Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calcendar year 2016 or other use year beginning			;								
Description and the latest information in minimal management and the latest information in management and the properties of the management in management and the latest information in management in managem	990-T	E							ırn	OMB 1	No 1545-0687
Name Deck Down Deck D	.4	For cale	ndar year 2018 or other t	ax year beginr	iing	01/01 , 201	18, and end	ing 12/31	2018	2	018
B Exempt under getoon Secretary and the provided provided in the provided provi	•									Onen Io P	ublic Inspection for
Sections of charged		Do		<u> </u>							
X Section X Section X X X X X X X X X			Name of organization (Check bo	x if nan	ne changed and s	ee instruction	rs)			
X Section X Section X X X X X X X X X		_	EOUNDATION E	סווד ג מסי	·m -c/	OCT DWV					
486(e) 330(a) 330(a) 250 Type 25 EAST 22ND STREET Cyp or town, alsis or province, county, and 2/P or foreign postal code NEW YORK, NY 10010 NEW YORK, NY 10010 State of all assets are until of year. State of all assets	_ ` ^	Print							1 27-3	3/577/	
Special Color Special Colo		or	Number, street, and roo	iii or suite no ii	aro	DOX, SEE ITSTIUCT	OHS				ss activity code
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Selective of wild assets NEW YORK, NY 10010 5.25990		1			and 7	IP or foreign post	al code		-		
st end of year 5 42, 641, 689		-	1 '	•	, 0.10 2	or loreign poss	BI 0000		5259	90	
H Enter the number of the organization type ► X 501(c) corporation H Enter the number of the organization surrelated trades or businesses 2		F Gro	·		ns) I	-			1 0207		
H Etter the number of the organization's urrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I.V If vest in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts II.V If vest in the blank space at the end of the previous sentence, complete Parts II.V If vest in the blank space at the end of the parts II.V If vest in the blank space at the end of the parts II.V If vest in the blank space at the end of the parts II.V If vest in the blank space at the end of the parts II.V If vest in the blank space at the end of the parts II.V If vest in t	542,641,689						5016	trust	401(a)	trust	Other trust
trade or business. New Complete Parts I V If more than one, describe the first in the blank space at the end of the prevous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. New complete Parts I II V II During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No II Trues the name and identifying number of the parent corporation ▶ Telephone number ▶ 646–362–0039 The books are in care of ▶4ARTINA SHMOUKLER Telephone number ▶ 646–362–0039 The books are in care of ▶4ARTINA SHMOUKLER Telephone number ▶ 646–362–0039 Telepho							1 100.00				
trist in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No II Yes, enter the name and identifying number of the parent corporation ▶ Telephone number ▶ 646-362-0039 Telephone numbe		_					If only one,				
During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If "Yes," enter the name and identifying number of the parent corporation If the books are in care of ₱ARTINA SHMOUNLER Telephone number ▶ 646-362-0039 Telephone				entence, com	plete	Parts I and II, c	omplete a S	Schedule M for e	ach additio	nal	
If "Yes," enter the name and identifying number of the parent corporation	trade or business, th	en compl	ete Parts III-V								
The books are mare of MARTINA SHMOUKLER Telephone number	I During the tax year,	was the	corporation a subsidia	ry in an affilia	ated gr	oup or a parent	-subsidiary	controlled group	?	▶ _	Yes X No
Compensation of officers, directors, and incurses (Schedule K). Compensation of officers, and commerce (Schedule S). Compensation of officers, directors, and incurses (Schedule K). Compensation of officers (Compensation of officers, directors). Compensat	If "Yes," enter the n	ame and	identifying number of	the parent cor	poratio	on 🕨 💚					
1							Telepho	ne number ► 6	46-362	-0039	
b Less returns and athorwances 2 Cost of goods odd (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 3 Gross profit Subtract line 2 from line 1c. 3 1, 081 4a Capital gain net income (attach Schedule D). 4a 1, 081 5 Income (pisal loss deduction for trusts 5 Income (pisal from a partnership or an 5 corporation (attach statement). 5 Income (Schedule C). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 7 Intervent, annutes, repities, and rent from a controlled organization (Schedule F). 7 10 10 10 10 10 10 10 1			or Business Incon	ne		(A) Inc	ome	(B) Expe	enses	1	(C) Net
2 2 3 3 3 3 3 3 3 3	•			- 1	1						
3 3 3 3 4 4 5 5 5 5 5 5 5 5					-					-	
