3-70149-11-26.

Form	990-T	E	empt Organi	zation	Bus	siness Inco der section 6	me	Fax Returr	יָ [OMB No 1545-0687
. 0		For cale	ndar year 2018 or other ta	•			-	• •		୭ଲ1ହ
Donard	ment of the Treasury	1 01 0010	Go to www irs.go							<u> </u>
	Revenue Service	▶Do	not enter SSN numbers						3)[Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name changed and see instructions)							oyer identification number
_	address changed								(Empli	oyees' trust, see instructions)
ВЕхе	mpt under section	1	ANNIE E CAS	EY FOUNI	ITAC	ON, INC			•	
X	501(C) () 3)	Print	Print Number, street, and room or suite no. If a P.O. box, see instructions							951681
П	408(e) 220(e)	Type						E		lated business activity code
	408A 530(a)		701 ST PAUL	STREET					(566)	nstructions)
	529(a)		City or town, state or pre	ovince, country	y, and Z	IP or foreign postal co	de			
	k value of all assets	Ī	BALTIMORE, M	D 21202-	-231	1			5230	00
at e	nd of year	F Gro	up exemption number ((See instructi	ions)	>				
2	037498441_	G Che	eck organization type	► X 501	(c) co	rporation	501(c)	trust	401(a)	trust Other trust
H Er	iter the number of	the orga	inization's unrelated trad	les or busine	sses	▶ 1		Describe t	he only	y (or first) unrelated
tra	ide or business he	re ▶_A	TCH_1			If or	nly one,	complete Parts I-V	lf mor	re than one, describe the
fir	st in the blank spa	ce at the	e end of the previous se	entence, cor	nplete	Parts I and II, comp	olete a S	chedule M for each	additio	onal
tra	de or business, th	en compl	ete Parts III-V							
I Di	iring the tax year,	was the	corporation a subsidial	ry in an affili	ated g	roup or a parent-sub	sidiary c	controlled group?.		▶Yes X No
lf	"Yes," enter the n	ame and	identifying number of t	he parent co	rporati	on 🕨				
J Th	ie books are in car	e of ▶Al	NNIE E CASEY	FOUNDATI	ON,	INC T	elephon	e number ► 410	-547	-6600
Par	t I Unrelated	Trade	or Business Incom	ne	,	(A) Income	•	(B) Expense	es	(C) Net
1 a	Gross receipts or	sales	_							•
b	Less returns and allows			c Balance 🕨	1c					ļ <u>-</u>
2			lule A, line 7).		2					
3	Gross profit Sub	tract line	2 from line 1c . \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		3					
4 a	Capital gain net i	ncome (a	attach Schedule D)		4a	429,				429,735
b	Net gain (loss) (Fe	orm 4797,	Part II, line 17) (attach Fo	rm 4797)	4b	-141,	962			-141,962
С	Capital loss dedu	iction for	trusts		4c	2 227	601			2 027 601
5	Income (loss) from a p	artnership o	or an S corporation (attach state	ment)	5	-3,837,	681	ATCH 2		-3,837,681
6	Rent income (Sch	redule C)			6					<u> </u>
7	Unrelated debt-fi	nanced ir	ncome (Schedule E) .		7					
8	-		ents from a controlled organizat					<u></u>		<u> </u>
9			01(c)(7), (9), or (17) organization		9					
10	•	•	ncome (Schedule I) .		10					
11			dule J)		11					
12	,		ctions, attach schedule)		12	-3,549,	000			-3,549,908
13	Total. Combine li	nes 3 thi	rough 12	<u> </u>	13			laduations \ /E	voont:	
Par			Taken Elsewhere						xcepi	ior contributions,
			t be directly connec						144	T
14	•		directors, and trustees	•				i · · · · · · · · · · ·	. 14	1
15	Salaries and wag	es		۲	 ا	RECEIVE		1	16	
16						AL OHI.	٣	31	17	<u> </u>
17 18			(coo instructions)					7 1	18	· · · · · · · · · · · · · · · · · · ·
	Taxes and leaner	criedule)	(see instructions)	$\dots b$	줘.	.NOV 2.1 501	13 [6	51	19	5.4.041
19 20			See instructions for limi		ΟĮ.		المنين	<u>-</u> 1	. 20	
21	Depreciation (att	ach Form	4562)	tation rules)	ا	OGDEN	UT :	. 1	.	
22	Less denreciation	n claimed	on Schedule A and els	ewhere on r		222		<u>-</u>	22b	
23	· ·							•		540 101
24	•		compensation plans						1	
, 25			s							
26 -			Schedule I)						1	
27			Schedule J)					•		
28			schedule)							70 422
29			es 14 through 28						1	(74 474
30			ole income before ne							4 224 202
31			ng loss arising in tax ye							
32			le income Subtract line	_	-					4 004 000
			Notice, see instructions							Form 990-T (2018

