Form 990-T	Exempt Organization Bus					_	OMB No 1545-0687
Form 330-	(and proxy tax und				ax Hetain	' .	
•	, , , ,		, and ending				2018
Secretary (II) T	Go to www irs.gov/Form990T for in				tion	_ [
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name of	changed a	and see instruction	ons.)		(Empl	oyer identification number loyees' trust, see ctions)
B Exempt under section	Print THE GOLDSTEIN FAMILY F	OUND	ATION				2-1467354
X 501(c \(3 \)	Number, street, and room or suite no. If a P O bo					E Unrela (See ii	ated business activity code nstructions)
408(e) 220(e)	Type C/O CHRIS W, 2117 STAT			00			
408A 530(a) 529(a)	City or town, state or province, country, and ZIP of BETTENDORF, IA 52722	or foreign	postal code			523	000
C Book value of all assets at end of year	F Group exemption number (See instructions)	>					
12,039,6	11. G Check organization type ► X 501(c) cor	poration	501(c)	trust	401(a)	trust	Other trust
	organization's unrelated trades or businesses	1			he only (or first) un		
	SEE STATEMENT 12				complete Parts I-V.		
	plank space at the end of the previous sentence, complete Pa	arts I and	III, complete a So	chedule I	M for each addition	al trade	or
business, then complete	the corporation a subsidiary in an affiliated group or a pare	nt-cuber	tiary controlled a	701102		Ye	s X No
	and identifying number of the parent corporation	iit-subsit	nai y conti oneu gi	loup.		''	3 (<u>21</u> NO
	► CHRIS WIEDENHOEFT			Telepho	ne number 🕨 5	63-	344-5202
Part Unrelate	d Trade or Business Income		(A) Income		(B) Expenses	_	(C) Net
1a Gross receipts or sal	es				=		
b Less returns and allo	wances c Balance	1c			 		
2 Cost of goods sold (^/\	2					
3 Gross profit Subtrac	11 - 1	3		19.	<u></u>		119.
· ·	ne (attach Schedule D) 1 4797, Part II, line 17) (attach Form 4797)	4a 4b	<u>_</u>	19.			119.
 b Net gain (loss) (Form c Capital loss deduction 		40 4c			-		
•	partnership or an S corporation (attach statement)	5	3,6	68.	STMT 1	L 3	3,668.
6 Rent income (Schedi		6					
•	ced income (Schedule E)	7					
8 Interest, annuities, ro	yalties, and rents from a controlled organization (Schedule F)	8					
	f a section 501(c)(7), (9), or (17) organization (Schedule G)		 .				
•	ivity income (Schedule I)	10					
11 Advertising income (•	11					
12 Other income (See in 13 Total, Combine line	structions, attach schedule)	12	3 7	87.	.		3,787.
	ons Not Taken Elsewhere (See instructions for						3,707.
	contributions, deductions must be directly connected				ncome)		
14 Compensation of of	ficers, directors, and trustees (Schedule K)					14	
15 Salaries and wages		(ED				15_	
16 Repairs and mainte	nance RECE!	VED	72/			16	
17 Bad debts			1221	יחאחי	EMENT 14	17	84.
•	edule) (see instructions)	3 5015	<i>י</i> וייטו י	TAT	CMENT 14	18 19	96.
19 Taxes and licenses20 Charitable contribut	1251					20	
21 Depreciation (attach		N. L]] 21	1			
	aimed on Schedule A and elsewhere on return		228			22b	
23 Depletion	_					23	
24 Contributions to de	erred compensation plans					24	
25 Employee benefit pr	-					25	
26 Excess exempt expe	,					26	
27 Excess readership of	•		משם מ	יחאשי	EMENT 15	27	2,093.
28 Other deductions (a			ಎರ್ ಏ	TAT	EMENT 13	28	2,093.
	kdd lines 14 through 28 taxable income before net operating loss deduction. Subtrac	et line 20	from line 13			30	1,514.
	perating loss arising in tax years beginning on or after Janua			ns)		31	-,514.
	taxable income. Subtract line 31 from line 30		,			32	1,514.
	or Paperwork Reduction Act Notice, see instructions						Form 990-T (2018)

