		. 000 T	Ex	empt Organiz					x Return			OMB No	0 1545-0687	
	Fo	Form 990-T (and proxy tax under section 6033(e))										2018		
	•	For calendar year 2018 or other tax year beginning, 2018, and ending,											J10	
	Deoarti	ment of the Treasury	1	•							6	ben to Pub	llc lnspection for	
		I Revenue Service	► Do not	enter SSN numbers on t							//5	01(c)(3) Org	ganizations Only	
	A [	Check box if address changed	. l				-	e instructions)		D	(Em	ployees' tru	ification number ist, see	
	<b>B</b> E	cempt under sected	Print_				UNDATIO	N		Ì		ructions )		
	X	501( C ) <u>(</u> 3()	フレ rung	2357 WESTVIE PARK CITY, U						<u> </u>		7-6245		
	L	408(e) 220(		FARR CIII, C	JI 04030	,				E		e instruction	ness activity code is )	
	☐ 408A ☐ 530(a)											11130		
		ok value of all assets end of year			See instruct			(F.) ·		<u> </u>		<u> </u>	<del></del>	
		35,506,185	. G Chec	k organization type		501(c	) corporation	on X   501	(c) trust	401(	a) tr	ust [	Other trust	
				n's unrelated trades or			<u> 1</u>		escribe the only	•				
	tr	ade or business he	re ► <u>ARTIST</u>	TIC SERVICES,	DESIGN	AND	CREATI	ON					ete Parts I-V	
				st in the blank space ess; then complete F		or the	previous s	sentence, co	mpiete Parts i	and I	ı, co	impiete a	Schedule IVI	
				oration a subsidiary		ted ar	oup or a pa	rent-subsidi	ary controlled	aroup	7	►   Y	es X No	
				ifying number of the					,,	J I-		الــا	21	
•				D W. STEVENSO		porati	···	T	elephone num	ber►	760	1-807-	6727	
ı	Par			Business Income			(A) Ir	come	(B) Expe		7		C) Net	
,		Gross receipts or			<del></del>		<u> </u>		(4) 1 A A A A V 2	17.4kg 44	الأشيخ	(j. vá. 1878)	i la dición de la dición dela dición de la d	
		Less returns and allow		c	Balance►	1 c								
		Cost of goods sold			Balanos	2		<del></del>	<b>表示于别类之</b>	A. Mirke	C . C		440.049	
		Gross profit Subtr				3			李进州 哲学		****	7.0 173404 . 81°C (	*(13. E) (100 E)	
		Capital gain net in				4a			I.L. S. S. C. A.	vê av is		•		
		Net gain (loss) (Form 4	•	•		4b	_				3/0			
		Capital loss deduc				4c			FINAL PROPERTY.	19 mm 3				
		Income (loss) from	a partnership o		ST 1			RFC	William Street	15 80 ×				
		(attach statement			21 1	5	<del></del>	56, 923	ででいるが		**		<del></del>	
	_	Rent income (Sch	•	(O 1 1 1 E)		6	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	<b>3</b> 2019	<del>, , )</del>				
	7	Unrelated debt-fin				7		6 NOA	10 20	105	_			
	8			om a controlled organizat		8	1	N L	ENI 117	'				
	9			), (9), or (17) organization	(Schedule G)	9		-ngl	JFIN N		5			
	10	Exploited exempt	•	•		10	1							
	11	Advertising incom-	•	='		11			100 of x 200 of 200	- Ja + w - 3.	4.27			
	12	Other income (Se	e instructions,	attach schedule)		1								
			2.1.	10		12			100 10 10 10 10 10 10 10 10 10 10 10 10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		656 000	
	,	Total. Combine lin			'aa matuu	13		556,923.	doductions		0.		656,923.	
	Par	contribute	n <b>s Not Take</b> ons deduct	<b>en Elsewhere</b> (S tions must be`dir	rectly con	CUON	s for fiffill ad with th	ialions on le unrelati	aeuuctions ed husiness	.) (⊏) .nco	me	prior.		
	14			ors, and trustees (S		TICCL	, with the	ic arriciati	ca basiness	1.00		.,		
	15	Salaries and wage	·	,						1	-			
	16	Repairs and mainl						i		1	$\rightarrow$			
	17	Bad debts								1	-			
	18	Interest (attach so	hedule) (see ı	nstructions)						1		· <u> </u>		
	19	Taxes and license		1 1						1		<u>-</u>		
	20			structions for limitati	ion rules)		•			2				
	21	Depreciation (atta	<u>.</u>					21			57 45 5-16			
	22			, chedule A and elsew	vhere on ret	turn		22a			2b			
	23	Depletion								2	-+			
	24	Contributions to de	eferred compe	ensation plans						2	-+			
	25	Employee benefit	•	F						2	_			
1	26	Excess exempt ex	=	dule I)						2	-		1,	
<u> </u>	27	Excess readership	•							2				
222	28	Other deductions	· ·							2				
_	29	Total deductions.								2	9			
	30			me before net opera	_				m line 13	3			656,923.	
	31			in tax years beginning on		-	8 (see instruc	tions)		3		STATES OF		
				me Subtract line 31	_	30				3	2		656, 923.	
	RAA	For Paperwork Re	eduction Act N	Notice, see instruction	ons.		Т	EEA0201L 1/31	/19			⊦orm	990-T (2018)	