4a	2 Cost of goods so	ld (Sched	lule A, line 7)	mo	-			ļ			
b Net gain (loss) (Form 4797, Part II, line 17) (altach Form 4797),							1 001	ļ		1	
C Capital loss deduction for trusts				Г							
Income (loss) from a partnership or an S corporation (atlach statement). 5 -195, 981 ATCH 2 -195, 981							01,102		-		51,102
Rent income (Schedule C)	-			Г		_10	15 0.01	A TO LI	າ		_105 001
To Unrelated debt-financed income (Schedule E) Interest, annutes, royaltes, and mets from a controlled organization (Schedule F) Interest, annutes, royaltes, and mets from a controlled organization (Schedule F) Interest, annutes, royaltes, and mets from a controlled organization (Schedule F) Interest (activate) Interest (activate) Interest (attach schedule J) Interest (attach schedule) Interest (attach schedule) Interest (attach schedule) (see instructions) Interest (attach schedule) (see instructions for limitation debut Jacob Ja	• • •					-13	73, 301	AICH .	4		-193, 961
Interest, annulues, royalties, and rents from a controlled organization (Schedule F) by threatment income of a section 591(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule J) Clier income (Schedule J) Other income (Schedule J) Other income (Schedule J) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Compensation of officers, directors, and trustees (Schedule K) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages RECEIVED Repairs and maintenance Repairs and maintenance Repairs and maintenance Repairs and maintenance Repairs and icenses NOV 2 12019 ATCH 3 Ba 1, 856 Taxes and licenses NOV 2 12019 ATCH 3 Ba 1, 856 Contributions (See instructions for limitation properties) Contributions to deferred compensation plans Contributions to deferred compensation plans Excess exempt expenses (Schedule J) Other deductions (Attach Schedule J) Total deductions (Attach Schedule J) Other deductions (Attach Schedule J) Contributions to deferred compensation plans Contributions to deferred compensation plans Contributions (See instructions or return 22 Contributions to deferred compensation plans Contributions (See defer	•	-		F							
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9				ľ		-					
10 Exploited exempt activity income (Schedule I) 10 11 11 12 12 13 14 17 18 15 15 15 15 16 16 17 18 18 19 19 19 19 19 19			_	ľ				 			
11 Advertising income (Schedule J). 12 Other income (See instructions, attach schedule). 13 Total. Combine lines 3 through 12. 13 1 -143,798				· · · · · · · · · · · · · · · · · · ·				_			
12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12. 13 1 Total. Combine lines 3 through 12. 14 13 1 -143, 798		-								 	
Total. Combine lines 3 through 12. 13 -143,798 -143,798 -143,798 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 44 Compensation of officers, directors, and trustees (Schedule K). 14				ſ							
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation prepared by ATCH 3 18 1,856 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation prepared by ATCH 3 18 1,856 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation prepared by ATCH 3 18 1,856 19 Taxes and licenses 19 Catheria 19			·		_	-14	3,798			- 	-143,798
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Less depreciation claimed on Schedule A and elsewhere on return	19 Taxes and license	s			<u>'-</u>	·	<u>Ľ</u>		19	ļ	217
Less depreciation claimed on Schedule A and elsewhere on return	20 Charitable contril	butions (S	See instructions for lin	tation (eles))Fi	V UT	7		20		
Depletion	21 Sopicolation (att	4011 1 01111	1002/				-2 11				
24 Contributions to deferred compensation plans	22 Less depreciation	n claimed	on Schedule A and els	sewhere on ref	turn .	[22a		22b		
Employee benefit programs											
Excess exempt expenses (Schedule I)											
Excess readership costs (Schedule J). 27 28 Other deductions (attach schedule) 28 3,875 29 Total deductions Add lines 14 through 23 29 5,948 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 -149,746 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 32 Unrelated business taxable income Subtract line 31 from line 30 32 -149,746 For Paperwork Reduction Act Notice, see instructions										-	
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32 Unrelated business taxable income Subtract line 31 from line 30										 	-149,746
For Paperwork Reduction Act Notice, see instructions										 	-149 746
8X2740 1.000 JSA 7528ED 700J V 18-7F 0181095-00006 / 1 \(\sqrt{1} \) PAGE 3	32 Unrelated busine	ss taxabl	e income. Subtract line	31 from line	30	<u> </u>	<u> </u>	<u> </u>	32	<u> </u>	
	8X2740 1,000 28ED JSA).I	see manucuons		V 1	8-7F		0181095-0	0006 4		

