			_		nded to Oct					
		990-T	Ŀ	Exempt Orga				ax Return	ו	OMB No 1545-0687
3					and proxy tax und			[9]]	ا ہ	2040
<u>ر تی</u>	ħ	i	Forca	llendar year 2018 or other tax y					<u>.9</u>	2018
¥.	Depai ntern	tment of the Treasury al Revenue Service X Check box if address changed xempt under section		Go to wwv → Go to wwv Do not enter SSN numb	•		ons and the latest inform de public if your organiz		ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
異に	A [X Check box if			Check box if name				D Empl	loyer identification number
2 r	₹	address changed		Cabin Road			and but man but and,			ployees' trust, see uctions)
1	B E	xempt under section	Print	dated April	4, 2011				3	0-6284988
3	X		10	Number, street, and roo	m or suite no. If a P.O. bo	ox, see ii	nstructions.	<u> </u>		lated business activity code instructions)
~ ~] 408(e)220(e)	Туре				st, No. 30	00	↓`	·
ث	Ļ	530(a) \530(a)			ovince, country, and ZIP	_	n postal code			
9 2		529(a) ok value of all assets		San Francis		04			525	990
2320	C at	end of year	E 2	F Group exemption num		<u> </u>	V 504/a) truet	401/2	\ 	Other toward
<u></u>	L En	326,448,9		G Check organization tylestion's unrelated trades or		1) trust	Other trust
			-	ee Statement				the only (or first) up complete Parts I-V.		
				ice at the end of the previo		arts I an				
		siness, then complete F			ad comonoc, complete t	u. 10 1 u.	a ii, complete a conocate	W TO GOOD GOOD GO	101 11 000	, 01
				poration a subsidiary in an	affiliated group or a pare	nt-subs	diary controlled group?	•	Y(es X No
	<u></u>	Yes," enter the name a	nd iden	tifying number of the pare	nt corporation.					
				Anne Grousbe			Teleph	one number 🕨 (650) 454-4731
	Pa	HL Unrelated	Trac	de or Business Inc	come	_	(A) Income	(B) Expense	8	(C) Net
		Gross receipts or sales								
		Less returns and allow			c Balance ▶	1c				
	2	Cost of goods sold (So				2				
	3	Gross profit. Subtract Capital gain net incom				3	18,602.			18,602.
	4a b			art II, line 17) (attach Fori	n 4707)	4a 4b	10,002.		$-\!\!\!/$	10,002.
		Capital loss deduction			11 4737)	4c	, , , , , , , , , , , , , , , , , , , ,		_	
	5	•		ship or an S corporation (a	attach statement)	5	-5,027.			-5,027.
	6	Rent income (Schedul		,	,	6				, , , , , , , , , , , , , , , , , , , ,
	7	Unrelated debt-finance	d incor	me (Schedule E)		7		/		
	8	Interest, annuities, roya	alties, ai	nd rents from a controlled	organization (Schedule F)	8				
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) c	organization (Schedule G)	9				
		Exploited exempt activ	•	,		10				
		Advertising income (Se			h - h - m - m h - 3	11	7 202			7 202
		Other income (See ins		-,,	tatement 3	12	7,302.			7,302.
		Total. Combine lines Deduction		ot Taken Elsewhei	Ce (See instructions for	13				20,677.
				utions deductions mus				income)		
	14	Compensation of office	cers. dir	rectors and trustees (Sch	edule K)				14	
	15	Salaries and wages	•	₩.	- T				15	
	16	Repairs and maintena	ince	là ·	f. ON 12				16	
	17	Bad debts		O.	60 B				17	
SCANNE	18	Interest (attach sched	lule) (se	ee instructions)			See Stat	ement 4	18	6,353.
5	19	Taxes and licenses	,			~ &-	c		19	4,339.
ź	20			e instructions for fimitation	rules) St atem e	ent			20	0.
Z	21 22	Depreciation (attach F		ob2) I Schedule A and elsewhei	ra on raturn		21 22a		22b	
8	22 23	Depletion	iiieu oi	1 Schedule A and elsewher	e on return		[224]		23	
		Contributions to defer	rredcor	npensation plans					24	
MAY	25	Employee benefit pre	."						25	
	26	Excess exempt expen	-	hedule I)					26	
-	27	Excess readership co	sts (Sch	nedule J)					27	
2	28	Other deductions (atta					See Stat	ement 5	28	14,750.
2021	29	Total deductions. Ad					· · · · · -		20	25,442.
				ncome before net operation					30	-4,565.
	81 22			oss arising in tax years be		ıry 1,20	ro (see instructions)		31 32	-4,565.
	32			ncome. Subtract line 31 fro work Reduction Act Notic				····	1.44	Form 990-T (2018)
	JESIU	, 01-09-19 EII∕A FUI	· ahei	TOTA ITOUSSESSION AND HOUSE	v, 200 menestiviis.					(2010)