Form	990-T (2018)		Page 2
Pai	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	Instructions).	33	-4,224,382.
34	Amounts paid for disallowed fringes	34	262,090.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
33	instructions),	35	
35	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	" 	· · · · · · · · · · · · · · · · · · ·
36	of lines 33 and 34	36	-3,962,292.
			3, 302, 232.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	······
38	Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36,		2 062 202
	enter the smaller of zero or line 36	38	-3,962,292.
Par	t IV Tax Computation	1 1	
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 Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	t V- Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		
_	Total credits. Add lines 45a through 45d	45e	219,653.
46	Subtract line 45e from line 44	46	-219,653.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	48	-219,653.
48	2018 nel 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
49	Payments A 2017 overpayment credited to 2018		
	Fayments A 2017 Overpayment Credited to 2010		
	2010 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
_	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	' I	
9	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ► 50g		300 010
51	Total payments Add lines 50a through 50g	51	780,910.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,000,563.
<u>55</u>	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ 1,000,563. Refunded ▶	55	
Par	tVI Statements Regarding Certain Activities and Other Information (see instructions	<u>s)</u>	<u> </u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other a	authority Yes No
	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization ma	y have	to file
	FmCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		11
	Under penalties of penury I declare that I have examined this return, including accompanying schedules and statements and to the b	est of my	knowledge and belief it is
Sign	true, corect and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge	u the !"	S decree the set
Her			S discuss this return reparer shown below
			s) ² X Yes No
	Print/Type preparer's name Preparer's signalure Oate		PTIN
Paid	101/1 () 70/1/10) 13 /4 /3 0 CHBC	mployed	P00847851
Prep	arer -		36-6055558
Use	Only 1		3-847-7500
	Films somess F 1000 W113500 B1VD, SSITE 1700, ANDINGTON, VA 22205 Phone	110 70.	- 000 7

Form 990-T (2018)	- 1- 0 11 -							Page 3
Schedule A - Cost of Go		iter method						
1 Inventory at beginning of ye	-					ar	6	
2 Purchases					•	ld Subtract line		
3 Cost of labor						iter here and in		
4a Additional section 263A cos	1 1		1				-	
(attach schedule)						section 263A (v	` }	Yes No
b Other costs (attach schedule				property	produced	or acquired for	resale) apply	— <u> </u>
5 Total. Add lines 1 through 4				to the org	anization?	<u> </u>	<u> </u>	X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)	
(see instructions)								
1 Description of property								a
(1)								
(2)	****							
(3)								
(4)								
	2. Rent recei	ved or accrue	ed]		
for personal property is more than 10% but not percentage			age of rent for p	and personal property (if the int for personal property exceeds in columns 2(a) and 2(b) int is based on profit or income)				
(1)								
(2)			_				-	
(3)								
(4)								
Total		Total			-			
(c) Total income. Add totals of col here and on page 1, Part I, line 6, o		•				(b) Total deduction Enter here and or Part I, line 6, column	n page 1,	
Schedule E - Unrelated De			e instruction	ns)			<u> </u>	
1 Description of debt-		· 3	2. Gross in	come from or debt-financed		debt-financ		
·			pro	perty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)	· <u></u>							
(3)								
(4)						-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	4 dı	olumn vided lumn 5		income reportable n 2 x column 6)	8 Allocable dedu (column 6 x total of 3(a) and 3(b	columns
(1)	•==			%				
(2)				%				
(3)				%			<u></u>	
(4)				%				
Totals						e and on page 1, e 7, column (A)	Enter here and or Part I, line 7, colu	
Total dividends-received deduction						▶		

