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12/14/2020
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	.f.	990-T	<b>F</b>	Exempt Orga			ER 15, 2020 SS Income T		, i	OMB No 1545-0687_	
	rorm.	990-1	_	a a cinpt	ind proxy tax un	der se	ction 6033(e))	ax neturi	'   f	/	
			For cal	lendar year 2018 or other tax ye				т 31, 201	9 /	′ 2018∠	)
	Denart	ment of the Treasury		➤ Go to www	v.irs.gov/Form990T for	instructio	ons and the latest inform	nation.	78		
	Interna	Revenue Service		Do not enter SSN number	ers on this form as it m	ay be ma	de public if your organiz	ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
	A L	Check box if address changed		Name of organization (	Check box if name	changed	d and see instructions.)			oyer identification number oyees' trust, see ctions)	
-		empt under section	Print	ROSENKRANZ	FOUNDATION	, IN	c.		1	3-3940017	
	X	501(c <u>)(3</u> )	or Type	Number, street, and roor		ated business activity code					
		408(e) 220(e)	Type	590 MADISON					•	,	
	$\vdash$	] 408A		City or town, state or pro	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022						
	C Boo	ok value of all accore		E Croup our makes aum		<b></b>	·		523		ı
		23,372,0	07.	G Check organization typ	pe ► X 501(c) co	rporation	501(c) trust	401(a)	trust	Other trust	L
	H Ent	ter the number of the c	organiza	ition's unrelated trades or	·	1		the only (or first) uni	elated		
				VEST IN LIMI				complete Parts I-V. I		•	
33				ice at the end of the previo	ous sentence, complete l	Parts I an	d II, complete a Schedule	e M for each addition	al trade	or	
<u> </u>		siness, then complete t		-v. poration a subsidiary in an	affiliated group or a par	ont cube	idiany controlled group?		Ye	s X No	ı
04				tifying number of the pare		ent-suusi	mary controlled group?		16	S LAL 100	
	-			SALVATORE AR			Teleph	one number 🕨 (	212	) 303-4331	
				de or Business Inc			(A) Income	(B) Expenses		(C) Net	
	1 a	Gross receipts or sale	s					KEMMEMME	15.1	PARTIE AND	
	b	Less returns and allov	vances		c Balance	10		<b>经验的证据</b>		3.2位于10.7/c。中	
		Cost of goods sold (S		•		2				NO SHAP / THE COME	
Š		Gross profit. Subtract line 2 from line 1c 3 位置的 Capital gain net income (attach Schedule D) 4a 40,844. 如常報酬								40.944	
S		Capital gain net incom	•	•	m 4707)	4a 4b	40,044.	型等出版的開始。 10.275-2016 10.307-3		40,844.	
SCANNED NOV		Capital loss deduction	•	Part II, line 17) (attach Forr	11 4797)	4c 4c		HILL BUSINESS			
m		•		ship or an S corporation (a	attach statement)	5	8,420.	JALESTAN, D. HOY		8,420.	
Ö		Rent income (Schedu		,,,,p	,	6					
×		Unrelated debt-finance		ne (Schedule E)		7					
$\geq$	8	Interest, annuities, roy	/alties, a	and rents from a controlled	i organization (Schedule F	8					
_				on 501(c)(7), (9), or (17) (	organization (Schedule (						
OT		Exploited exempt activ	-			10					
202		Advertising income (S				11		H WILLIAM TO THE	AFF Zán		
21		Other income (See ins Total. Combine lines		•		13	49,264.	111 WIGHT ACTUACH CANADA	28.46.81	49,264.	
				ot Taken Elsewhe	ere (See instructions					13/2021	
				utions, deductions mus							
	14	Compensation of off	icers, di	rectors, and trustees (Sch	nedule K)				14		
1	15	Salaries and wages			,				15		
Ϋ́	16	Repairs and mainten	ance						16		
)	17 18	Bad debts Interest (attach sche	dula) (c	aa instructions)					17		
	19	Taxes and licenses	uuic) (S	ee msu uctions)					19	1,548.	
•	20		ons (See	e instructions for limitation	n runes)			•	20		
₹ .	21	Depreciation (attach	-				_ 21		<b>D</b> E		
7	22	Less depreciation cla	aimed oi	n Schedule A and elsewhe	re ofineturmal Rever	านe Se	rvige 22a		22b		
1	23	Depletion			Received US		USB		23		
<u>}</u>	24	Contributions to defe			322	ĵ,		. \	24		
<u>}</u>	25	Employee benefit pro			SEP 23	2020	, , , , , , , , , , , , , , , , , , ,	you'x \	25		
J	26 27	Excess exempt experiences			JE, Z	, 2020	Cons	nou '	26 27		
	28	Other deductions (at				_ ,	. <b>Y</b>	<b>(</b>	28		
_	29	Total deductions. A			Ogden	, UT	U	`	29	1,548.	
z S	30			ncome before net operation	ng loss deduction. Subtr	act line 29	9 from line 13		30	47,716.	
	31/			loss arising in tax years be				ا .	81	研究的學術學學的研究。	
N N	<u>32</u>			ncome. Subtract line 31 fr					<b>3</b> 2	47,716.	,
$\dot{N}$	82370	1 01-09-19 LHA FO	r Paper	rwork Reduction Act Notic	ce, see instructions.					Form <b>990-T</b> (2018)	