Par	t III	Total Unrela	ated Business Tax		-		<del></del>	<u> </u>	<u> </u>		
33			siness taxable income		all unrelated trades	or businesses (se	e				
	ınstru		33	- 6	556,9	€23.					
34	Amou	nts paid for dis		34							
35		tion for net ope	_								
20		ctions)	siness taxable income			E STATEMENT		35			
36		of unrelated bu es 33 and 34	36	- 6	556,9	123					
37		fic deduction (C	37		,,,,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
			taxable income. Subtra				6.	<del></del>			
		the smaller of a				<b>9</b>	-,	38	- (	556,9	<del>}</del> 23.
Par	t IV	Tax Compu	tation		-						
39	Organ	uzations Taxab	ole as Corporations. Mu	ultiply line 38 by	21% (0 21)		<b>&gt;</b>	39		•	
40	Trust	_	ust Rates. See instructi		outation. Income tax	x on the amount					
	on lin	e 38 from	$\overline{X}$ Tax rate schedule or	Schedu	le D (Form 1041)		•	40			0.
	_	tax. See instri					<b>•</b>	41			
			tax (trusts only)					42			
			nt Facility Income. See					43			
			42, and 43 to line 39 o	r 40, whichever a	applies			44			0.
		Tax and Pag									
45 a	Foreig	ın tax credit (co	orporations attach Form	i 1118, trusts atta	ach Form 1116)	45 a		. wight			
		credits (see in:				45 b		133			
			edit Attach Form 3800			45 c					
			mınımum tax (attach Fo	orm 8801 or 8827	<b>'</b> )	45 d		الكفدد			
			nes 45a through 45d					45 e			<u>0.</u>
		act line 45e froi		¬ oc11 □	E 0007 DE			46			0.
4/			f from Form 4255		Form 8697 LForn	n 8866		,,			
48		ther (attach sch	46 and 47 (see instruct	uone)				47			
49				•	D. Dort II. ookumm	(la) luna ()		48			0.
			oility paid from Form 96		-B, Part II, column			49			
	-		verpayment credited to	2018		50 a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		estimated tax p	•			50 b					
		eposited with F	orm 6868 s Tax paid or withheld	at source (see in	actructions)	50 c					
			(see instructions)	at source (see ii	istructions)	50 e					
			loyer health insurance i	oremiums (attact	Form 8941)	50 f					
			ments, and payments	Form 2439	65,	301					
,		orm 4136	□Oth		Total	► 50 g					
51			l lines 50a through 50g	-				51			0.
52	_		v (see instructions) Ch	neck if Form 2220	) is attached		▶□	52			<del></del>
53			less than the total of li			wed	-	53			
54			51 is larger than the to		•		<b>•</b>	54			
55	_	-	line 54 you want Cred				Refunded ►	55		_	
			Regarding Certain			nation (see instru		,			
56			2018 calendar year, did					er a		Yes	No ·
50	-	_	nk, securities, or other) in a	-		•	-		114.	l	计划
			k and Financial Accounts		_	-	<b>▶</b>	•	,	78 328	X
57			did the organization rec		_	=	ansferor to	a forev	— — — — nn trust?		$\frac{X}{X}$
3,		-	ns for other forms the org			ic grantor or, or th	ansieror to,	a loreit	gir trust	1"1599F	 इ.स.३५३
58			x-exempt interest receive			¢	٥				
	Litter		perjury, Mieclare that I veve ex rect, and complete Declaration			nedules and statements,	and to the best	of my kno	owledge and	1000	<u>~~~</u> 3
Sigr	า	belief it is trae cor	rect, area complete beclaration	of preparer (other that	. / . 1/1/		preparer has any		lge IRS discuss t	his return	a with
Here	е	Signature of of	treet	Date		TRUSTEE			arer shown be		
		Signature of Oli	noci	Date		ine		in su ucti	`````Y	es	No
Da:-	1	Print/Type preparer	's name	Preparer's signature		Date	Check 🔀 if	PT	IN	-	
Paic Pre-				SELF-PREPA	ared		self-employed		<b>24</b> 00 (11 ) 22		0.000
pare		Firm's name					Firm's EIN	XANAGE	692		
Üse		Firm's address				**************************************			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN		
Only	y						Phone no				92
							·				