Form 990-T	MUD GOI DOMETH BANTEN DOIDAMTON	42-1467354	Page 2
Part:		42-140/354	rayo £
,	, , 	7 22 7	1,514.
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	7/214.
	Amounts paid for disallowed fringes	. 34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1 00	1,514.
	lines 33 and 34	36	1,000.
	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,		514.
Dawn	enter the smaller of zero or line 36 / Tax Computation		714.
		▶ 39	108.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		
40		10	
44	Tax rate schedule or Schedule D (Form 1041)		
	Proxy tax. See instructions	1 4- 1	
	Alternative minimum tax (trusts only)		
	Tax on Noncompliant Facility Income. See instructions		108.
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	44	100.
			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions)	3.	
_	General business credit. Attach Form 3800	 	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	 - ,,,	2
-	Total credits. Add lines 45a through 45d	45e	105.
46	Subtract line 45e from line 44	46	102.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ettac		105.
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
_	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments	,500.	
-		,300.	
_	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)	 	
8 ,	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	-	
ا ۔			6,500.
	Total payments. Add lines 50a through 50g	51	0,300.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	" . ——	6,395.
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want; Credited to 2019 estimated tax 6,395. Refund	. ► 54 ed ► 56	0,333.
Part 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		VE 1 17.4
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	THICEN FORTH 114, Report of Foreign Bank and Fritancial Accounts in Fest, enter the hame of the loceign country		x
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	truet?	-
	f "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 >\$		[4] [1]
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowledge and bellef, it	s true,
Sign	correct, and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge		
Here	11/13/19 PRESIDENT	May the IRS discus the preparer shown	
	Signature of officer Date Title	Instructions)?	
	Print/Type preparer's name Preparer's signature Date Chec		
Daid	Self-	employed	
Paid	TENTER 1 OUR CE		06883
Prepar Use Or	BI STATE OF THE ST		714325
USE UI	4650 E 53RD ST		
		one no. 563-888	-4000
823711 01-0			990-T (2018)

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Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation • N/A Inventory at end of year 6 Inventory at beginning of year 6 1 7 Cost of goods sold Subtract line 6 2 Purchases 2 Cost of labor 3 from line 5 Enter here and in Part I, 3 7 4a Additional section 263A costs Yes No Do the rules of section 263A (with respect to (attach schedule) **4a** property produced or acquired for resale) apply to b Other costs (attach schedule) 4b the organization? Total. Add lines 1 through 4b 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) Sent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if rent for personal property is more than 10% but not more than 50%) the rent is based on profit or income) (1) (2) (3) (4) 0. Total 0 Tota! (b) Total deductions (c) Total income Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1 Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(b) Other deductions (attach schedule) (a) Straight line depreciation 1 Description of debt-financed property financed property (attach schedule) (1) (2) (3) (4) Average adjusted basis of or allocable to debt-financed property (attach schedule) 8 Allocable deductions 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 7 Gross income Column 4 divided reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) % (1) % (2)(3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

Form 990-T (2018)

0.

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0.

0.