Form 990-	(2018) ROSENKRANZ FOUNDATION, INC.	13-394	0017	_	Page 2
Part I	Total Unrelated Business Taxable Income		/		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions	)	233	47,7	16.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) S	TMT 11	35	2,9	55.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	$\mathcal{L}_{\mathbf{X}}$			
	lines 33 and 34	$0$ / $\sim$	36	44,7	61.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	V G	37	1,0	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	1	38	43,7	<u>61.</u>
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>&gt;</b>	39 \	9,1	<u>90.</u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	n:			
	Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40		
41	Proxy tax. See instructions	<b>&gt;</b>	41		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions	,	83		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44 1	9,1	<u>90.</u>
Part ·\		<del></del>	T I		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a		, ,,,,		
	Other credits (see instructions)	·····	19 1		
C	General business credit. Attach Form 3800				
	Credit for prior year minimum tax (attach Form 8801 or 8827)		d- <del></del>		
	Total credits. Add lines 45a through 45d		45e	0 1	^^
46	Subtract line 45e from line 44		46	9,1	90.
47		(attach schedule)	47	0 1	00
48	Total tax. Add lines 46 and 47 (see instructions)	9	48	9,1	
49 50 a	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	61.	49		0.
50 a - b	Payments. A 2017 overpayment credited to 2018 2018 estimated tax payments 50a 50b	01.	V		
_	Tax deposited with Form 8868	7,250.	fin.		
	Foreign organizations. Tax paid or withheld at source (see instructions) 50d	7,250.	(a,		
-	Backup withholding (see instructions)  50e		[ [Ag]		
	Credit for small employer health insurance premiums (attach Form 8941)  50f				
	Other credits, adjustments, and payments: Form 2439				
y	Form 4136 Other Total > 50g		1 2 3		
51	Total payments. Add lines 50a through 50g		511	7,3	1 1
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		528		53.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	530	2,2	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		<i>-</i>
55		Refunded	55		
Part \			00	<u></u>	-
56	At any time during the 2018 calendar year, did the organization have an inicrest in or a signature or other autho			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f			<del>-  </del>	ا د
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr				-,1
	here >	•			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign 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 perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer than taxpayer) is based on all information of which preparer has any knowledge.	o the best of my know	wledge and belief,	ıt ıs true,	
Sign	correct, and complete Declaration of preparety other than taxpayer) is based on all information of which preparer has any knowl		the IDC decree	46	
Here	NUYAXA NU 9/5/20 TREASURER		ay the IRS discuss preparer shown I		/ith
	Signature of officer Date Title		structions)?	Yes 🗀	No
	Print/Type preparer's name Preparer's signature Date	Checkif	PTIN		
Paid		self- employed			
Prepa	rer				
Use O	Francis and the No.	Firm's EIN ▶			
	,				
	Firm's address	Phone no.			
				444	

