Form 990-T	E	xempt Organ						rn	/ OMB N	0 1545-0687
	F				der section			'	_	040
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	For cale	ndar year 2018 or other						20 ——	<u>&</u> (918
Department of the Treasury Internal Revenue Service	▶ Dc	Go to www.i/s.g not enter SSN numbers	- *		nstructions and the			(C)(3) *	Open to Pu	blic Inspection for my reganizations Only
A Check box if		Name of organization (Check b	ox if na	me changed and see	_		D Emplo		ation number
address change	20	THE EDITH S			RUST			(Emplo	yees musi, see	manucuons)
B Exempt under section		C/O JOHN CH	IOTA, ES	5Q.			- <u>-</u>]		
X 501(C)(O3)	Print	Number, street, and roo	om or suite no	If a P O	box, see instructions				386858	
408(e) 220	(e) Type	_							ated busines structions)	s activity code
408A530		8 DANIELS F	ARM ROAL						,	
529(a)	_	City or town, state or p		y, and 2	ZIP or foreign postal co	ode				
C Book value of all asset at end of year		TRUMBULL, C						22111	LO	
•		up exemption number				·	:			
	_	eck organization type				501(0		401(a) 1		Other trust
	•	inization's unrelated tra	ides or busine	esses					(or first) un	
trade or business t						•	complete Parts			describe the
	•	e end of the previous	sentence, co	mpiete	Parts I and II, com	piete a S	chedule ivi for ea	cn addition	iai	
trade or business,		corporation a subsidia	anun on offil	untad a	roup or a parent out	boudioo	controlled group?			Yes X No
· · · · · · · · · · · · · · · · · · ·		identifying number of	-	_		usiulai y t	controlled group?		•] 165 [] 140
		OHN CHIOTA, E		porati		elephor	ne number ▶ 20	3-268-	7755	
		or Business Incor			(A) Income		(B) Exper		T	C) Net
1a Gross receipts of				T	<u>, , , , , , , , , , , , , , , , , , , </u>	-	March S.			WALL CONTRACTOR
b Less returns and allo	_		c Balance ▶	1c					1	
2 Cost of goods	sold (Sched	ule A, line 7)	_	2			世界是南非洲	NEW SE	都行政	州西北州
_	-	2 from line 1c		3			经过滤器 法处达	经过基本经验		
		ittach Schedule D)		4a			THE PARTY OF THE P			
b Net gain (loss) (Form 4797,	Part II, line 17) (attach F	orm 4797)	4b			动作品 经设计	兩個個說		
c Capital loss de	duction for t	rusts		4c			强制的不能是			
		r an S corporation (attach state		5	37,	591.	※對ATCH後2	海沿海		37,591.
6 Rent income (S	chedule C)			6						
	financed in	come (Schedule E) .		7		··				
	oyalties, and re	nts from a controlled organiza	ition (Schedule F)							
		1(c)(7), (9), or (17) organizat								
•		ncome (Schedule I)		10						· -
		lule J)		11			23747.747	erani album		
•		ctions, attach schedule)			37.	591.	Broaded Broad 29 de 45 th	語の記述ではおかっ		37,591.
Part II Deducti	one Not	ough 12	(See insti	ructio			leductions) (I	Except fo	or contrib	
		be directly conne						_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00//11/0	u,
		directors, and trustees						14		
15 Salaries and wa	000				5 = 1\ /C					
								16		
17 Bad debts		(see instructions)		· last		n10-1	۵ <u>.</u>	17		
18 Interest (attach	schedule)	(see instructions)		. [8]	· · WYX · O · i · c		.တွဲ	18		
19 Taxes and licens	ses			. lo	\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	لبيب	[告]	19		
20 Chantable cont	noutions (a	see instructions for im	itation rules)	· 4 ·	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	. Ų.T	<u>]</u>	20		·
21 Depreciation (a	ttach Form	4562)		-سا		ļ				
		on Schedule A and els						22b		
		compensation plans .						(
		3								
		Schedule I)								
		chedule J)								37,452.
		chedule)						(1		37,452.
		s 14 through 28 le income before ne								139.
		g loss arising in tax ye							25 673V	**************************************
		e income. Subtract line						· · ——	- Audi - No mar All Ballong	CONTRACTOR - C C V
		lotice, see instructions			· · · · · · · · · · · · · · · · · · ·		 		- Form	990-T (2018)