P	art 9	Total Unrelated Business Taxable Income		-
	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	38	-4,565.
	34	Amounts paid for disallowed fringes	34	1,303.
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	1 T	
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	190	
	30	lines 33 and 34	11	1 565
	27	4	30	-4,565. $1,000.$
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
Il	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		4 5 6 5
	and V	Tax Computation	38	-4,565.
			T	
	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 the amount on line 38 from:	١	
		X Tax rate schedule or Schedule D (Form 1041)	40	0.
	41	Proxy tax. See instructions	41	
	42	Alternative minimum tax (trusts only)	42	
III	43	Tax on Noncompliant Facility Income. See instructions	43	ļ
	44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
P	art)			T
		Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	4	
	b	Other credits (see instructions) 45b	-	
	C	General business credit. Attach Form 3800	4	
		Credit for prior year minimum tax (attach Form 8801 or 8827)	ł	
	е	Total credits. Add lines 45a through 45d	45e	
	46	Subtract line 45e from line 44	46	0.
	47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	ļ <u></u>
	48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	50 a	Payments A 2017 overpayment credited to 2018 $\mathcal{L} \mathcal{G}$ 50a 18 , 000 .	4	ļ
	b	2018 estimated tax payments $(4b)$ 30,000.	į	
	C	Tax deposited with Form 8868		
	d	Foreign organizations, Tax paid or withheld at source (see instructions)		
	е	Backup withholding (see instructions) 50e		
	f	Credit for small employer health insurance premiums (attach Form 8941)		
	g	Other credits, adjustments, and payments: Form 2439		
		Form 4136 Other Total ▶ j50g		
	51	Total payments. Add lines 50a through 50g	51	48,000.
	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	
4.1		Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	48,000.
		Enter the amount of line 54 you want: Credited to 2019 estimated tax 48,000. Refunded // >	55	0.
P	art V			
		At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
		here >		$\frac{\mathbf{x}}{\mathbf{x}}$
		During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
		Enter the amount of tax-exempt interest received or accrued during the tax year \(\bigs\)\$		
_	30	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ige and	belief, it is true,
Sig	gn	correct, and complete Declaration of pregarer, other than taxpayer) is based on all information of which preparer has any knowledge		
He	re			RS discuss this return with er shown below (see
				ns)? X Yes No
		Print/Type preparer's name Preparer's signature Date Check X if		
D-	aid	h a 2 a -d 1 / 1 solf amplound	' '	
	aiu repai	Name a Destate / Ward to be to 1/1/10	F	00546079
	repa se O	5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		4-3074582
U:	3 6 U	P O Box 730		
		· · · · · · · · · · · · · · · · · · ·	<u>3</u> 2-	295-1000
8237	11 01-0	•		Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valu	ation N/A	<u> </u>				
1 Inventory at beginning of year	1			ventory at end of year	ar		6		
2 Purchases	2		7 C	ost of goods sold. S	ubtract	line 6		.	
3 Cost of labor	3		fr	om line 5 Enter here	and in	Part I,			
4a Additional section 263A costs			- Iu	те 2			7		
(attach schedule)	4a		8 D	o the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		pı	operty produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			e organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Perso	nal Property L	.ease	d With Real Propo	erty)		
1. Description of property									
(1)									
(2)				_					
(3)				"					
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal pro	property (if the percental perty exceeds 50% or if in profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected v d 2(b) (attac	with the income in h schedule)	I
(1)									
(2)									
(3)	•								
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	ın (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	e instructio	ons)					
				ross income from		3. Deductions directly conn to debt-finance	ed property	<u> </u>	
1. Description of debt-f	inanced property			nanced property	(a)	Straight line depreciation (attach schedule)	(0)	Other deduction attach schedule)	6
(1)				•			†····		
(2)									
(3)				<u>-</u>					
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property h schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. (colu	Allocable deducti nn 6 × total of col 3(a) and 3(b))	ons lumns
(1)				%					
(2)				%					
(3)				%					
(4)				. %					
						nter here and on page 1, Part I, line 7, column (A)		here and on page I line 7 column (I	
Totals				▶		0.			0.
Total dividends-received deductions	ncluded in column	18				•			0.