0181095-00006

Form	990-T (2018)		Page
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
24	*	1 1	30,269
34	Amounts paid for disallowed fringes	137	00,203
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		30,269
	instructions), , , , , , , , , , , , , , , , , , ,	35	30,269
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 1	
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
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	0
Par	t IV Tax Computation	1 30	
		20	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	1	
	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		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
_	t V Tax and Payments	1 1	
_		\top	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-	
	Other credits (see instructions)	-	
	General business credit Attach Form 3800 (see instructions)	↓	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	, ,	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).		
48	Total tax. Add lines 46 and 47 (see instructions)	$\overline{}$	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	143	
	Payments A 2017 Overpayment credited to 2010	- 1	
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·	- 1	
	Tax deposited with Form 8868	4 1	
d	Foreign organizations Tax paid or withheld at source (see instructions)	_	
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f]	
	Other credits, adjustments, and payments Form 2439	1	
9			
		┥┎╻╽	25,000
51	Total payments Add lines 50a through 50g	51	23,000
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	25,000
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 25,000 Refunded ▶	55	
Par		ns)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
		roi cigii	x
	here >		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore-	eign 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 penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of m	y knowledge and belief, it
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		nn 4 " .
Her			RS discuss this return preparer shown below
		ee instructio	
	Print/Type preparer's name Preparer's signature Date	1	PTIN
Paid	275 St. 11/5/2010		
	Parer Senior Control C	employed	P00741490
•	Firm's name GRANT TROKNTON LLF		36-6055558
	Firm's address ► 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013	_{ie no} 21	2-599-0100
_			000 T

Form **990-T** (2018)

Form 990-T (2018)									F	Page 3
Schedule A - Cost of Go		iter method								
1 Inventory at beginning of y	·	<u> </u>				ar	6			
2 Purchases				7 Cost of	goods so	ld Subtract line				
3 Cost of labor	3			6 from !	line 5 En	iter here and in				
4a Additional section 263A co	osts			Part I, line	2		7			
(attach schedule)	<mark>4a</mark>		{	B Do the	rules of	section 263A (w	uth re	espect to	Yes	No
b Other costs (attach schedu	· · -					or acquired for				
5 Total Add lines 1 through				to the orga	anization?					Х
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent recei	ved or accru	ed	_						
for personal property is more than 10% but not percentage of re			age of rent for p	personal property (if the r personal property exceeds based on profit or income) 3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach schedul				ome		
(1)								·		
(2)										
(3)							-		-	
(4)										
Total		Total								
(c) Total income Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deductio Enter here and on		l		
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colun				
Schedule E - Unrelated De	ebt-Financed I	ncome (se	ee instruction	ns)						
			2 Gross in	come from or	3 [Deductions directly con debt-finance			le to	
1 Description of deb	t-financed property			debt-financed	(a) Straigh	nt line depreciation		b) Olher dedu	ctions	
			pro	perty		ch schedule)		(attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property	4 dı	olumn vided lumn 5		income reportable n 2 x column 6)		Allocable ded imn 6 x total o 3(a) and 3(l	f colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						e and on page 1, le 7, column (A)		r here and o		
Totals				▶l		•		·		

Form 990-T (2018)