Schedule A - Cost of Goods Sold. Enter method of in	nventory valuation 🕨 N/A		
1 Inventory at beginning of year 1	6 Inventory at end of year	ır	6
2 Purchases 2	7 Cost of goods sold. St	ubtract line 6	ř. r
3 Cost of labor 3	from line 5, Enter here	and in Part I,	
4a Additional section 263A costs	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	4
5 Total. Add lines 1 through 4b 5	the organization?		
Schedule C - Rent Income (From Real Property (see instructions)	and Personal Property	Leased With Real Pro	perty)
1. Description of property			
(1)			
(2)			
(3)			
(4)			
Rent received or accrued ~		0(-)-	
rent for personal property is more than of ren	real and personal property (if the percent it for personal property exceeds 50% or if he rent is based on profit or income)	age - '-' columno 2/a) a	, connected with the income in nd 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total 0. Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions.  Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0.
Schedule E - Unrelated Debt-Financed Income	(see instructions)		
	2. Gross income from	3. Deductions directly con to debt-finance	nnected with or allocable ced property
1. Description of debt-financed property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      5. Average adjusted basis of or allocable to debt-financed property (attach 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)	%		<del> </del>
(2)	%		
(3)	%		
(4)	%		
		Enter here and on page 1, Part (, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Totals	<b>•</b>	0	. 0.
Total dividends-received deductions included in column 8	·		

	indities, noya		pt Controlled O				- 1000 1131		-1
1. Name of controlled organizate	on 2. Em identifi num	ployer 3. Ne (loss)	t unrelated income (see instructions)	4. Tot	tal of specified ments made	included	of column 4 the control on 's gross in	olling	6. Deductions directly connected with income in column 5
(1)			·						
(2)				1		<u>†                                     </u>		$\neg$	
(3)									
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable Income	8. Net unrelated incon (see instruction		otal of specified pay made	ments	10. Part of column the controll gross	mn 9 that is ing organiz s income	s included ation's		luctions directly connected income in column 10
(1)									
(2)									
(3)									
(4)									
Totals					Enter here and	nns 5 and 1 I on page 1 Column (A)	1	Enter he	d columns 6 and 11 are and on page 1, Part I, line 6, column (B)
Schedule G - Investme	nt Income of a	Section 501/	(a)(7) (9) or	(17) 0	ranization		<u> </u>		
(see instri		Section 501(	(c)(1), ( <del>s</del> ), (i	(17) (1	ganizatioi	•			
	iption of income		2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	ected	4. Set-a (attach sc		5. Total deductions and set-asides (col 3 plus col 4)
(1)		<del></del>							
(2)									
(3)									
(4)									
Totals  Schedule I - Exploited I	Exempt Activity	Income, Ot	Enter here and Part I, line 9, co	olumn (A)	ing Income				Part I, line 9, column (B).
(see instru	ctions)								
Description of exploited activity	2. Gross unrelated business income from trade or business	. 3. Expenses directly connected with production of unrelated business income	minus colum	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelated business inco	that ted	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<del></del>			<del></del>				<del> </del>
(2)		·						<u> </u>	<u> </u>
(3)			<u> </u>						
(4)		· ·							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		CALL TO					Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertising	0 .		<b>0</b> 。[整] <u>在</u> (河东	4732	44.25.144	F . F 41	A COL	. · '5	0.
Part I Income From F			onsolidated	Basis					
	<del> 1 </del>	<del></del> _	1 4		<del></del>				7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	or (loss) (costs col 3) If a g	tising gain ol 2 minus ain, comput nrough 7	5. Circulation income		6. Reader costs		costs (column 6 minus column 5, but not more than column 4)
(1)			W. dru	All Control of	P <sub>1</sub>				第15.3000 12.12.00d
(2)			2.6		*				线和的相望形式
(3)				地域	ŭ				1449年,1449年
(4)			J. real	4年4月	<b>\$</b>				<b>阿罗巴尔阿</b> 斯二
Totals (carry to Part II, line (5))	•	0.	0.				-		0.
, , , , , , , , , , , , , , , , , , ,	<del></del>								Form 990-T (2018)

## Form 990-T (2018) ROSENKRANZ FOUNDATION, INC. 13-39400 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) (cof. 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.	是中华文学工程	THE STATE OF THE S	MAN THE SAME	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.	<b>小型工具建筑</b>	1.16 11 11 11 11 11 11 11 11 11 11 11 11 1	语字的使用证据?	

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)		Ī		%	
(2)				%	
(3)				%	
(4)				%	
Total. Enter here and on page 1, Part II, line 1	4				0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 11
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/18 2,955.		0.	2,955.	2,955.
NOL CARRYO	VER AVAILABLE THIS	2,955.	2,955.	