Form **990-T** (2018)

Cabin Road Foundation Form 990-T (2018) dated April 4, 2011 30-6284988 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification number 3 Net unrelated income 4. Total of specified 5. Part of column 4 that is included in the controlling organization's gross income 6. Deductions directly connected with income in column 5 1. Name of controlled organization ss) (see instructions) (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments 11. Deductions directly connected (see instructions) made with income in column 10 gross income (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I Enter here and on page 1, Part I line 8. column (A) line 8, column (B) 0. 0. Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions Set-asides 1. Description of income 2. Amount of income directly connected (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Enter here and on page 1 Part I line 9, column (B) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7 Excess exempt 2. Gross from unrelated trade of 5. Gross income 6. Expenses directly connected expenses (column 1. Description of unrelated business business (column 2 from activity that with production of unrelated attributable to 6 minus column 5. is not unrelated business income exploited activity income from minus column 3) If a but not more than column 4) trade or business gain, compute cols 5 business income through 7 (1) (2)(3) (4) Enter here and on page 1, Part I, line 10 col (B) Enter here and on Enter here and page 1 Part I on page 1, Part II line 26 line 10 col (A) 0. Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

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)		<u> </u>					
(2)] []
(3)]			
(4)							
Totals (carry to Part II, line (5))	•	0.	0.		· ·		0.

Cabin Road Foundation

Form 990-T (2018) dated April 4, 2011

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	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)							<u> </u>
(2)							
(3)							
(4)							<u> </u>
Totals from Part I	▶	0.	0.			·	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.				0.
Schedule K - Comper	sation	of Officers, D	Directors, and	Trustees (see ins	tructions)		<u> </u>

Contodulo it Compensation of Oniocis, Dire	cotors, and mustees (see mistruc	Lioris)	
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 (2018)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 2
Investments	in debt-financed property	
To Form 990-1	Page 1	
Form 990-T	Other Income	Statement 3
Description		Amount
Other income-	state refunds	7,302
Total to Form	n 990-T, Page 1, line 12	7,302
Form 990-T	Interest Paid	Statement 4
Description		Amount
UBI allocatio disallowed in	ns per K-1s vestment interest expense	8,617 -2,264
Total to Form	1 990-Т, Page 1, line 18	6,353
Form 990-T	Other Deductions	Statement 5
Description		Amount
	n per K-1s deductions – portfolio (other) n Accounting Fees	4,750. 10,000.
Total to Form	990-T, Page 1, line 28	14,750.

Form 990-T	Contributions Summary		Statement	6
Carryover of Prior Years	Unused Contributions			
For Tax Year 2013				
For Tax Year 2014	2,108,602			
For Tax Year 2015	2,179,224			
For Tax Year 2016	6,312,886			
For Tax Year 2017	4,287,826			
Total Carryover		14,888,538		
Total Current Year 50% Co	ntributions	_=,000,000		
Total Contributions Avail	able _	14,888,538	_	
Taxable Income Limitation	as Adjusted	0		
Excess 50% Contributions	_	14,888,538	_	
Total Excess Contribution	s	14,888,538		
Allowable Contributions D	eduction			0
Total Contribution Deduct	ion			0

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

2018

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Cabin Road Foundation dated April 4, 2011