Schedule F-Interest, Annu	aides, Royaides		pt Contr				auons (500	: IIISU UCUOI	110)	
Name of controlled organization	2 Employer identification number	er 3 Ne	t unrelated s) (see instr	ıncome	4 Total		ied included	of column 4 that in the control ion's gross inc	lling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)							-			
(4)										<u> </u>
Nonexempt Controlled Organiz						40	Dark of automa	0.15-1	- 44	1. Dodustinos directiv
7 Taxable Income	8 Net unrelated in (loss) (see instruct			I of specific tents made	ed	incl	Part of column uded in the co nization's gros	introlling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)							ld columns 5 a	1		dd columns 6 and 11
Totals	come of a Sec					Ent Pa	er here and on rt I, line 8, colu	page 1, mn (A)	Ent	ler here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3 Deductive Cortain Section (attach section)	nected			et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>			1	<u>-</u>						
(2)			ļ						_	
(3)										
<u>(4)</u>	Enter here and o									Enter here and on page 1
Totals ▶ Schedule I—Exploited Exe	empt Activity Inc		er Than	Adverti	sing In	come	(see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business inc	with 2 n of	Net incomom unrelater business timinus collected for the collected	ed trade (column umn 3) ompute	from IS D	ross income activity that of unrelated ness income	6 Expen attributat column	ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,					1		Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	<u>'</u>									
Part I Income From Per	iodicals Report	ed on a Co	nsolida	ited Bas	is					
1 Name of periodical	2 Gross advertising income	3 Directadvertising of	costs	4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute		Circulation ncome	6 Reader	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										7
(3)										
(4)										
Totals (carry to Part II, line (5))	<u> </u>							<u> </u>		Form 990-T (2018

Part II	Income From Periodicals Report	ed on a	Separate	Basis	(For	each	periodical	listed in	n Part II,	fill	ın column
	2-through 7 on a line-by-line basis	J					•				

FOUNDATION FOR A JUST SOCIETY

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 ▶						
	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)						
Schedule K - Compensation		irectors, and Tr	ustees (see instri	uctions)		
1 Name		2 Title		3 Percent of time devoted to business 4 Compensation attributal unrelated business		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 20 18

► Go to www.irs gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Employer identification number

Name of organization FOUNDATION FOR A JUST SOCIETY

27-3345774

Unrelated business activity code (see instructions) ▶ 525990 Describe the unrelated trade or business ► INVESTMENTS IN LIMITED PARTNERSHIPS (NON-QPI'S)

Pai	tI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	14,775	·	14,775
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-62,581		-62,581
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	-47,806		-47,806

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts		
18	Interest (attach schedule) (see instructions).		
19	Taxes and licenses		125
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	138
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	_
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)	1	
28	Other deductions (attach schedule)	28	3,875
29	Total deductions Add lines 14 through 28	29	4,138
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-51,944
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-51,944

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 3	1
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ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS (QPI'S)

27-3345774

ATTACHMENT 2

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

PORTFOLIO LOSS FROM LIMITED PARTNERSHIPS

-195,981

INCOME (LOSS) FROM PARTNERSHIPS

-195,981

FOUNDATION FOR A JUST SOCIE	CIETY
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27-3345774

ATTA	CHMENT	3

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE FROM LP INVESTMENTS

PART II - LINE 18 - INTEREST

1,856

1,856

ATTACHMENT	4	

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

TAX PREPARATION FEES

3,875

PART II - LINE 28 - OTHER DEDUCTIONS

3,875

27-3345774 ATTACHMENT 5

NON-QUÀLIFIED LP

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

PORTFOLIO LOSS FROM LIMITED PARTNERSHIPS

-62,581

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-62,581

FOUNDATION FOR A JUST SOCIETY	2018 FORM 990-PF	27-3345774
•		ATTACHMENT 6
•		
SCHEDULE M - PART II - LINE 28 - TOTAL OTHER	DEDUCTIONS	
TAX PREPARATION FEES		3,875

PART II - LINE 28 - OTHER DEDUCTIONS

3,875

Foundation For A Just Society

EIN#: 27-3345774 FYE: 12/31/2018

Net Operating Loss Carryover Schedule

Form 990-T

NET	OPERATING	- 2201	PRIOR	TO 1/1	/2018
INE	OPERALIN	3 LU33 -	PRIUR	10 1/1	/ ZU10

	TAX	NOL	NOL	NOL
	YEAR ENDING	GENERATED	UTILIZED	CARRYOVER
	12/31/2016	(47,032)	30,269	(16,764)
	12/31/2017	(90,741)	-	(90,741)
Total		(137,773)	30,269	(107,505)
		NOL AVAILABLE FOR US	E IN 12/31/2019	(107,505)
NET OP	ERATING LOSS - POST 1	./1/2018 - QPI LPS		
	TAX	NOL	NOL	NOL
	YEAR ENDING	GENERATED	UTILIZED	CARRYOVER
	12/31/2018	(149,746)	- '	(149,746)
Total		(149,746)	<u>-</u>	(149,746)
	(149,746)			
NET OP	ERATING LOSS - POST 1	/1/2018 - NON-QPI LP #1		
	TAX	NOL	NOL	NOL
	YEAR ENDING	GENERATED	UTILIZED	CARRYOVER
	12/31/2018	(51,944)	-	(51,944)
Total		(51,944)	-	(51,944)
		NOL AVAILABLE FOR US	E IN 12/31/2019	(51,944)

