efi	le GRAPHIC pri	nt - DO	NOT PROCESS As Filed Data -	DLN	I: 93393244010041
	990-T		xempt Organization Business Income Tax Returi	า	OMB No. 1545-0047
Forn	39U-I		(and proxy tax under section 6033(e))		2020
		For	calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020)	2020
Б	6.1				Open to Public
	rtment of the Treasury al Revenue Service	▶Do	▶ Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501((c)(3).	Inspection for 501(c)(3) Organizations Only
			Name of organization (Check box if name changed and see instructions.)	D Er	nployer identification number
A	Check box if address changed.	Print	THE DERFNER FOUNDATION		561341
В	Exempt under section	or	Number, street, and room or suite no. If a P.O. box, see instructions.		roup exemption number
₹	501(c3)	Туре	530 EAST 76TH STREET No 27E	(se	e instructions)
Ļ	408(e) 220(e)		City or town, state or province, and ZIP or foreign postal code	F	l Obsali bay if an
늗] 408A		NEW YORK, NY 10021	「 └	Check box if an amended return.
	. , , 🗀		k value of all assets at end of year 150,177,160		
	Check organization t		501(c) corporation	icable	reinsurance entity
	theck if filing only to	•	Claim credit from Form 8941 Claim a refund shown on Form 2439		
		_	ation filing a consolidated return with a 501(c)(2) titleholding corporation		▶ □
			d Schedules A (Form 990-T)		
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	?	. ► Yes ✓ No
	r "Yes," enter the na The books are in car		identifying number of the parent corporation ►	20 0110	nber ▶ (212) 744-2727
_ '	THE DOORS are III car		30 EAST 76TH STREET 27E	ie iiuii	ibei 🕨 (212) /44-2/2/
			EW YORK, NY 10021		
Pa			d Business Taxable Income		
1	Total of unrelated instructions)		s taxable income computed from all unrelated trades or businesses (see	1	69,024
2	Reserved .			2	
3	Add lines 1 and 2			3	69,024
4	Charitable contrib	outions (see instructions for limitation rules)	4	0
5	Total unrelated b	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	69,024
6			ng loss. See instructions	6	
7	Total of unrelated Subtract line 6 from		s taxable income before specific deduction and section 199A deduction.	7	69,024
8			ally \$1,000, but see instructions for exceptions)	8	1,000
9	•		uction. See instructions	9	1,000
10			nes 8 and 9	10	1,000
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter		
				11	68,024
Pa	rt III Tax Con	nputati	on		
1	-		as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2			rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)	2	23,506
3	Proxy tax. See i	nstructio	ns	3	
4	Other tax amount			4	
5	Alternative minim		` ''	5	
6		•	ncility income. See instructions	6	
7			n 6 to line 1 or 2, whichever applies	7	23,506
ror i	-aperwork Reduction	ACT NOT	ce, see instructions. Cat. No. 11291J		Form 990-T (2020)