Employer identification number

30-6284988

	Form 5227 filers need to complete only Parts and	orally Assets L	old One Year ar	Less /C==	10.54.	uotiona)
	art I Short-Term Capital Gains and Losses-Gene		T		ınstr	
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no			1		
	adjustments (see instructions). However, if you choose to report all			1		
	these transactions on Form 8949, leave this line blank and go to line 1b		ł			J
1 b	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		†			
ŭ	Box C checked		Ì			
	DOX O DIRECTOR	L	<u> </u>		Γ	
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4	
7	onort term capital gain or (1033) from 1 orms 4004, 0202, 0101, and 0024				-	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts	See Statem	ent 7	5	-1,041.
6	Short-term capital loss carryover, Enter the amount, if any, from line 9 of			iciic ,	<u>-</u>	
U	Carryover Worksheet	ino zo ir Gapitai Loss			6	,
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here anı	d on line 17			.1
•	column (3) on page 2	inini (ii). Entor noro uni	0 011 mio 17,		7	-1,041.
Pa	rt II Long-Term Capital Gains and Losses-Gene	rally Assets He	eld More Than O	ne Year (S	See in	structions)
	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(9)		(h) Gain or (loss)
	orm may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	Subtract column (e) from column (d) and combine 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		ŀ			
	these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	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					li .
	500.7 0.100.100		· · · · · · · · · · · · · · · · · · ·			
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11	
••	Early tarm depicting and or (1000) month arms 2 100; 100 i, oco2; 0.0 i, and				•••	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	See Statem	ent 8	12	8,263.
13	Capital gain distributions				13	
13	Capital gain distributions				-10	
44	Coun from Form 4707 Part I				14	11,380.
14	Gain from Form 4797, Part I	the 2017 Capital Loca	•		1.4	11/300.
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	me zu m oapital 1088	•		15	,
16	Carryover Worksheet Net long-term capital gain or (loss). Combine lines 8a through 15 in colu	ımn (h) Enter here en	d on line 18a		10	
16	column (3) on page 2	(II). EMET NETE ALI	u on mio 10 a ,	.	16	19,643.
	containing (c) on page 2					

Cabin Road Foundation

Schedule D (Form 1041) 2018 dated April 4, 20	11		30	<u>-6284</u>	988 Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estat	e's	(3) Total
Caution: Read the instructions before completing	this part.		or trust	's	
17 Net short-term gain or (loss)	17		-1,0)41.	-1,041.
18 Net long-term gain or (loss).					
a Total for year	18a		19,0	543.	19,643.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b				
c 28% rate gain	18c				
19 Total net gain or (loss). Combine lines 17 and 18a	▶ 19		18,6	02.	18,602.
Note: If line 19, column (3), is a net gain, enter the gain on Form	1041, line 4 (or Form 990-T, I	Part I, line 4a) If line	s 18a and 19.	column ('2), are net gains.
go to Part V, and don't complete Part IV If line 19, column (3), is					
Part IV Capital Loss Limitation					
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 99	0-T, Part I, line 4c, if a trust), th	e smaller of:		T	
a The loss on line 19, column (3) or b \$3,000			20	1)
Note: If the loss on line 19, column (3), is more than \$3,000, or if	Form 1041, page 1, line 22 (or Form 990-T. line 3	38), is a loss, i	complete	the Capital
Loss Carryover Worksheet in the instructions to figure your capital	loss carryover				
Part V Tax Computation Using Maximum C	apital Gains Rates				
Form 1041 filers. Complete this part only if both lines 18a and 19 in co	olumn (2) are gains, or an amour	it is entered in Part I or	r Part II and the	ere is an er	ntry on Form 1041.
line 2b(2), and Form 1041, line 22, is more than zero	, , , , ,				.,,
Caution: Skip this part and complete the Schedule D Tax Workshee	et in the instructions if				
• Either line 18b, col (2) or line 18c, col (2) is more than zero, or					
Both Form 1041, line 2b(1), and Form 4952, line 4g are more					
Form 990-T trusts. Complete this part only if both lines 18a and 19 are		included in income in	Part Lof Form	990-T and	d Form 990-T line
38, is more than zero. Skip this part and complete the Schedule D Tax					
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line		1000,000,000,000,000	7 01 11110 1003 0	<u> </u>	010 111411 2010
22 Enter the smaller of line 18a or 19 in column (2)	<u></u>			ľ	
but not less than zero					
23 Enter the estate's or trust's qualified dividends from					
Form 1041, line 2b(2) (or enter the qualified dividends				1	
included in income in Part I of Form 990-T)					
24 Add lines 22 and 23 24					
25 If the estate or trust is filing Form 4952, enter the					
amount from line 4g, otherwise, enter -0-					
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		ļ		
27 Subtract line 26 from line 21 If zero or less, enter -0-	27				
28 Enter the smaller of the amount on line 21 or \$2,600	28	 		Ì	
29 Enter the smaller of the amount on line 27 or line 28	29	+			
30 Subtract line 29 from line 28. If zero or less, enter -0 This amount		<u> </u>			
31 Enter the smaller of line 21 or line 26	31	1	30	+	
32 Subtract line 30 from line 26	32	 			
33 Enter the smaller of line 21 or \$12,700		 			
34 Add lines 27 and 30	33				
	34			İ	
35 Subtract line 34 from line 33. If zero or less, enter -0-	35	-			
36 Enter the smaller of line 32 or line 35	36	<u> </u>		ł	
37 Multiply line 36 by 15% (0.15)	مه ا	1	▶ 37	 	
38 Enter the amount from line 31	38			1	
39 Add lines 30 and 36	39	<u> </u>		1	
40 Subtract line 39 from line 38. If zero or less, enter -0-	<u>40</u>	<u>J. </u>			
41 Multiply line 40 by 20% (0.20)		j	▶ 41	 	
42 Figure the tax on the amount on line 27. Use the 2018 Tax Rate Sch		1			
and Trusts (see the Schedule G instructions in the instructions for F	,	 			
43 Add lines 37, 41, and 42	43	-			
44 Figure the tax on the amount on line 21. Use the 2018 Tax Rate Sch					
and Trusts (see the Schedule G instructions in the instructions for F	· · · · · · · · · · · · · · · · · · ·	1			
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 h	iere and on Form 1041, Schedule	9			
G, line 1a (or Form 990-T, line 40)			▶ 45	<u> </u>	·