Schedule F-Interest, Ann	uities, Royalties	, and Ren	ts Fro	om Contro	lled Or	ganizat	i ons (se	e instruction	ons)		
		Exer	npt Co	ontrolled Org	janizati	ons					
1 Name of controlled organization	2 Employer identification numb	ei		lated income instructions)	ı	of specified ents made	included	of column 4 th d in the contri tion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)							T				
(2)			_								
(3)				 -	_						
(4)								_			
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		includ	irt of column led in the co zation's gros	ontrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals		tion 501(c)(7),		►) Orga	Enter Part	columns 5 a here and on I, line 8, colu	page 1, (imn (A)	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome		3 Deduction directly contact (attach sch	nected			et-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)	Enter here and					<u> </u>				Enter here and on page 1,	
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, co	come, Oth		an Adverti	_	ncome (see instru	uctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	from unrelation business 2 minus coll If a gain, coll colls 5 thro	ed tradé (column umn 3) impute	from ac	s income strivity that unrelated ss income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				 				 			
(2)									_		
(3)					_			 		-	
(4)				 				†			
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,					- -	_	Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	come (see instri	uctions)									
Part I Income From Per			onsol	idated Bas	is						
moome remite	l l		<u> </u>	700.00 200				1			
1 Name of periodical	2 Gross advertising income	3 Directions		4 Adverting gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		culation ome	6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	 										
(2)	 	<u> </u>		1						7	
(3)	 			1						7	
(4)	 			1				 		¬	
·	 									† -	
Totals (carry to Part II, line (5))										5 000 T	

Page 5

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 nocome	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						***************************************
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

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

2018

Employer identification number ANNIE E CASEY FOUNDATION, INC 52-1951681 Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box C checked 23,436 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 23,436 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions See Instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) Subtract column (e) from the lines below or loss from Form(s) Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (or other basis) (sales price) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 406,299 11 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 406,299 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 23,436 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 406,299 17 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions

Schedule D (Form 1120) 2018

429,735

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No 12A

Name(s) shown on return ANNIE E CASEY FOUNDATION, INC					Social security number or taxpayer identification number $52-1951681$			
Before you check Box A, B, or C below, statement will have the same informati broker and may even tell you which box	on as Form 10							
Short-Term. Transact instructions). For long Note: You may aggre reported to the IRS a Schedule D, line 1a,	-term transa egate all sho and for which	actions, see ort-term tran h no adjustr	page 2 sactions repor nents or codes	ed on Form(are required	s) 1099-B sh Enter the to	nowing basis wa otals directly or	as I	
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	low. Check of page 1, for explored page 1, for explored page 1, for explored page 2, for explored page 3, for explored page 4, for expl	only one box. ach applicab ny forms with	If more than on- le box If you ha the same box ch	e box applies t ve more short lecked as you i	or your short term transac need	term transaction tions than will fit c	s,	
(A) Short-term transactions r (B) Short-term transactions r X (C) Short-term transactions r	eported on F	orm(s) 1099	-B showing basis			e Note above)		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a co See the sepa	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
SHORT-TFRM PASS THROUGH INVESTMEN	VAR	VAP					23,436	
				_				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), line	lude on your e 2 (if Box B					23,436	

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Form 8949 (2018) Attachment Sequence No 12A Page 2

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

Social security number or taxpayer identification number

ANNIE E CASEY FOUNDATION, INC

52-1951681

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired		(d) Proceeds	Cost or other basis See the Note below	Adjustment, if a lif you enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and		
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
LONG-TERM PASS THROUGH INVESTMENT	VAR	VAR					406, 299	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box	here and incli is checked), lin e	ude on your e 9 (if Box E					406,299	

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

Form 8949 (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN REAL ESTATE AND PRIVATE EQUITY FUNDS

ATTACHMENT 2

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

LOSS FROM PARTNERSHIPS

-3,837,681

INCOME (LOSS) FROM PARTNERSHIPS

-3,837,681

ATTACHMENT 3

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

TAX PREPARATION FEE

70,432

70,432

PART II - LINE 28 - OTHER DEDUCTIONS

Form **8827**

Credit for Prior Year Minimum Tax—Corporations

OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service ► Attach to the corporation's tax return.