	990-T (2	020)								Page 2
Part		Tax and Payments								
1a	Foreign	tax credit (corporations attach Form 111	3; trusts attach Form 1	1116)	1a					
b	Other c	redits (see instructions)		[1 b					
С	General	business credit. Attach Form 3800 (see i	nstructions)	[1c					
d	Credit f	or prior year minimum tax (attach Form 8	801 or 8827)	[1 d					
е	Total c	redits. Add lines 1a through 1d						1e		
2	Subtrac	t line 1e from Part II, line 7						2		23,506
3	Other to	ixes. Check if from: Form 4255 Cother (attach st		m 8697	· 🗆	Form 8866		3		
4		1x. Add lines 2 and 3 (see instructions). 1294. Enter the tax amount here	Check if includes ta	x previo	ously d	eferred under	.	4		23,506
5	2020 ne	t 965 tax liability paid from Form 965-A	or Form 965-B, Part II,	, columr	n (k), li	ne 4		5		0
6a	Paymen	ts: A 2019 overpayment credited to 2020			6a		52,616			
b	2020 es	timated tax payments. Check if section 6	43(a) election applies	▶□ ĺ	6b					
С		osited with Form 8868		- 1	6c					
d	Foreign	organizations: Tax paid or withheld at so	urce (see instructions)	.	6d					
е	_	withholding (see instructions)			6e					
f	Credit f	or small employer health insurance premi	ums (attach Form 894)	1).	6f					
		edits, adjustments, and payments: \Box :		_						
_		4136 Other		otal ►	6g					
7	Total p	ayments. Add lines 6a through 6g						7		52,616
8	Estimat	ed tax penalty (see instructions). Check it	Form 2220 is attached	d _			. ▶□	8		
9		e. If line 7 is smaller than the total of line		-			–	9		
10		yment. If line 7 is larger than the total o						10		29,110
11	-	e amount of line 10 you want: Credited			4110 070	29,110 R e		11		0
Pari		Statements Regarding Certain Ac			matic	<u> </u>			1	
1		ime during the 2020 calendar year, did th				•		ority	over a Ye	s No
_	financia	l account (bank, securities, or other) in a	foreign country? If "Ye	es," the	organi	zation may h	ave to file Fi			110
	Report	of Foreign Bank and Financial Accounts. If	"Yes," enter the name	e of the	foreign	n country her	e ►			
							_			No
2	-	the tax year, did the organization receive	•		the gra	ntor of, or tra	ansferor to,	a forei	gn trust?	No
_	•	see instructions for other forms the orga	•							
3		e amount of tax-exempt interest received	_	•			▶ \$			
		organization change its method of accour								No
		"Yes," has the organization described the	change on Form 990,	990-EZ	, 990-1	7F, or Form 1	128? If "No,"	expla	ain in Part V	
Par		Supplemental Information								
Provid	le the ex	planation required by Part IV, line 4b. Als	o provide any other ac	ddtional	inform	ation. See in	structions.			
		er penalties of perjury, I declare that I have exa ef, it is true, correct, and complete. Declaration								
Sig		, , , , ,		. , ,			•	•	, ,	
_	L		1					May t	ne IRS discuss this r	eturn
He	re	JAY LIEBERMAN	2021-09-03 TRU	JSTEE				with t	he preparer s <u>ho</u> wn b	el <u>ow</u>
		Signature of officer	Date Title	e				(see ii	nstructions)? 🗹 Yes	i∐No
		Print/Type preparer's name	Preparer's signature			Date	<u>с</u> , П	PTI		
Paid	1	LAWRENCE M GINSBERG				2021-08-31	Check L if self-employed	1,00	369138	
	arer	Firm's name ► LAWRENCE M GINSBERG CPA PC Firm's EIN ►						40827		
-										
use	Only	Firm's address ▶ 201 WEST PASSAIC STR	EET SUITE 206				Phone no. (2	o. (201) 845-3087		
		ROCHELLE PARK, NJ 07	662							
									Earm 000	T (2020)