Totals

Total dividends-received deductions included in column 8

Schedul	le'F - Interest,	Annuities	, Royalt	ies, and	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	ns) raye i
					Exempt (Controlled O	ganızatı	ons				
Ì NE	ame of controlled organizati	ion	2 Emg identifie num	cation				al of specified nents made	5 Part of column 4 that included in the controlli organization's gross inco		olling	6 Deductions directly connected with income in column 5
(4)					<u> </u>						-+	
(1)									-			
(2)		-			ļ	- .			-			
_(3)					 			· · · · · · · · · · · · · · · · · · ·	 			
(4)												
Nonexemp	ot Controlled Organi	zations										
7	Taxable Income		related incom se instructions		9 Total	of specified payn made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ s income	iization's		eductions directly connected h income in column 10
(1)												
(2)												
(3)	· · · · · · · · · · · · · · · · · · ·	i			<u> </u>							
(4)	· · · · · · · · · · · · · · · · · · ·				 		 †					
		I						Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals										0.		0.
	le G - Investme		ne of a S	Section	501(c)(7	'), (9), or (17) Org	anization		<u> </u>		
	1 Desc	ription of incon	ne			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								· ·				
(2)							1					
(3)												
(4)						 						
						Enter here and o Part I, line 9, co				<u> </u>		Enter here and on page 1, Part I, line 9, column (B)
Totals					>		0.					0.
Schedu	le I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income				
	Description of ploited activity	2. Gr unrelated i income trade or b	ousiness from	directly c with pro	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	abte to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)			<u> </u>							İ		
(3)						<u> </u>						
(4)		Enter here page 1, line 10, c	Parti,		e and on , Part I, col (8)							Enter here and on page 1, Part II, line 26
Totals	•		0.		0.							0.
	le J - Advertisir	ng Incom	1 e (see ii	nstruction		-		·		_		
Part I	Income From I	Periodica	als Repo	orted or	a Cons	solidated	Basis					
	1 Name of periodical		2 Gross advertising income		3 Direct artising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulat		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)						┑						1
(3)						┪				<u> </u>		1
(4)				+		\dashv						1
(7)				-		 						
Totals (carr	y to Part II, line (5))	•		<u>).</u>	0			<u> </u>				0 . Form 990-T (2018)

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Form 990-T (2018) THE GOLDSTEIN FAMILY FOUNDATION 42-14673

Part II | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (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	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 - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)

Form **3800**

Department of the Treasury Internal Revenue Service (99)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

2018

Attachment
Sequence No 22

Name(s) shown on return

Identifying number

THE	GOLDSTEIN FAMILY FOUNDATION	42-	1467354	
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)		
	(See instructions and complete Part(s) III before Parts I and II)			
1	General business credit from line 2 of all Parts III with box A checked	1		
2	Passive activity credits from line 2 of all Parts III with box B checked 2			
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3		
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4_		
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with box D checked See instructions	5	<u>-</u>	
6	Add lines 1, 3, 4, and 5	6	0	00
Part	***************************************	·	r	1
7	Regular tax before credits			
	Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44			
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	<u> </u>		
	applicable line of your return	7	108	-
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,			
	lines 1a and 1b, or the amount from the applicable line of your return Alternative minimum tax			
8	Individuals Enter the amount from Form 6251, line 11			
	• Corporations Enter -0-	8		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56	⊢		
	Estates and trusts. Enter the amount from Schedule 1 (1011111041), line 30			
9	Add lines 7 and 8	9	108	00
10a	Foreign tax credit			
b	Certain allowable credits (see instructions)			
С	Add lines 10a and 10b	10c	0	00
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	108	00
• •				
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 108 00	-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See Instructions			
14	Tentative minimum tax	1		
	Individuals Enter the amount from Form 6251, line 9			
	Corporations Enter -0- \ 14			
	Estates and trusts Enter the amount from Schedule 1 (Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15	0	00
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	108	00
17	Enter the smaller of line 6 or line 16	17		
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,			
	or reorganization	l		<u> </u>
For Pa	perwork Reduction Act Notice, see separate instructions.		Form 380 ((2018)

Pari				
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and et	nter -	0- on line 26 	
18	Multiply line 14 by 75% (0 75) See instructions	18		
19	Enter the greater of line 13 or line 18	19		
20	Subtract line 19 from line 11 If zero or less, enter -0-	20		
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	_	_
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		
23	Passive activity credit from line 3 of all Parts III with box B checked 23	 		
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24		
25	Add lines 22 and 24	25		
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0	00
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	108	00
28	Add lines 17 and 26	28	0	00
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	108	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30		
31	Reserved	31		_
32	Passive activity credits from line 5 of all Parts III with box B checked 32 3			
33	Enter the applicable passive activity credits allowed for 2018 See instructions	33	3	
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34		
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35		
36	Add lines 30, 33, 34, and 35	36	3	00
37	Enter the smaller of line 29 or line 36	37	3	00
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c Estates and trusts Form 1041, Schedule G, line 2b	38	3	00

