2939315633910 --- EXTENDED TO NOVEMBER 16, 2020 **Exempt Organization Business Income Tax Return** Form 990-T (and proxy tax under section 6033(e)) *2*019 For calendar year 2019 or other tax year beginning ► Go to www.irs gov/Form990T for instructions and the latest information Department of the Treasury Open to Fubile 1755 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service D Employer identification number (Employees' trust, see Check box if name changed and see instructions.) Name of organization (Check hox if address changed instructions) 27-4218093 THE KESSLER FAMILY FOUNDATION B Exempt under section Print F Unrelated business activity code X 501(c)(3 () or Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) Туре 339 WEST 13490 SOUTH [220(e) 408(e) 408A City or town, state or province, country, and ZIP or foreign postal code 530(a) 621300 84020 DRAPER, UT 529(a) Book value of all assets F Group exemption number (See instructions.) 501(c) trust 401(a) trust Other trust 375,496. G Check organization type ► X 501(c) corporation H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > PARTNERSHIP PASSTHROUGH INCOME . If only one, complete Parts I-V. If more than one, describe the first 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. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► 801-233-3700 The books are in care of ADAM KESSLER Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance b Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) 2 *Gross profit, Subtract line 2 from line 1c 3 42 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts -55,149. -55,149. STMT/ Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 -95,919. -95,919**.** STATEMENT 8 12 Other income (See instructions; attach schedule) -151,068. -151,068. 131 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) RECEIVED 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages ĭň NOV 2 7 2020 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) OGDEN. UT 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21a 21h Less depreciation claimed on Schedule A and elsewhere on return 22 22 23 23 Contributions to deferred compensation plans Employee benefit programs 24 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readeratip costs (Schedule J) 26 27 Other deductions (attach schedule) 27 0 28 Total deductions. Add lines 14 through 27 28 -151,068. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30

Unrelated business taxable income. Subtract line 30 from line 29
 D1-27-20 LHA For Paperwork Reduction Act Notice, see instructions

(see instructions)

51

-151,068.

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Form 90	0-T (2019) THE KESSLER FAMILY FOUNDATION				27	-4218093 _{Page}
Par	''' ''' 					42100) 5 Fage
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see i	instructions		1	32	-151,068
33	Amounts paid for disallowed fringes	- 1	•)	1	33	
34	•	TMT 1	n		34	0
35	one termination (each money termination)			25-	35	-151,068
36	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		sum of lines 32 and	3°	36	
37	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct				37	-151,068
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			7	38	1,000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	7		\$	100	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37 enter the smaller of zero or line 37	Ι,		H	39	-151,068
Parl				1,	<u> </u>	-131,000
				_	140	0
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	. luna 20 fra			40	
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on	i iiile 39 iro	mı;			
40	Tax rate schedule or Schedule D (Form 1041)				41	
42	Proxy tax. See instructions				42	
43	Alternative minimum tax (trusts only)				43	
44	Tax on Noncompliant Facility Income. See instructions				44	0
45 Part	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies V Tax and Payments				45	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1460				
		46a				
	Other credits (see instructions)	46b				
C	General business credit. Attach Form 3800	46c			} }	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			40.	
	Total credits. Add lines 46a through 46d				46e	0
47	Subtract line 46e from line 45	occ [] c	Name of the last		47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	300 L U)ther (attach sched	lule)	48	0
49	Total tax. Add lines 47 and 48 (see instructions)				49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 1			50	
	Payments: A 2018 overpayment credited to 2019	51a				
	2019 estimated tax payments	51b				
	Tax deposited with Form 8868	51c			1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	51d				
	Backup withholding (see instructions)	51e				
	Credit for small employer health insurance premiums (attach Form 8941)	51f				
g	Other credits, adjustments, and payments: Form 2439	.			l	
50	Form 4136 Other Total >	51g				
52	Total payments. Add lines 51a through 51g				52	-
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached				53	
. 54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed				54	
55 56	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		D - 4 - 4 - 4		55	·
Part	Enter the amount of line 55 you want: Credited to 2020 estimated tax ► VI Statements Regarding Certain Activities and Other Informatio	n (see ir	Refunded		56	
						V-a Na
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		-			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 for	reign count	гу			, ,
	here		(10			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	isteror to, a	foreign trust?			^
50	If "Yes," see instructions for other forms the organization may have to file.					
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, Telefare that I have examined this return including accompanying schedules and state.	tements and	to the heat of my ke		as and b	allof at an true
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer			iowieu	ige and b	eller it is true
Here	A PREGIATION	INTO		Ма	y the IRS	discuss this return with
	Signature of officer Date Title	M.T.		- 1		shown below (see
			T		$\overline{}$	^{)?} X Yes No
	Print/Type preparer's name Preparer's signature Dai	91	Check L_	_] if	PTIN	V
Paid		10010	self- emplo	oyed		00101011
Prep	ALLDED TACKGON DO	/06/2				00181911
Use	Only Firm's name ► ALLRED JACKSON, P.C.		Firm's EII	√	8	7-0406295