Schedule A — Cost of Goo				n. 10 = h =	L	and of year	- T			
<ul><li>1 Inventory at beginning of ye</li><li>2 Purchases</li></ul>	2			-	end of year	6		_		
					l <b>s sold.</b> Subtract ne 5 Enter here					
3 Cost of labor	3				line 2	7				
4 a Additional section 263A costs (attac	n scneaule)	4							Yes	No
<b>b</b> Other costs		4 a	8 [	Oo the	rules	of section 263A (wit	h resp	ect to		
(attach sch)		4 b				luced or acquired fo	r resal	e) apply		
5 Total. Add lines 1 through 4		5				zation?				
Schedule C – Rent Income	(From Rea	I Property and	d Personal Pro	perty	Leas	sed With Real P	roper	<b>ty)</b> (see ır	structi	ons)
1 Description of property										
(1)										
(2)										
(3)	•		•							
(4)				· ·						
	2 Rent receiv	ed or accrued				24 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
(a) From personal prop		(b) From re	eal and personal p	roperty	<i>'</i> .	3(a) Deduction the income in				
(if the percentage of rent for property is more than 10%	personal	(if the perce	entage of rent for p ceeds 50% or if the	ersona e rent i	al .		hedule)	·~ =(~)		
more than 50%)	baction	based	on profit or incom	ne)	-	ł				
(1)										
(2)										
(3)										
(4)										
Total		Total						. ,		
(c) Total income. Add totals of conere and on page 1, Part I, line 6		d 2(b) Enter				(b) Total deductions here and on page 1, Par I, line 6, column (B)				
Schedule E — Unrelated De	ebt-Finance	d Income (see	instructions)							
1 Description of debt	financed pror	oorty	2 Gross income to allocable to d		<b>3</b> D€	eductions directly co debt-final			allocab	le to
i Description of debi	-illianced prop	Derty	financed prope		depr	(a) Straight line eciation (attach sch		Other de (attach sc		
(1)										
(2)									-	
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	djusted basis of to debt-financed ttach schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 column 6)		(	Allocable o column 6 : umns 3(a)	k total	of	
(1)				%						
(2)				%						
(3)				%						
(4)				<sup>8</sup>						
<u> </u>	1		L		Ente	r here and on page I, line 7, column (A	1, Ente	er here and	d on pa	ige 1,
Totals				<b>.</b>		., , , , , , , , , , , , , , , ,	´   · · · ·	, , ,	-0.41111	. (5)
i otais Total dividends-received deducti	one included i	n column 8		_	Ļ		<u> </u>			
BAA	ons included t		TEA02021 01/20/10					Form	990-T (	20191
DAA		ľΕ	EA0203L 01/30/19					i Oilli	JJU-1 (	2010)