Form 3800 (2018)

								_
Nar	me(s) st	hown on return		Id	lentıfyi	ng number		
T	HE C	GOLDSTEIN FAMILY FOUNDATION		4	42-1	467354		
P	art Ill	General Business Credits or Eligible Small Business Credits (see	ınst	ructions)				Τ
		te a separate Part III for each box checked below See instructions		<u> </u>				_
		General Business Credit From a Non-Passive Activity E Reserved						
		General Business Credit From a Passive Activity F Reserved						
	=	General Business Credit Carryforwards General Business Credit Carryforwards General Business Credit Carryforwards General Business Credit Carryforwards	Rusin	ess Cradit Ca	rrvfo	wards		
		_ *	Dusin	C33 Ofean Ob	an y 101	wardo		
							£	_
ı		u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	additional Part	III CO	mbining amounts	▶ [
	all Pa	arts III with box A or B checked Check here if this is the consolidated Part III		T				ᆜ
		(a) Description of credit		(b) If claiming the o	credit	(c)		
		any line where the credit is from more than one source, a separate Part III is needed for e	ach	from a pass-thr	rough	Enter the approp amount	nate	
pas	ss-thro	ough entity		entity, enter the	e EĪN			_
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				ļ	_
	b	Reserved	1b					_
	С	Increasing research activities (Form 6765)	1c					
	d	Low-income housing (Form 8586, Part I only)	1d					
	е	Disabled access (Form 8826) (see instructions for limitation)	1e					
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f					
	g	Indian employment (Form 8845)	1g		i		1	_
	h	Orphan drug (Form 8820)	1h				1	_
		New markets (Form 8874)	1i				+ -	_
	:	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>				+	_
	1		ــــــــــــــــــــــــــــــــــــــ	<u>.</u>			+	_
	k	Employer-provided child care facilities and services (Form 8882) (see	41.					
		instructions for limitation)	1k				╁	_
	ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				+	_
	m	Low sulfur diesel fuel production (Form 8896)	1m				+	_
	n	Distilled spirits (Form 8906)	1n_				1-	_
	0	Nonconventional source fuel (carryforward only)	10				1	_
	р	Energy efficient home (Form 8908)	1p					_
	q	Energy efficient appliance (carryforward only)	1q					_
	r	Alternative motor vehicle (Form 8910)	1r			·		_
	s	Alternative fuel vehicle refueling property (Form 8911)	1s					
	t	Enhanced oil recovery credit (Form 8830)	1t					
	u	Mine rescue team training (Form 8923)	1u					
	v	Agricultural chemicals security (carryforward only)	1v					
	w	Employer differential wage payments (Form 8932)	1w			•		
	x	Carbon oxide sequestration (Form 8933)	1x					_
	y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y					_
	z	Qualified plug-in electric vehicle (carryforward only)	1z					_
	aa	Employee retention (Form 5884-A)	1aa				 -	-
		General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				+	_
	bb		1.55	 			+	_
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz					
	_		2		-		100	_
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I					00	<u>'</u>
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3					_
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				+	_
	b	Work opportunity (Form 5884)	4b_	46-115316	67	1	-	_
	С	Biofuel producer (Form 6478)	4c				╁	_
	d	Low-income housing (Form 8586, Part II)	4d	ļ			-	_
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			_	_	_
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f					
	g	Qualified railroad track maintenance (Form 8900)	4g					_
	h	Small employer health insurance premiums (Form 8941)	4h					_
	i	Increasing research activities (Form 6765)	4i	46-115316	67	2		_
	i	Employer credit for paid family and medical leave (Form 8994)	4j					_
	z	Other	4z		Ī		İ	_
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			3	00)
	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1		3		_

