		~~					_		OMB No 1545	-0047
	ہرۂ Form	990-T		Exempt Organization Busine	ess ir	ncome Tax Re			204	^
	. 0111.			(and proxy tax under	sectio	п визэ(е)) О1 /21 /	20 2001		201	9
	Denar	tment of the Treasury	For cale	ndar year 2019 or other tax year beginning 02/01/ Go to www.irs.gov/Form990T for instru				"Ond	n to Public Ins	Book on total
		al Revenue Service	▶ Da	o not enter SSN numbers on this form as it may be					(c)(3) Organiza	
	Δ [Check box if		ntificati	on number					
	B E	address changed xempt under section		Name of organization (•	(Employees' tru	st, see	instructions)	
	_ <u></u>	- ·	Print	MALCOLM GIBBS FOUNDATION	ON,	INC.				
	F	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instruction			13-40	41	340	
	-	408A 530(a)	Type			02	E Unrelated bus	iness a	activity code	
		529(a)	7,1	City or town, state or province, country, and ZIP or foreign pos	ns)					
	C B			NEW YORK		10022	21111	.0		
		ook value of all assets end of year	F G	roup exemption number (See instructions)			<u> </u>			
				neck organization type ► X 501(c) corpor	ation	501(c) trust	401(a) trust		Other tru	ust
	H E				_	Describe the only (or fi	rst) unrelated trade	or bu	usiness here	1
	>			PUBLICLY TRADED PARTNER	$\overline{\mathtt{SH}}\mathtt{IP}$	S		If on	ly one, comp	olete
	Р	arts I–V If more than on	ne, desci	ribe the first in the blank space at the end of the p	revious	sentence, complete P	arts I and II, compl	ete a		
				ade or business, then complete Parts III-V						
	1 0	ouring the tax year, was t	the corp	oration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group)?		► ☐ Yes	☐ No
	lf	"Yes," enter the name a	and ident	ifying number of the parent corporation						
		<u> </u>							10 755	0445
		he books are in care of		RUCE ROSENBLATT			ephone number 🕨	2	<u> 12-755</u>	
				e or Business Income	-	(A) Income	(B) Expenses	lgor Sida.	(C) N	let vanistika
	1a	Gross receipts or sales								
	b	Less returns and allowa		c Balance	1c					
	2	Cost of goods sold (Sch		•	2					
	3	Gross profit Subtract III			3				180 120 180	
	4a	Capital gain net income			4a 4b		MORE TANGET CONTRACT		18	
	b			ine 17) (attach Form 4797)						
	C	Capital loss deduction f			4c			- N-1	<u>UI</u>	
	5	` '	tnership	and S corporation (attach See Stmt 1	ا ہ ا	-22 662				23,663
		statement)	Š.	see sunt 1	5		LESTANGEMENTALITATION IN THE STATE OF THE ST	SHOUNT PAR		23,003
SCANNED	6 →	Rent income (Schedule		(Cabadula E)	7					
\succ	7	Unrelated debt-finance		,	8					
吴	8 9			nts from controlled organization (Schedule F) (c)(7), (9), or (17) organization (Schedule G)	9			_		
m	10	Exploited exempt activi			10				.	
O	11	Advertising income (Sc	•	· ·	11					
S	12	Other income (See inst			12					
ם נג	13	Total. Combine lines 3			13	-23,663		mu cargo	_	23,663
0		int II Deduction	ns Not	Taken Elsewhere (See instructions for				ns n		
œ	Hall Rad	connected	with t	he unrelated business income)						
ncnc	14	Compensation of office	rs, direc	tors, and trustees (Schedule K)			L	14		
2	15	Salaries and wages					<u> </u>	15		
	16	Repairs and maintenan	nce					16	-	
	17	Bad debts					Ļ	17		
	18	Interest (attach schedu	le) (see	instructions)			Ļ	.18		
S S S S S S	219	Taxes and licenses					Ļ	19		
Batching Ogden	20	Depreciation (attach Fo	orm 4562	2) ·		_ 20				_
<u>5</u> 0	21	Less depreciation claim	ned on S	chedule A and elsewhere on return		21a		21b		0
Se Se	22	Depletion					-	22	-	
ව්දූ	23	Contributions to deferre	ed comp	ensation plans			-	23		
32		Employee benefit progr					-	24		
	25	Excess exempt expens	•	•			-	25		
&	26	Excess readership cost	•	·			-	26		
<u>ග</u>	27	Other deductions (attac		·				27		
_,	28	Total deductions. Add		•			-	28		22 662
2020	29			ome before net operating loss deduction. Subtrac			-	29		23,663
	30		ating los	s arising in tax years beginning on or after Januar	y 1, 201	8 (see				
		instructions)					}	30		23,663
	31			ome Subtract line 30 from line 29				31		0-T (2019)
	DAA	For Paperwork Reduc	ction Ac	t Notice, see instructions.					rorm 33	∪- 1 (2019)