06-6386858 THE EDITH S. WHEELER TRUST Form 990-T (2018) Page 2 Part III **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 33 34 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see 35 36 1,000. 37 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, 0. 38 Part IV Tax Computation 39 Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21).......... 40 Taxable at Trust Rates. See instructions for tax computation the amount on line 38 from | X | Tax rate schedule or Schedule D (Form 1041). . 41 41 Proxy tax. See instructions 42 42 43 43 Part V Tax and Payments Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). Other credits (see instructions)................ b 45c 45e 46 46 Form 8611 Form 8697 Form 8866 47 47 Other taxes Check if from Form 4255 0. 48 48 49 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. . Foreign organizations Tax paid or withheld at source (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Other Form 4136 51 51 52 52 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 Enter the amount of line 54 you want
Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information (see instructions) Yes No At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 56 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 Х here > Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.... If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 58 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return JOHN CHROTA, 04/26/2019 OFFICER Here with the preparer shown below Title (see instructions)? X Yes Signature of officer Date Print/Type preparer's name Date Preparer's signature Check Paid

> Phone no 203-929-3535 Form 990-T (2018)

P00835371

Preparer

Use Only

TAMES S ROLLINSON JR. CPA

Firm's address FOUR CORPORATE DR.

DWORKEN, HILLMAN, LAMORTE

SHELTON,

& S'

SUITE 488

04/26/2019

CT 06484

self-employed

Firm's EIN ▶ 06-1308345

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

(4)

Total dividends-received deductions included in column 8

%

Enter here and on page 1, Part I, line 7, column (A)

Schedule F-Interest, Annu	uities, Royalties							ation	s (see	instructið	ins)			
•		Li	Exem	pt Co	introlled Org	ganızatı	ons							
1. Name of controlled organization	2. Employer identification numb	per					of specified included		f column 4 that is in the controlling ion's gross income		6. Deductions directly connected with income in column 5			
(1)														
(2)														
(3)														
(4)												<u> </u>		
Nonexempt Controlled Organiz	zations													
7 Taxable Income	8. Net unrelated in (loss) (see instruc				Total of specific ayments made		inc	luded i	column n the cor n's gross	ntrolling		I. Deductions directly inected with income in column 10		
(1)														
(2)														
(3)														
(4)														
Totals	<u> </u>	<u></u>				<u>, , , </u>	En Pa	ter here art I, line	mns 5 ar and on p 8, colum	page 1, nn (A)	Ent	id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)		
Schedule G-Investment In	ncome of a Sec	ction 5	501 <u>(</u> c)(7),	(9), or (17		nizati	on (s	ee inst	ructions)				
1. Description of income	2 Amount o	f income			3. Deduction directly cor (attach sch	nected				-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)		
(1)														
(2)														
(3)								•						
(4)							l							
Totala	Enter here and Part I, line 9, c			10 m			Sales Sales		44		¥.	Enter here and on page 1 Part I, line 9, column (B)		
Totals	ment Activity In	come	Oth	or Th	<u>تدساء ⇔ست</u> an Adverti	ieina Ir	com	2/500	inetriii	rtions)	41- W-C			
Schedule 1-Exploited Exe	inpl Activity in	Come,	, Oth	er 111	1		COIN	<i>-</i> (300	IIISIIU	Julio 187		1		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	conn prod ur	Expense directly rected a duction nrelated ress incomes a control of the control	with of i	from unrelated or business 2 minus column and the first term of the front of the fr	nus column 3) from		5 Gross income from activity that is not unrelated business income		from activity that attr		6. Exper attributal columi	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										-				
(2)					1							1		
(3)												-		
(4)														
	Enter here and on page 1, Part I, line 10, col (A)	page	here ar e 1, Par 10, col	rt I,	· · · · · · · · · · · · · · · · · · ·		- 12 mg	ه پارېموش			english d	Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J- Advertising Ir	100me /222 :==1				1	AF . Z .			"A& -	والمساملة والجو				
				nool	idated Bas							······		
Part I Income From Per	iodicais Repor	teu on	a CC	11501	luateu Das	515	!			_		T		
1. Name of periodical	2. Gross advertising income	1	. Direct		4. Adventing an or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5.	Circula		6. Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)					#18 · · · ·	****								
(2)] , ", ", ",	te to								
(3)			-]									
(4)												\$ 12 4" - 1 The		
Totals (carry to Part II, line (5))														