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 12
FLOW THROUGH	H K-1'S FROM INVESTMENTS	

TO FORM 990-T, PAGE 1

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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 13
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT - ORDINARY BU INVESTMENT - NET RENTAL INVESTMENT - OTHER NET R INVESTMENT - INTEREST IN INVESTMENT - DIVIDEND IN INVESTMENT - OTHER PORTF INVESTMENT - OTHER INCOM INVESTMENT - INTEREST IN INVESTMENT - DIVIDEND IN TOTAL INCLUDED ON FORM 9	REAL ESTATE INCOME ENTAL INCOME (LOSS) COME COME OLIO INCOME (LOSS) E (LOSS) COME COME	2,297. -27. 1. 26. 30. 1. -1,193. 11. 2,522.
FORM 990-T	INTEREST PAID	STATEMENT 14
DESCRIPTION		AMOUNT
INVESTMENT INTEREST FROM LP	K-1 - LANDMARK EQUITY PARTNERS XV	84.
TOTAL TO FORM 990-T, PAG	E 1, LINE 18	84.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 15
DESCRIPTION		AMOUNT
LP	M K-1 - LANDMARK EQUITY PARTNERS XV	355. 1,738.
TOTAL TO FORM 990-T, PAG	E 1, LINE 28	2,093.

SCHEDULE D (Form 1120) -

Department of the Treasury Internal Revenue Service

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

Name

Employer identification number

THE GOLDSTEIN FAMI			<u></u>	-146/354
Part I Short-Term Capital Ga	ins and Losses (See	instructions)		
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(0) Adjustments to cain	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b 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		•		8.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824		5	
6 Unused capital loss carryover (attach comput	*		6	1
7 Net short-term capital gain or (loss). Combin	•	ı h	7	8.
Part II Long-Term Capital Gai				
See instructions for how to figure the amounts			T	T
to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,	(II) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)
8a 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				
8b 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			<u> </u>	-200.
11 Enter gain from Form 4797, line 7 or 9			_11	311.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	7	_12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		_ 13	
14 Capital gain distributions			_ 14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	n h		111.
Part III Summary of Parts I and	d II			
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	il loss (line 15)	_16	
17 Net capital gain Enter excess of net long-term	n capital gain (line 15) over net	t short-term capital loss (line	e 7)	111.
18 Add lines 16 and 17 Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns.	18	119.
Note: If losses exceed gains, see Capital loss	es in the instructions			