選出るITEVIA	Statements	Regarding	Certain Activities ar	na Otner	intormation	(see instructions

57

1	162	110
i		
		X
		X

May the IRS d with the prepa see instruction	rer showr	s return below

Sign true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here 5/29/20

gnature of officer	Date	Title	1				22	100
Pnnt/Type preparer's name	Pro	eparer's signature		Da	ite	Check X	PTI	N
Bruce Rosenblatt				05	5/27/20	setf-employed		
					I			

Preparer Bruce Rosenblatt, E.A. Firm's name **Use Only** 14 E 60th St Ste 702 10022-1006 New York, NY

Firm's EIN 212-755-2445 Phone no

Form 990-T (2019)

Firm's address

Paid

Fort	1 990- <u>T-(</u> 2019) MALCOI	M GIBBS F	OUND.	ATION,	INC	•	<u> 13-4</u>	<u> 4041340 </u>	Page 3
Scţ	edule A - Cost of Goo	ds Sold. Enter	method	d of invent	ory va	luation ▶			
1	Inventory at beginning of year	r 1		6	5 Inve	ntory at end of	year		6
2	Purchases	2		7	7 Cos	t of goods so	ld. Subtra	act	전 19일 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1
3	Cost of labor	3			line (6 from line 5	nter here	and	
4 a	Additional sec 263A costs				ın Pa	art I, line 2		1	7
	(attach schedule)	4a		8	3 Dot	ne rules of sec	tion 263A	(with respect to	Yes No
Þ	Other costs (attach schedule)	4b			prop	erty produced	or acquire	ed for resale) apply	
5	Total. Add lines 1 through 4t					e organization			
Sch	nedule C – Rent Incom	e (From Real P	roperty	y and Pers	sonal	Property L	eased \	With Real Proper	ty)
<u>(s</u>	ee instructions)								· · · · · · · · · · · · · · · · · · ·
1. Des	cription of property		•						
(1)	N/A					<u></u> .			
(2)							 _		
(3)									
(4)									
		2 Rent receiv	red or accru	ed				4	
	(a) From personal property (if the pe				•	nal property (if the		1 '''	firectly connected with the income
	for personal property is more than	1 10% but not	ĺ			onal property excee		ın columns 2((a) and 2(b) (attach schedule)
	more than 50%)			50% or if the ref	nt is based	on profit or income	")		
(1)									
(2)								-	
(3)			l						
(4)									
Tota			Total					(b) Total deductions	
	otal income. Add totals of col and on page 1, Part I, line 6, o		Enter					Enter here and on pag Part I, line 6, column (
	nedule E – Unrelated D		naama		ictions)			Tarti, iine o, columni	
<u> </u>	iedule E – Unirelated D	ebt-rillaliceu i	ncome	(See msnu	ictions)		-T	3. Dodustions directly o	onnected with or allocable to
				2 Gr	ross incom	e from or		•	inced property
	1 Description of debt-fin	anced property		alloca	able to deb		(2)	Straight line depreciation	(b) Other deductions
					propert	у	(4)	(attach schedule)	(attach schedule)
<u> </u>	N/A				<u>. </u>				
(1)					_				
(2) (3)		·							
(4)	 -								
\-·/	4 Amount of average	5 Average adjusted	basis		6 Colum	nn			8 Allocable deductions
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop			4 divide		7	Gross income reportable	(column 6 x total of columns
	property (attach schedule)	(attach schedule			by colum	n 5		(column 2 x column 6)	3(a) and 3(b))
(1)							%		
(2)							%		
(3)							%		
(4)							%		
								r here and on page 1,	Enter here and on page 1,
							Part	t I, line 7, column (A)	Part I, line 7, column (B)
Tota	als					•			
Tota	al dividends-received deduct	tions included in co	lumn 8					•	

