Form <b>990-T</b>	E	EXTENDED TO NOVE Exempt Organization Bus (and proxy tax und	sine	ss Income T	ax Return		OMB No 1545-0687
	For ca						2018
	' " "	Go to www.irs.gov/Form990T for in		, and ending	ation	_	2010
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 (	hangé	d and see instructions.)		D Emp	oloyer identification number ployees' trust, see ructions )
B Exempt under section	Print	FOUNDATION, INC.				٤ ا	52-6037034
X 501(c <b>1)</b> 3 )	_ or	Number, street, and room or suite no. If a P.O. bo	x, see ı	nstructions.		E Unre	lated business activity code instructions )
408(e)220(e)	Туре	7 PARK CENTER COURT				] "	mad delions ;
408A530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code		]	
529(a)	<u> </u>	OWINGS MILLS, MD 2111	7			900	0099
C Book value of all assets at end of year	<i>~</i> -	F Group exemption number (See instructions.)	<u> </u>	· · <del>_ · · · · · · · · · · · · · · · · ·</del>			
		G Check organization type ► X 501(c) corp			401(a)		Other trust
	-		1		the only (or first) un		
		EE STATEMENT 30			, complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	rts i ar	io II, complete a Schedule	M for each addition	ai trad	e or
business, then complete		oration a subsidiary in an affiliated group or a parer	t-cubc	udiary controlled group?		$\neg \overline{}$	es X No
	•	ufying number of the parent corporation	11-2002	rolary controlled group?		' '	es [21] NU
		HARRY AND JEANETTE WEIN	BERG	G FOUNDA Teleph	one number > 4	10-	654-8500
		le or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	 es			<u>`</u>	` ` `		,
b Less returns and allo		c Balance	10		,		
2 Cost of goods sold (S	Schedule	A, line 7)	2				
3 Gross profit. Subtract	t line 2 fr	om line 1c	3				
4 a Capital gain net incon	ne (attac	h Schedule D)	4a	209,720.			209,720.
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4b	76.	,		76.
c Capital loss deduction	n for trus	ts	4c				
	-	hip or an S corporation (attach statement)	5	<u>-5,988,897.</u>	STMT 3	31	<u>-5,988,897.</u>
6 Rent income (Schedu			6				
7 Unrelated debt-financ		•	7				
-		nd rents from a controlled organization (Schedule F)	8				
		n 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt acti	-	•	10				
11 Advertising income (\$ 12 Other income (See in:		•	11				
13 Total. Combine lines		· ·	13	-5,779,101.			-5,779,101.
Part II Deductio	ns No	t Taken Elsewhere (See instructions fo	r lımıta	ations on deductions)			1 3,773,101.
		tions, deductions must be directly connected			ıncome )		
14 Compensation of off	icers, dir	ectors, and trustees (Schedule K)				14	
15 Salaries and wages	•		DE	054	•	15	
16 Repairs and mainten	ance		75	CEIVED		16	
17 Bad debts		181	001	ျှ		17	
18 Interest (attach sche	dule) (se	e instructions)	ULI	1 7 2019		18_	
19 Taxes and licenses				Ichi		19_	
	•	instructions for limitation rules) STATEME	辉	33 SEE STAI	ЕМЕНТ 32	20_	0.
21 Depreciation (attach		02)	<u> </u>				
· .	umed on	Schedule A and elsewhere on return		[22a]		22b	
23 Depletion						23	
24 Contributions to defe		npensation plans				24	
25 Employee benefit pro	_	andula I)				25	
<ul><li>26 Excess exempt exper</li><li>27 Excess readership co</li></ul>	•	•				26	
28 Other deductions (att	•	•				27 28	
29 Total deductions. At		•				29	0.
		come before net operating loss deduction. Subtract	line 20	from line 13		30	-5,779,101.
		oss arising in tax years beginning on or after Januar				31	
-	_	come Subtract line 31 from line 30	, .,	- ()		32	-5,779,101.