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As Filed Data -

69,024

Name: THE DERFNER FOUNDATION **EIN:** 13-3661341

Total gross receipts

HEDGI	EVEN	ITU	RES L	_P		
					_	

Partnership or S Corporation name

Share of gross income

Share of deductions

Gain or loss 69,024

DLN: 93393244010041

Total share of gross income: 69,024

Total share of deductions: 0

Total gain or loss: 69,024

efile GRAPHIC print - DO NOT PROCESS

DLN: 93393244010041

Name: THE DERFNER FOUNDATION

As Filed Data -

EIN: 13-3661341

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
406 REALTIES INC	0	826	826

Total share of gross income: 0

Total share of deductions: 826

Total gain or loss: -826

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	Data -			N:	93393244010041		
SC	HEDULE A	Unrela	ited Bus	siness	Та	xable Inc		OMB No. 1545-0047		
(Fo	rm 990-T)					de or Bus				2020
	tment of the Treasury al Revenue Service	► Go to www.irs.go ► Do not enter SSN numbers					. O	pen to Public Inspection for 01(c)(3) Organizations Only		
	lame of the organiza DERFNER FOUNDATI							iployer identificat 61341	ion	number
c (Inrelated business ac	ctivity code (see instructions)	▶ 523000	D Seque	ence:	'	1	of		2
<u>E</u> [Describe the unrelate	ed trade or business ▶ HEDG	E VENTURES	LP						
Pa	rt I Unrelated	Trade or Business Inco	me			(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or sa	ales								
b	Less returns and allow	vances	c Balanc	e ▶ 1 c						
2		(Part III, line 8)								
3	-	act line 2 from line 1c								_
4a		come (attach Sch D (Form 10 ctions)		. 4a						
b	Net gain (loss) (For	rm 4797) (attach Form 4797)	(see instruction	ons) 4b						
c	Capital loss deducti	ion for trusts		4c						
5	, ,	a partnership or an S corpor	•		% J	69,	024			69,024
6	Rent income (Part 1	IV)		. 6			0		0	
7	Unrelated debt-fina	anced income (Part V)		. 7			0		0	
8		royalties, and rents from a c		. 8			0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or VII)	(17)	. 9			0		0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10						
11	Advertising income	(Part IX)		. 11			0		0	
12	,	instructions; attach statemer	•							
13	Total. Combine line	es 3 through 12		. 13		69,	024		0	69,024
Pai		ns Not Taken Elsewher with the unrelated busing		uctions f	or lir	nitations on d	leduc	tions) Deduction:	s m	ust be directly
1	Compensation of of	fficers, directors, and trustee	s (Part X) .						1	0
2	Salaries and wages							<u> </u>	2	
3	Repairs and mainte	enance							3	
4	Bad debts								4	
5		tement) (see instructions)							5	
6									6	
7	· ·	h Form 4562) (see instructio	-			7			l	
8 9	•	laimed in Part III and elsewh				8a			8b 9	
10	•	ferred compensation plans						<u> </u>	10	
11		rerred compensation plans.						<u> </u>	11	
12		enses (Part VIII)							12	
13		costs (Part IX)						<u> </u>	13	0
14	Other deductions (a	,						<u> </u>	14	
15	•	Add lines 1 through 14 .						_	15	0

69,024

17

18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	-na\	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	: (\		payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	inco		et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)					3				
	income (loss) from unress 5 through 7	or business. Su			_	ain, complete		4		
5 Gro	ss income from activity t	ess incom	e				5			
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	Data -			LN:	l: 93393244010041		
SC	HEDULE A	Unrel	ated Bus	siness	s Ta	xable Ir	ncon	ne		OMB No. 1545-0047
(Fo	orm 990-T)					de or Bu		2020		
	tment of the Treasury al Revenue Service	►Go to www.irs.ga ►Do not enter SSN number							3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza DERFNER FOUNDATI							nployer identifica 61341	tion	number
c l	Jnrelated business ac	ctivity code (see instructions) ▶ 900099	D Sequ	ience:		2	of		2
E [Describe the unrelate	ed trade or business ▶ 406 F	REALTIES INC	(S-CORP	ORAT:	(ON)				
Pa	rt I Unrelated	Trade or Business Inc	ome			(A) Income	•	(B) Expenses	:	(C) Net
1a	Gross receipts or sa	ales								
b	Less returns and allow	vances	c Balanc	:e ▶ 1 c						
2		(Part III, line 8)	•	-						
3	-	act line 2 from line 1c		—						
4a		come (attach Sch D (Form 10		. 4a						
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ons) 4b						
c	Capital loss deducti	ion for trusts		40						
5	` ,	a partnership or an S corpo	,		9		-826			-826
6	Rent income (Part 1	IV)		. 6			0		0	
7	Unrelated debt-fina	anced income (Part V)		. 7			0		0	
8		royalties, and rents from a VI)		. 8			0		0	
9		of section 501(c)(7), (9), o		. 9			0		0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10						
11	Advertising income	(Part IX)		. 11			0		0	
12	•	instructions; attach stateme	•							
13	Total. Combine line	es 3 through 12		. 13			-826		0	-826
Pai		ns Not Taken Elsewhei with the unrelated busin		ructions	for lir	mitations on	dedu	ctions) Deductio	ns m	ust be directly
1	Compensation of of	fficers, directors, and trustee	es (Part X) .						1	0
2	Salaries and wages								2	
3	Repairs and mainte	enance							3	
4	Bad debts								4	
5		atement) (see instructions)							5	
6									6	
7		h Form 4562) (see instruction	•			7				
8	•	laimed in Part III and elsewl				8a			8b	
9	Depletion								9	
10		ferred compensation plans .							10	
11		orograms							11	
12		enses (Part VIII)						F	12	0
13 14	Other deductions (costs (Part IX)						F	14	<u> </u>
15	•	Add lines 1 through 14 .						L	15	0
								[