► Go to www.irs gov/Form8827 for the latest information.

Name		Emp	loyer identification nu	mber
ANNI	E E CASEY FOUNDATION, INC	52-	1951681	
1	Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	1		
2	Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	2	439,306	
3	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3		
4	Add lines 1, 2, and 3	4	439,306	00
5	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see			
	instructions) .	5		
6	Enter the refundable minimum tax credit (see instructions)	6	219,653	
7	Add lines 5 and 6	7	219,653	00
8a	Enter the smaller of line 4 or line 7 If the corporation had a post-1986 ownership change or has		-	
	pre-acquisition excess credits, see instructions	8a	219,653	
b	Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120,			
	Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a			
	post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you	i		
	made an entry on line 6, go to line 8c Otherwise, skip line 8c	8b		
C	Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this			
	amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	8c	219,653	00
9	Minimum tax credit carryforward to 2019. Subtract line 8a from line 4 Keep a record of this			
	amount to carry forward and use in future years	9	219,653	100

Instructions

Section references are to the Internal Revenue Code unless otherwise noted

What's New

Refundable minimum tax credit For tax years beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. See the instructions for line 6.

Purpose of Form

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward

Who Should File

Form 8827 should be filed by corporations that had

- · An AMT liability in 2017,
- A minimum tax credit carryforward from 2017 to 2018, or
- A qualified electric vehicle credit not allowed for 2017 (see the instructions for line 3)

Line 3

Enter any qualified electric vehicle credit not allowed for 2017 solely because of tentative minimum tax limitations

l ine f

Enter the corporation's 2018 regular income tax liability, as defined in section 26(b) (S corporations also see section 1374(b)(3)(B), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2)

Line 6

Beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. The portion of the credit treated as refundable is 50% of the excess of minimum tax credits available over the 2018 regular tax liability. Complete the Worksheet for Calculating the Refundable Minimum Tax Credit Amount, later in the instructions. Enter the amount from line 6 of the worksheet on Form 8827, line 6.

Note: A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year

THE ANNIE E CASEY FOUNDATION, INC EIN: 52-1951681

NOL CARRY-FORWARD ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018 ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE TAXABLE YEAR ENDED DECEMBER 31, 2018

THE ANNIE E CASEY FOUNDATION TAX YEAR	NET OPERATING LOSS	PRIOR YEAR NET OPERATING LOSS UTILIZATION	CURRENT YEAR NET OPERATING LOSS UTILIZATION	NET OPERATING LOSS CARRY OVER
For the Year Ended December 31, 2005	(19,213)	19,213	0	0
For the Year Ended December 31, 2006	(1,356,840)	1,356,840	0	0
For the Year Ended December 31, 2007	(1,654,919)	1,654,919	0	0
For the Year Ended December 31, 2008	(6,875,293)	6,875,293	, 0	0
For the Year Ended December 31, 2009	(6,408,097)	6,087,171	0	(320,926)
For the Year Ended December 31, 2010	(1,700,710)	0	0	(2,021,636)
For the Year Ended December 31, 2017	(1,492,890)	0	0	(3,514,526)
Total NOL Utilization & NOL Carry-Forward Amounts	(19.507.962)	15,993,436	0	(3,514,526)

THE ANNIE E CASEY FOUNDATION, INC EIN 52-1951681

NOL CARRY-FORWARD ARISING IN TAX YEARS BEGINNING AFTER JANUARY 1, 2018 ATTACHED TO AND MADE PART OF FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE TAXABLE YEAR ENDED DECEMBER 31, 2018

UNRELATED TRADE OR BUSINESS INVESTMENTS IN REAL ESTATE AND PRIVATE EQUITY FUNDS NAICS 523920

THE ANNIE E CASEY FOUNDATION TAX YEAR	NET OPERATING LOSS	PRIOR YEAR NET OPERATING LOSS UTILIZATION	CURRENT YEAR NET OPERATING LOSS UTILIZATION	NET OPERATING LOSS CARRY OVER
For the Year Ended December 31, 2018	(4,224,382)	0	0	(4,224,382)
Total NOL Utilization & NOL Carry-Forward Amounts	(4,224,382)	0		(4,224,382)