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodica	Il listed in Part II	, fill in columns
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		-			经验证	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Inne 11, col (B)				Enter here and on page 1, Part II, line 27
Schedule K - Compensatio	n of Officers, D	irectors, and T	rustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	4 Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
	11111					

SCHEDULE D (Form 1041).

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No 1545-0092

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

THE EDITH S. WHEELER TRUST

Employer identification number

C/O JOHN CHIOTA, ESQ.

06-6386858

Not	e: Form 5227 filers need to complete only Parts I and II				_	
Pa	ort I Short-Term Capital Gains and Losses - Ger	nerally Assets Hel	d One Year or Le	ss (see instruc	tions	s)
See instructions for how to figure the amounts to enter on the lines below (d) Proceeds Cost (or other basis) (g) Adjustments to gain or loss fro Cost (or other basis) (or other basis)						(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					
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2017 Capital Loss Carryover Worksheet						12.
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	here and on	7	12.		
Pai	t II Long-Term Capital Gains and Losses - Gen	erally Assets Held	d More Than One	Year (see inst	ructio	ons)
the I This	re instructions for how to figure the amounts to enter on the lines below It is form may be easier to complete if you round off cents whole dollars (d) Proceeds Cost to gain or loss Form(s) 8949, I line 2, column					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					-
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					
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	i 8824		11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts						656.
13	Capital gain distributions		13	43,397.		
14 Gain from Form 4797, Part I						
16	Carryover Worksheet				15	()
	line 18a, column (3) on the back	16	44,053.			

JUITE	dule 5 (1 01111 1041) 2010				rage 🚣
Pa	rt III Summary of Parts I and II Caution: Read the instructions before completing this p	art	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17		12.	12.
18	Net long-term gain or (loss):			_	
а	Total for year	18a		44,053.	44,053.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
С	28% rate gain	18c			
19		19		44,065.	44,065.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessarv

Part IV **Capital Loss Limitation**

Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18h col (2) or line 18c col (2) is more than

	Tob, cor (2) or line Toc, cor (2) is more than zero		
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)	21	35.8
22	Enter the smaller of line .18a or 19 in column (2)		
	but not less than zero		
23	Enter the estate's or trust's qualified dividends		1000
	from Form 1041, line 2b(2) (or enter the qualified		
	dividends included in income in Part I of Form 990-T) 23		
24	Add lines 22 and 23		(5) (5) (5) (6)
25	If the estate or trust is filing Form 4952, enter the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	amount from line 4g, otherwise, enter -0 ▶ 25		
26	Subtract line 25 from line 24 If zero or less, enter -0	26	
27	Subtract line 26 from line 21 If zero or less, enter -0	27	[P (4)]] [P (4)]]
28	Enter the smaller of the amount on line 21 or \$2,600	28	
29	Enter the smaller of the amount on line 27 or line 28	29	<u> [주건</u>]
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is taxed at	0% ▶	30
31	Enter the smaller of line 21 or line 26	31	[8 88]
32	Subtract line 30 from line 26	32	\$\frac{3}{2} \tag{2}
33	Enter the smaller of line 21 or \$12,700	33	
34	Add lines 27 and 30	34	The Y
35	Subtract line 34 from line 33 If zero or less, enter -0	35	
36	Enter the smaller of line 32 or line 35	36	
37	Multiply line 36 by 15% (0 15)	,, >	37
38	Enter the amount from line 31	38	
39	Add lines 30 and 36	39	
40	Subtract line 39 from line 38 If zero or less, enter -0	40	and the state of t
41	Multiply line 40 by 20% (0 20)	,, >	41
42	Figure the tax on the amount on line 27 Use the 2018 Tax Rate Schedule for Estates		[33]
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	S. S
43	Add lines 37, 41, and 42	43	[]
44	Figure the tax on the amount on line 21 Use the 2018 Tax Rate Schedule for Estates		美子
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and	on Form 1041, Schedule	
	G. line 1a (or Form 990-T. line 40)	>	45

