3. Deduction directly connected (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)						(2110011 001101				(
(2)			-								
(3)			****								
(4)				-		 -					
19			<u>.</u>	Enter here and o Part I, line 9, col				<u> </u>		Enter here and on page Part I, line 9, column (B)	
Totals			•		0.					0	
Schedule I - Exploited (see instru	_	ity Incon	ne, Other	Than Adv	ertisin	g Income				•	
Description of exploited activity	2. Gross unrelated business income from trade or business	s directly with p of t	Expenses y connected production unrelated ess income	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						-					
(2)									·		
(3)									_		
(4)	Enter here and or page 1, Part I, line 10, col (A)	page	here and on e 1, Part I, I0, col (B)							Enter here and on page 1, Part II, line 26	
Totals	1	0.	0.							0	
Schedule J - Advertisir	ng Income (s	see instruction	ons)								
Part I Income From I	Periodicals R	eported o	on a Con	solidated	Basis						
1. Name of periodical	2. Gr adverti incor	sing 3	3. Direct dvertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	il 2 minus in, comput	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1)											
(2)											
(3)				1							
(4)		<u> </u>								<u> </u>	
Totals (carry to Part II, line (5))	•	0.	0							0	
										Form 990-T (201	

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 (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.			• • •	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.

1. Name
2. Title
3. Percent of time devoted to business
4. Compensation attributable to unrelated business

(1)
(2)
(3)
%

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION ALLOCATED INVESTMENT FEES ALLOCATED OVERHEAD		1,500. 5,468. 353.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	7,321.

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

	THE GOG FOUNDATION				<u> </u>	0466352
	Part I Short-Term Capital Gai	ns and Losses (See	instructions.)	· · · · · · · · · · · · · · · · · · ·		
to e Thi:	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you and off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)) 9,	(ħ) 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					
2	Totals for all transactions reported on		· <u>-</u> ·	·-·		***************************************
•	Form(s) 8949 with Box C checked					1
4	Short-term capital gain from installment sales	from Form 6252 line 26 or 3	7	·	4	
	Short-term capital gain or (loss) from like-king		•		5	
	Unused capital loss carryover (attach computa		SEE ST	ATEMENT 2	6	(44,275.)
	Net short-term capital gain or (loss). Combin	•			7	-44,275.
	Part II Long-Term Capital Gai					
Sec to e	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	1	(ħ) Gain or (loss) Subtract column (e) from column (d) and
Thi: rou	s form may be easier to complete if you ind 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					
86	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					
	Enter gain from Form 4797, line 7 or 9					
	Long-term capital gain from installment sales		7		12	-
	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			_13	
	Capital gain distributions				14	
	Net long-term capital gain or (loss). Combine		<u>n h</u>		15	<u> </u>
	Part III Summary of Parts I and					
	Enter excess of net short-term capital gain (lin			_,	16	
	Net capital gain. Enter excess of net long-term			()	17	
18	Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	0.
	Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA

SCHEDULE D	C	ER 	STATEMENT 2	
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2013 2014 2015 2016 2017	44,275		44,275
CAPITAL LOSS		CURRENT TAXABLE YEAR	R	44,275