50 EAST 2500 NORTH, SUITE 200 Firm's address NORTH LOGAN, UT 84341

Phone no. (435) 752-6441

Schedule A - Cost of Goods	s Sold. Enter	method of invei	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	7 Cost of goods sold Subtract line 6					
3 Cost of labor	3	<u> </u>	from line 5. Enter here and in Part I,						
4a Additional section 263A costs				line 2		l	7	- 1.:-	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to		A	-
5 Total. Add lines 1 through 4b	5		ᆚ	the organization?					<u> </u>
Schedule C - Rent Income ((see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erτy) 		
1. Description of property									
(1)									
(2)	-								
(3)				•					
(4)									
	2 Rent receiv	ed or accrued				2/ \2			_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connect id 2(b) (a	ed with the income i ttach schedule)	n
(1)									
(2)		**							
(3)									<u>.</u>
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instru	ctions)	•				
			١,	2. Gross income from		3 Deductions directly cont to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio	
(1)									
(2)		·							
(3)								_	
(4)		-							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(4	8. Allocable deduc column 6 x total of c 3(a) and 3(b))	
(1)			1	%				-	
(2)			1	%					
(3)				%				-	
(4)				%					
	•		•			nter here and on page 1, Part I, line 7 column (A)		inter here and on pag Part I, line 7, column	
Totals				.		0	.		0.
Total dividends-received deductions in	ncluded in columi	n 8				•	.		0.

Schedule F - Interest,	Annuities, Roya	Ities, and	Rents	From Co	ntrolle	d Organiza	ition	S (see in:	structio	ons)
	<u> </u>			Controlled O						· · · · · · · · · · · · · · · · · · ·
1 Name of controlled organiza	ıdent	mployer ification mber		related income e instructions)		tal of specified ments made	inclu	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)					ļ <u> </u>	-	├			
(2)			-			· ·				
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inco (see instruction		9 Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orga s incomi	nization's		Deductions directly connected with income in column 10
(1)									 	
(2)	· · ·									
(3)							_			·
(4)										
,						Add colum Enter here and line 8, c	on pag	e 1, Part I, A)	I	Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals	<u>.</u>							0.		0.
Schedule G - Investme		Section	501(c)(7	7), (9), or (17) Org	anization				
(see inst	ructions)			T		2 0-4				
	cription of income			2 Amount of	ıncome	 Deduction directly connected (attach sched) 	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			·					ļ		
(2)						-		 		
(3)				 				-		
(4)				Enter here and	on page 1,	- -		<u> </u>		Enter here and on page 1
				Part I, line 9, co	lumn (A)	•	ŧ		·	Part I, line 9, column (B)
Totals	F		<u> </u>	The second second	0.					
Schedule I - Exploited (see instru		/ income	, Other	Inan Adv	erusin	g income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly co with pro- of unre business	onnected duction elated	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity the is not unrelate business income	hat ed	attribut	oenses able to mn 5	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 page 1, line 10, e	Part I,							Enter here and on page 1, Part II, line 25
Totals •	0.		0.	<u> </u>						0.
Schedule J - Advertision		instructions								
Part I Income From I	Periodicals Rep	orted on	a Cons	solidated	Basis					
. 1. Name of periodical	2 Gross advertising income		Direct	4 Advertion (loss) (co col 3) If a ga	of 2 minus ain, compute	5 Circulati e income	ion	6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				,			-			
(2)				\dashv			_	L		-
(4)		-		\dashv						4
						+				
Totals (carry to Part II, line (5))	<u> </u>	0.	0			<u></u>			·	0.

Part II Income From Perio	-		ate Basis (For eac	ch periodical lister	d in Part II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	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)		•				
otals from Part I	0.	0.		-		0.
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I, Inc. 11, col. (B)	1			Enter here and on page 1, Part II, line 26

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	•	%	
Total, Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2019)

FORM 990-T ' INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
IMPACT COLLECTIVE, LLC - ORDINARY BUSINESS INCOME (LOSS)	-55,149.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-55,149.
FORM 990-T OTHER INCOME	STATEMENT 8
DESCRIPTION	AMOUNT
PRIOR PASSIVE ACTIVITY LOSS ALLOWED	-95,919.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	-95,919.

FORM 990-T	CONTRIBUTIONS	STATEMENT 9
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
RISE AGAINST HUNGER	N/A	15,882.
ACADEMY FOUNDATION FOR THE FUTURE	N/A	60,000.
TOTAL TO FORM 990-T, PAGE 2, I	INE 34	75,882.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 10
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 25,987		
TOTAL CARI	YOVER ENT YEAR 10% CONTRIBUTIONS	25,987 75,882	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	101,869	_
EXCESS 100	TRIBUTIONS CONTRIBUTIONS SS CONTRIBUTIONS	101,869 0 101,869	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		0
TOTAL CONT	RIBUTION DEDUCTION		0