JWA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

FAMILY FO	OUNDATION	I			42-1	<u>467354</u>
ow, see whether ation as Form 109 oox to check	you received any 99-B Either will s	Form(s) 1099-B show whether you	or substitute statem ur basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	bstitute IS by your
	al assets you held	1 year or less are ge	enerally short-term (see	Instructions) For long term	
I fit on this page for on	e or more of the boxes	, complete as many for	ms with the same box che	cked as you ne	ed	each applicable box
ported on Form(s) 1099-B showin	g basis wasn't r	•	Note and	, ve,	
T				Adiustmont	if any to gain as	
Date acquired	Date sold or	Proceeds	Cost or other	loss If you in column (u enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Mo , day, yr)	(Mo , day, yr)	, , ,	Note below and see Column (e) In the instructions	(f) Code(s)	(g) Amount of	from column (d) & combine the result with column (g)
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tal here and inclu	ide on your					
	ow, see whether ation as Form 100 to x to check ions involving capit I short term transace totals directly on 5 Check only one but if to nthis page for on ported on Form(sported on Form(sported on Form(sported on Age, yr)) Date acquired (Mo, day, yr)	ow, see whether you received any ation as Form 1099-B Either will show to check it short term transactions reported on Fatotals directly on Schedule D, line 1a Check only one box. If more than one be 1 fit on this page for one or more of the boxes ported on Form(s) 1099-B showing ported on Form(s) 1099-B showing treported to you on Form 1099-E (b) (c) Date acquired (Mo, day, yr) Date sold or disposed of	nons (to check) Ions involving capital assets you held 1 year or less are gril is short term transactions reported on Form(s) 1099-B show to totals directly on Schedule D, line 1a, you aren't required. Theck only one box. If more than one box applies for your should not this page for one or more of the boxes, complete as many for ported on Form(s) 1099-B showing basis was repopered on Form(s) 1099-B showing basis wasn't reported to you on Form 1099-B (b) (c) Date acquired (Mo , day, yr) (Mo , day, yr) (Mo , day, yr) Inns (d), (e), (g), and (h) (subtract tal here and include on your	cow, see whether you received any Form(s) 1099-B or substitute statem attorn as Form 1099-B. Either will show whether your basis (usually you box to check). It consists the first show whether your basis (usually you box to check). It consists the first show whether your basis (usually you box to check). It consists the first show whether your basis (usually you box to check only one poor, and the provided on Form(s) 1099-B showing basis was reported to treat these trans. Check only one box. It more than one box applies for your short-term transactions, complete one form(s) 1099-B showing basis was reported to the IRS (see ported on Form(s) 1099-B showing basis was reported to the IRS (see ported to you on Form 1099-B. (b) (c) (d) (p) Cost or other basis See the Note below and see Column (e) in the instructions. (Mo , day, yr) (Mo , day, yr) (d) (e) Cost or other basis See the Note below and see Column (e) in the instructions.	cow, see whether you received any Form(s) 1099-B or substitute statement(s) from a from 1099-B. Either will show whether your basis (usually your cost) was box to check. In short term transactions reported on Form(s) 1099-B showing basis was reported to the IRS is totals directly on Schedule 0, line 1a, you aren't required to report these transactions on Formed to the IRS is totals directly on Schedule 1, line 1a, you aren't required to report these transactions on Formed on Form(s) 1099-B showing basis was reported to the IRS (see Note about the ported on Form(s) 1099-B showing basis was reported to the IRS (see (Mo , day, yr)) In the ported on Form 1099-B. In the ported on Form 1099-B. In the ported to you on Form 1099-B. In the ported on Form 1099-B. In the ported on Form 1099-B. In the ported to you on Form	ow, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A sustain as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IR book to check. In some hand the provided of the IR see that the provided in the IR see to the IR see the IR s

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

8.

above is checked), or line 3 (if Box C above is checked)

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

THE GOLDSTEIN FAMILY FOUNDATION						42-1	42-1467354	
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from you statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was republished and may even tell you which box to check.							ur broker A substitute ported to the IRS by your	
Part II Long-Term. Transact		al assets you held r	nore than 1 year are	generally long-term (s	see instruction	ns) For short term to	ansactions,	
Note: You may aggregate a codes are required. Enter the	ill long term transact	ions reported on F	orm(s) 1099-B show	ring basis was reported	d to the IRS a	and for which no adj	ustments or	
You must check Box D, E, or F below	Check only one bo	x. If more than one b	ox applies for your long	term transactions, compl	ete a separate l	Form 8949, page 2, for e		
If you have more long-term transactions than wi	• =							
(E) Long-term transactions re		•	•	•	Note abo	v e)		
X (F) Long-term transactions no	•		•	eported to the ino				
1 (a)	a) (b) (c) (d) (e) Adjustment, if any, to gain or							
Description of property	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other	loss If you enter an amount in column (g), enter a code in column (f) See instructions (f) (g) Amount of			
(Example 100 sh XYZ Co)				basis See the Note below and see Column (e) in				
LANDMARK EQUITY	<u> </u>							
PARTNERS XV				 				
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2 Totals. Add the amounts in colu	mns (d), (e), (o), a	nd (h) (subtract		 				
negative amounts) Enter each to		, , ,						
Schedule D, line 8b (if Box D ab		•	ı					
above is checked), or line 10 (if	· ·				<u> </u>		<200.>	
N	Luk Ab - b - a - a - a - a - a - a - a - a -	A 150			h			

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