SCHEDULE D (Form 1120)

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

Department of the Treasury Internal Revenue Service

FOUNDATION FOR A JUST SOCIETY

Employer identification number 27-3345774

Part	Short-Term Capital Gains and Losses	(See instructions)			
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments t		(h) Gain or (loss)
	the lines below	Proceeds	Cost	or loss from Form		Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, line column (q)	2,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form			John (9)		(3)
	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,					
41	leave this line blank and go to line 1b			-		
16	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	4,305		1		4,305
		<u> </u>	 .	1		
	Short-term capital gain from installment sales from	Form 6252 line 26 or 2	7			
4	Short-term capital gain from installment sales from	FOITH 6252, line 26 of 3	' <i></i>		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column l	1		7	4,30
ari						·
Q.L.	See instructions for how to figure the amounts to enter on	·		(g) Adjustments to	o gain	(h) Gain or (loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from Form		Subtract column (e) from
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part II, line	2,	column (d) and combine
_	whole dollars			column (g)		the result with column (g)
8 a	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					
81	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	11,551				11,55
11	Enter gain from Form 4797, line 7 or 9				11	51,102
12	Long-term capital gain from installment sales from F	Form 6252 June 26 or 37			12	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	· ·		12	
12	Long-term capital gain from installment sales from E				12	
	Long-term capital gain or (loss) from like-kind exchai	nges from Form 8824				
		nges from Form 8824				
13	Long-term capital gain or (loss) from like-kind exchai	nges from Form 8824			13	
13 14	Long-term capital gain or (loss) from like-kind exchange Capital gain distributions (see instructions)	nges from Form 8824			13	62,653
13 14 15	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions)	nges from Form 8824			13	62,65
13 14 15	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions)	nges from Form 8824			13	62,65
13 14 15 art	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8 III Summary of Parts I and II	nges from Form 8824	h		13 14 15	
13 14 15 art	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions)	nges from Form 8824	h		13	
13 14 15 art	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8 III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) or	a through 14 in column	h		13 14 15	4,30
13 14 15 Part	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8 III Summary of Parts I and II	a through 14 in column	h		13 14 15	4,309
13	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8 III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) or	a through 14 in column ver net long-term capita	h	ss (line 7)	13 14 15	4,305 62,653
13 14 15 Part 16	Long-term capital gain or (loss) from like-kind exchance Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8 III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) or Net capital gain Enter excess of net long-term capital	nges from Form 8824 ia through 14 in column iver net long-term capita tal gain (line 15) over net ipage 1, line 8, or the p	h	ss (line 7)	13 14 15 16	4,305

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www irs.gov/Form8949 for instructions and the latest information

OMB No 1545-0074
2018

Attachment

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Social security number or taxpayer identification number

FOUNDATION FOR A JUST SOCIETY

27-3345774

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions (X) (C) Short-term transactions (II)				wasn't reporte	ed to the IRS		
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) irate instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
ST INVESTMENTS FROM QPI LP'S	VAR	VAR	195				195
ST INVESTMENTS FROM NON-QPI LP'S	VAR	VAR	4,110				4,110
						<u> </u>	
		•					
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	ude on your e 2 (if Box B	4,305				4,305

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions

Form **8949** (2018)

Attachment Sequence No 12A

Name(s) shown on return	Name and SSN or taxpayer identification	no not required if shown on other	side	Social security	number

or taxpayer identification number 27-3345774

FOUNDATION FOR A JUST SOCIETY

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	Date acquired dispose	(c) Date sold or disposed of	Date sold or Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)		(Mo , day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT INVESTMENTS FROM QPI LP'S	VAR	VAR	886				886
LT INVESTMENTS FROM NON-QPI LP'S	VAR	VAR	10,665				10,665
				n 2			
· · · · · · · · · · · · · · · · · · ·							
		_					
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incli is checked), line	ude on your 9 (if Box E	11,551				11,551

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

JSA 8X2616 1 000