Schedule F - Interest, Annu	ities. Rovalti	es, and Rent	s From	Controlle	d Ora	anizatio	ons (se	e instructi	ons)	
		,		ot Controlled			()		<u> </u>	
Name of controlled organization	ıde	2. Employer ntification number	3 Net ur	related income ee instructions)	4 To	otal of specifie yments made	. 1	Part of column	ontrolling	6 Deductions directly connected with income in column 5
(1) N/A										
									-	<u> </u>
(3)										
(4)										
Nonexempt Controlled Organizati	ions						· · · · · ·			
7. Taxable Income	8	Net unrelated income oss) (see instructions)		9 Total of specific payments made		ınctud	art of colum ded in the c zation's gro			Deductions directly nected with income in column 10
(1)						ļ. <u></u>				
(2)						ļ				
(3)										
(4)										
Totals					•	Enter	columns 5 here and c I, line 8, co	n page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment In	come of a S	ection 501(c)	(7), (9),	or (17) Or	ganiz	ation (se	ee instr	uctions)		
1 Description of income		2 Amount of in		3 De	ductions connected schedule)	,	4 :	Set-asides ch schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				<u> </u>				_		
(2)										
(3)								· -		
(4)										
Totals Schedule I – Exploited Exer	b	Enter here and o Part I, line 9, col	lumn (A)							nter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exer	npt Activity	income, Othe	rinan	Auvertisii	ig inc	ome (se	e msm	LCHO(15)	-	T
1 Description of exploited activity	2 Gross unrelated business incom- from trade or business	3 Expendrects connected production unrelated business in	y d with on of ed	4 Net income (if from unrelated to business (col 2 minus column If a gain, compicols 5 through	rade lumn 13) oute	5 Gross from activ is not un business	vity that related	attnbu	penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A				· · ·	1					
(2)										
(3)					- †					
(4)									-	-
	Enter here and c page 1, Part I, line 10, col (A)	n Enter here page 1, P	art I,							Enter here and on page 1, Part II, line 25
Totals ► Schedule J – Advertising In	come (see in	structions)		Pale to call a section of the	ir nii tate' nadilaliya	q+10 pt pt pt pt quarter 1	ikit taloniileiteini	na 4 an ∞82389€	a gereadit i U,	160]
Part Income From P			Consc	lidated Ra	eie		-			
Car, a stanta in Come From F	eriodicais ix	eported on a	001130						•	7 Excess readership
1 Name of penodical	2 Gross advertising income	3 Dire advertising		4 Advertisin gain or (loss) (2 minus col 3 a gain, compu cols 5 through	col) If ite	5 Circu		l l	adership osts	costs (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)										
(3)										
(4)					热璃					
Totals (carry to Part II, line (5))										

FOITH 990-1 (.				13 1011310	
Part II	Income From Periodicals	Reported on a Se	parate Bas	is (For each periodical lis	ted in Part II, fill in columns
	2 through 7 on a line-by-line	e basis)			
					

2 through / on a	<u>a line-by-line bas</u>	is)				
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) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, co! (8)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)				阿佩伊斯基中国工艺的大型等和		_

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2019)

5/27/2020 2:31 PM

9004, MALCOLM GIBBS FOUNDATION, INC. 43-4041340 Federal Statements

13-4541340

FYE: 1/31/2020

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp		Gross Income	Direc Deductions (F	-	Net Income
BLACKSTONE GROUP LP CINER RESOURCES LP AMERIGAS PARTNERS LP	\$	40 1,151 -24,854	\$	\$	40 1,151 -24,854
Total	\$ <u>.</u>	-23,663	\$	0 \$	-23,663