Schedule F — Interest, A	mutu				trolled Or			orgai	ilzations (	see ins	structions,	<u> </u>	
organization identi		Employer ntification number	3 Net unrelated income (loss) (see instructions)				4 Total of speci payments ma		<b>5</b> Part of conthact is income the contour organize gross in	cluded in controlling incontrolling		ductions directly onnected with ome in column 5	
(1)						T				_	-		
(2)			-			Τ					_		
(3)						T							
(4)					• ,,	T		_					
Nonexempt Controlled Organization	ations	•											
7 Taxable Income 8 Net		et unrelated come (loss) instructions)	ome (loss) p		Total of specified payments, made		10 Part of included in organization	the c	controlling	connected		ctions directly d with income olumn 10	
(1)							• • • • • • • • • • • • • • • • • • • •		·	-			
(2)													
(3)													
(4)							=:				,		
Totals			•				Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B)	
Schedule G – Investmen	t Inco	mo of a So	ction	501/	c)(7) (9 <sup>2</sup>		or (17) Organ	nizati	on (see insi	truction	20)		
1 Description of income			2 Amount of income		3 Deduction		ductions	4 Set-asides (attach schedul		s <b>5</b> Total ule) set-as		Total deductions and set-asides (column 3 plus column 4)	
(1)	,				(4.1.0						<b>P</b> 10		
(2)													
(3) .					\ <del></del>							<u> </u>	
(4)					·- <del></del> -								
Totals	•	Enter here an Part I, line 9,	colur	nn (A)							Part I, III	re and on page 1 ne 9, column (B)	
Schedule I – Exploited E	xemp											T	
.  1 Description of exploited a	ctivity <sup>'</sup>	2 Gross unrelate busines income fro trade of busines	d s om	conne pro of u	ises-directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) im unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	activ	s income from ity that is not ated business income	attrıbu	oenses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		,											
(2)													
(3)													
(4)		1									<del>.</del>		
Totals	٠,	Enter here on page Part I, line column (	1, 10,	on p	here and page 1, I, line 10, mn (B)							Enter here and on page 1, Part II, line 26	
Schedule J – Advertising	a Inco	me (see insti	ructio	ns)		erges.	at the 1880 or on No. 1881.0	_र'चें दिशे	125° '.,1% 7.65 "1.2"	5 DOTE - 15	1. 1. E 7 BB 4		
Part I. Income From Per					nsolida	ter	d Rasis						
Tarti Income From Fe	Toulc	2 Gross			Direct	_	Advertising gain or	5.0	irculation	6 Pag	dership	7 Excess readership	
1 Name of periodical		advertisii		adve	ertising osts	(1	oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		ncome		osts	costs (col 6 minus col 5, but not more than col 4)	
(1)							さらない。 では、 では、 では、 では、 では、 では、 では、 では、						
(2)													
(3)	<del></del>												
Totals (carry to Part II, line (5))	, ,	<u> </u>					•						

Total. Enter here and on page 1, Part II, line 14

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Form **990-T** (2018)

FOITH 990-1 (2010) NIKI CHARITA	BLE ART FOUR	NDATION _			4/-62459/1	Page 5
Part II Income From Periodica 7 on a line-by-line basis )	als Reported or	n a Separate E	<b>Basis</b> (For each p	eriodical listed in	Part II, fill in coli	umns 2 through
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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)			-			
(4)						
Totals from Part I	•				- 144 m (	
Totals, Part II (lines 1 – 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)		particular particular continues and continues and continues and continues and continues are continues and continues and continues are continues are continues and continues are continued as a continue and continues are continues are continued as a continue are continues are continued as a continue are continued as a continued are continued are continued are continued are continued are continu		Enter here and on page 1, Part II, line 27
Schedule K — Compensation of	f Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name		2 Title	3 Percent o time devote to business	d to unrela	ation attributable ited business	
			•		o o	
				!	8	
			<u> </u>		1	

TEEA0204 L 12/31/18

2018

## **FEDERAL STATEMENTS**

PAGE 1

**NIKI CHARITABLE ART FOUNDATION** 

47-6245971

STATEMENT 1 FORM 990-T, PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	 GROSS INCOME	_D	EDUCTIONS	_	INCOME (LOSS)
NOAH'S ART, INC.	\$ 3.	\$	656,926. TOTAL	\$ \$	-656,923. -656,923.

## STATEMENT 2 FORM 990-T, PART III, LINE 35 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	0	RIGINAL LOSS	LOSS PREVIOUS USED	SLY		OSS LABLE
12/31/06 12/31/09 12/31/11 12/31/14 12/31/15 12/31/16 NET OPERATING LOSS	\$ AVATLABLE	387,935. 334,991. 113,764. 61,772. 372,329. 325,578.	\$	25,543. 0. 0. 0. 0.	\$ <del>S</del>	362,392. 334,991. 113,764. 61,772. 372,329. 325,578. 1,570,826.
TAXABLE INCOME NET OPERATING LOSS		(LIMITED TO T	AXABLE INCOME	)	\$ \$	-656, 923. 0.