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 16 -826 17 Deduction for net operating loss (see instructions) 17

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	-na\	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	: (!)		payments made		that is included in the controlling organization's gross income		connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	inco		et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)					3				
	income (loss) from unress 5 through 7	or business. Su			_	ain, complete		4		
5 Gro	ss income from activity t	ess incom	e				5			
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -			DLN	: 93393244010041
	IEDULE I	Alternative	Minimum Ta	ax –Estate	s and Trust	S	OMB No. 1545-0092
(For	m 1041)	7				_	2020
-	tment of the Treasury	NGo to www.irc.go		to Form 1041		ion	2020
Internal Revenue Service Go to www.irs.gov/Form1041 for instructions and the latest information							
Name	e of estate or trus	st				Employer i	dentification number
						13-3661341	
Pa	rt I Estate'	s or Trust's Share of Alte	ernative Minimun	n Taxable Inco	me		
1	Adjusted total ir	ncome or (loss) (from Form 104	11, line 17). ESBTs, s	see instructions		. 1	69,024
2	Interest					. 2	
3	Taxes					. 3	
4	Refund of taxes					. 4	()
5	Depletion (differ	rence between regular tax and				. 5	
6		ess deduction. Enter as a positiv				. 6	
7	•	pecified private activity bonds e				. 7	
8	-	ousiness stock (see instructions				. 8	
9		ntive stock options (excess of A	_	•		. 9	
10		nd trusts (amount from Schedu				-	
11		roperty (difference between AM	-	•			
12	•	assets placed in service after 1	,	-	•	. 12	
13		s (difference between AMT and (difference between AMT and r	-	•		-	
14 15		difference between AMT and r (difference between regular ta	-			. 15	
16		·	•			. 16	
17					17		
18	- `	xperimental costs (difference be	•			-	
19		rtain installment sales before Ja	_	•			()
20		ng costs preference					()
21		nts, including income-based rel					
22	-	net operating loss deduction (S	-			. 22	()
23		ative minimum taxable income.				-	69,024
	-	Part II below before going to l					
24	Income distribut	tion deduction from Part II, line	42	24			
25	Estate tax dedu	ction (from Form 1041, line 19)	25			
26	Add lines 24 and	d 25				. 26	
27	Estate's or trust	's share of alternative minimun	n taxable income. Sul	btract line 26 from	n line 23	. 27	69,024
	If line 27 is:						
		ss, stop here and enter -0- on F	orm 1041, Schedule	G, line 1c. The est	tate or trust isn't lia	ble for	
	the alternative r	minimum tax. , but less than \$186,400, go to	line 43				
		nore, enter the amount from lir		o to line 50.			
	• ESBT's, see in			,			
Pai	rt III Income	e Distribution Deduction	on a Minimum Ta	ax Basis			
28		ative minimum taxable income				. 28	
29	-	empt interest (other than amou	` '	7)		. 29	
30	Total net gain fr	om Schedule D (Form 1041), li	ne 19, column (1). If	a loss, enter -0-		. 30	
31	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)				. 31	
32	Capital gains pa	id or permanently set aside for	charitable purposes t	from gross income	(see instructions)	32	
33		mputed on a minimum tax basi				. 33	()
34	Capital losses co	omputed on a minimum tax bas	sis included on line 23	3. Enter as a positi	ive amount	. 34	
35	Distributable ne or less, enter -0	t alternative minimum taxable	• • •	ombine lines 28 th	rough 34. If zero	. 35	
36		d to be distributed currently (fro					
37	•	paid, credited, or otherwise req					
38		ns. Add lines 36 and 37				. 38	
39		ome included on line 38 (other					
40		e distribution deduction on a m				. 40	
		ection Act Notice see the In					I (Form 1041) (2020)

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Schedule I (Form 1041) (2020)

If line 55 is \$197,900 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$3.958 from the result

Enter the **smaller** of line 81 or line 82 here and on line 50