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

OMB No 1545-0092

Employer identification number

30-6284988

41

Schedule I (Form 1041) (2018)

Department of the Treasury Internal Revenue Service

Cabin Road Foundation dated April 4,

► Go to www.irs.gov/Form1041 for instructions and the latest information.

Pŧ	art I Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	-4,565.
2	Interest	2	
3	Taxes .	3	4,339.
4	Reserved for future use	4	
5	Refund of taxes	5 (7,302.)
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	······
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	·- ··· ·
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	-1,760.
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	3,613.
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21 (
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	28,120.
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24 ()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	22,445.
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44 N/A 26	_	
27	Estate tax deduction (from Form 1041, line 19) N/A 27	→	
28	Add lines 26 and 27	28	20 445
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	22,445.
	If line 29 is:		
	• \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the		
	alternative minimum tax.		
	• Over \$24,600, but less than \$180,300, go to line 45.		
	• \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.		··
<u> </u>	rt II Income Distribution Deduction on a Minimum Tax Basis N/A		
30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	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)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35 ()
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI) Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9) Other amounts and exactled as attenues required to be distributed (from Form 1041, Schedule B, line 10)		
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	

41 Tax-exempt income included on line 40 (other than amounts included on line 8)

42 Tentative income distribution deduction on a minimum tax basis, Subtract line 41 from line 40 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

_	edule I (Form 1041) (2018) Cabin Road Foundation dated . art II Income Distribution Deduction on a Minimum Tax Basi			N/A	6284988 Page 2
	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from lin		uea)		·
70	If zero or less, enter -0-	0 07.		43	
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or li	ne 43		70	
	Enter here and on line 26			44	
Pá	art III Alternative Minimum Tax		·-···		
45	Exemption amount			45	\$24,600 00
46	Enter the amount from line 29	46			42 1,000 00
47	Phase-out of exemption amount	47	\$81,900 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48			
49	Multiply line 48 by 25% (0.25)	<u> </u>		49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	
	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or	has a gain	on lines 18a and 19		
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherw	•			
	• \$191,100 or less, multiply line 51 by 26% (0.26).	,			
	• Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result			52	
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax, Subtract line 53 from line 52			54	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sche	dule G, line	e 2a)	55	
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter he	•	•		
	Form 1041, Schedule G, line 1c			56	
Pa	rt IV Line 52 Computation Using Maximum Capital Gains Ra	tes			
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Wo	rksheet,	-		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instru	ctions			
	before completing this part.				
57	Enter the amount from line 51			57	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax				
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				
	(as refigured for the AMT, if necessary). If you didn't complete				
	Schedule D for the regular tax or the AMT, enter -0-	59			
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the				
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter				
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	60			
61	Enter the smaller of line 57 or line 60			61	
62	Subtract line 61 from line 57			62	·
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 26% (0.26).	/			
	28% (0.28) and subtract \$3,822 from the result	, ,		63	
64	Maximum amount subject to the 0% rate	64	\$2,600 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D				
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't				
	complete Schedule D or either worksheet for the regular tax, enter the amount				
	from Form 1041, line 22, if zero or less, enter -0-	65			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66		_	
67	Enter the smaller of line 57 or line 58	67		→	
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68			
69	Subtract line 68 from line 67	69	·		
81986	2 12-13-18			Sche	dule I (Form 1041) (2018)

83

84 85

83 Add lines 63, 76, 79, and 82

and subtract \$3,822 from the result

85 Enter the smaller of line 83 or line 84 here and on line 52

84 If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28)