Schedule D (Form 1041) 2018

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PRIVATE FOUNDATION HOLDS INTEREST IN SEVERAL PARTNERSHIPS WITH UNRELATED TRADE/BUSINESS INCOME/(LOSS).

INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ENERGY TRANSFER PARTNERS	28,172.
NUSTAR ENERGY, L.P.	6,485.
PLAINS ALL AMERICAN PIPELINE	50.
THE BLACKSTONE GROUP	172.
PTP SALES ORDINARY INCOME	2,712.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ENERGY TRANSFER PARTNERS ENERGY TRANSFER PARTNERS - C/Y LOSS DISALLOWED NUSTAR ENERGY, L.P. NUSTAR ENERGY, L.P C/Y DISALLOWED LOSS PLAINS ALL AMERICAN PIPELINE PLAINS ALL AMERICAN PIPELINE - C/Y DISALLOWED LOSS BLACKSTONE GROUP LP	30,702. -2,530. 7,022. -537. 2,787. -25. 33.

PART II - LINE 28 - OTHER DEDUCTIONS

Adjustments to Current Year Activity

SCHEDULE OF UNRELATED TRADE/BUSINESS INCOME FROM PARTNERSHIP

PARTNERSHIP	-	Gross Receipts	Deductions	Net UBTI	Suspended Loss C/Y	
ENERGY TRANSFER PARTNERS	= 2018	28,172	30,702	(2.530)	(2.530)	shown as a negative adjustment to other deductions
	2018	20,1/2	30,702	(2,530)	(2,550)	Shown as a negative adjustment to other deductions
	2017	21,678	23,054	(1,376)		
	2016	20,473	23,141	(2,668)		
	2015	18502	20051	(1,549)		
	2014	35,344	34,866	478		
	2013	24,581	27,099	(2,518)		
	2012	40,003	44,986	(4,983)		
	2011	8,040	12,099	(4,059)		
Suspended loss c/f to 2018				(19,205)		
NUSTAR ENERGY, L P.	_					
	2018	6,485	7,022	(537)	(537)	Shown as a negative adjustment to other deductions
	2017	6,601	8,568	(1,967)		
	2016	8,190	9,448	(1,258)		
	2015	15,391	17,463	(2,072)		
	2014	23,993	26,257	(2,264)		
Suspended loss c/f to 2018				(8,098)		
Plains All American Pipeline, LP	=					
	2018	50	75	(25)	(25)	Shown as negative adjustment to other deductions
Ordinary Income on Sale	2018	2,712		2,712		
	2017	41,228	42,805	(1,577)		
	2016	51,283	52,836	(1,553)		
	2015	21,305	21,842	(537)		
Suspended loss converted to NOL on sale				(980)		
The Blackstone Group, LP						
	2018	172	33	139		
	2017	415	30	385		
Total Gain				524		

FEDERAL FOOTNOTES

FORM 990-T ATTACHMENT TAXPAYER NAME: THE EDITH S. WHEELER TRUST TAXPAYER ID #: 06-6386858 YEAR END: 12/31/2018

APPLICATION OF NET OPERATING LOSS CARRYFORWARD FROM TAX YEAR 2017:
NET OPERATING LOSS TAX YEAR 2017 (1,536)
NET OPERATING LOSS INCURRED IN 2018 SALE OF PIPELINE (3,692)
UTILIZATION TAX YEAR 2018 (ORDINARY INCOME \$2,712 + \$139) 2,851

CARRYFORWARD TO TAX YEAR 2019 (2,377)

CQB0CJ K276 V 18-4.5F 2164