		vork Reduction Act Notice, see instructions					Form <b>990-T</b> (2018)

39 Bebeution for net operating loss among in tax years beginning before January 1, 2018 (see instructions) 30 Total of unrelated bisseness taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 37 Sepoche deduction (Generally S), 1000, but see line 37 instructions for exceptions) 39 Unrelated business taxable amones. Subtract line 37 from line 36. If line 37 is greater than line 36, only the sum of lines 34 and 34 and 35 is 10 and 34 and 35 is 10 and 35 is 1	[Part]	III Total Unrelated Business Taxable Income	
38 Total or unrelated beaments stude the come before a spearing office and structions)  18 Total or unrelated beaments stude the come before a spearing deduction. Subtract the 35 from the sum of lines 33 and 34  19 Septice deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business stands in income. Subtract line 37 instructions for exceptions)  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  40 Trests Taxable at Trest status. See instructions for tax corregiotation income tax on the amount on line 38 from ☐ Tax rate schedule or ☐ Schedule 0 (Form 1041)  41 Prays tax. See instructions  42 Alternative minimum tax (frusts only)  43 Tax on Recompliant Facility liceone. See instructions  44 Testal. Add lines 41, 42, and 43 to line 39 of 40, whichrows applies  45 Foreign tax credit (corporations attach Form 118) butter 118 of 150 butter 118	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	
1 Total of unrelated business travable income before specific deduction. Subtract line 35 from the sum of times 38 and 34  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).  38 Unrelated business travable in come. Solutina line 37 from line 58. If line 57 is greater than line 36, which the sum of time 36 is under 0 draw of line 35.	34	Amounts paid for disallowed fringes	
Interest 3 and 34  35 Sechole deviation (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 from line 38. If hine 37 is greater than line 36, one of the similar of 2 cord of line 35 is seen structions.  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  39 Organizations Taxable as Deperations. Multiply line 38 by 21% (0.21)  39 Organizations Taxable as Deperations. Multiply line 38 by 21% (0.21)  39 Organizations Taxable as Trust Rates. See instructions for tax computation income tax on the amount on line 38 from 17 tax rates schedule or 15 shedule 0 (Form 1041)  42 Alternative minimum tax (trusts only)  43 Tax on Romorpliant Facility lineans. See instructions  43 Taxable Add lines 41, 2, and 43 to line 39 or 40, whichever applies  44 Tatal. Add lines 41, 2, and 43 to line 39 or 40, whichever applies  45 Foreign tax credit (corporations attach form 1116; trusts attach Form 1116)  5 Other credits (see instructions)  45 Foreign tax credit (corporations attach form 8801 or 8827)  46 Total tax. Add lines 43 and 47 (see instructions)  47 Other taxable. Add lines 45 and 47 (see instructions)  48 Total as specification of the 44 organization and the seed of the s	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 34	35 0.
37 1,000  38 Unrelated business taxable issues. Substitutions for exceptions)  39 Unrelated business taxable issues. Substitution 37 from line 58. If line 37 is greater than line 36.  18	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	
Burle lated business taxable income. Subtract line 37 from line 38. Inten 37 is greater than line 38.   38   5,765,601		lines 33 and 34	
enter the smaller of zero or line 36	37	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,	
93 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trusts Taxable is 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) 41 Proxy tax. See instructions 42 Alternative imminimum bax (trusts only) 43 Tax on Nancompliant Facility income. See instructions 44 Trust. Add lines 41,42, and 42 lines 39 or 40, whichever applies 45 Torong tax credit (corporations attach form 1118; trusts attach Form 1176) 45 Foreign to accedit (corporations attach Form 1118; trusts attach Form 1176) 45 Foreign to accedit (corporations attach Form 8801 or 8827) 45 Foreign to accedit (corporations attach Form 8801 or 8827) 46 Central toreits. Add lines 43 through 450 47 Total accedits. Add lines 45 through 450 48 Total tax, Add lines 65 and 7 (even instructions) 49 2018 net 956 bax hability paid from Form 955-% or Form 8511   Form 8897   Form 8866   Other (intech-sonuclus) 49 2018 net 956 bax hability paid from Form 955-% or Form 955-8, Part II, column (k), line 2 50 a Pymments. Add lines 65 and 7 (even instructions) 50 be 2018 estimated tax payments 6 Tax deposated with form 8666 6 Foreign organizations Tax paped or withheld at source (see instructions) 50 be 2018 estimated tax payments 6 Tax deposated with form 8661 6 Foreign organizations Tax paped or withheld at source (see instructions) 50 be 50 Pymments. Add lines 50 through 500 6 Form 435   Total payments, Add lines 50 through 500 7 Form 435   Total payments, Add lines 50 through 500 8 Estimated tax penalty (see instructions) 6 All and through 2018 of the source of through 500 8 Estimated tax penalty (see instructions) 6 All and through 2018 of the source of through 500 8 Estimated tax penalty (see instructions) 6 All and through 2018 of through 500 8 Estimated tax penalty (see instructions) 6 All and through 2018 of through 500 8 Estimated tax penalty (see instructions) 7 Foreign 4018 of through 6018 of th			38   -5,765,601.
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	Part	// Tax Computation	
Trust Faxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 38 from    Trust Pax tes schedule or   Schedule D (Form 1041)   41	39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39 0.
41   Pray tax, See instructions   42   Alternative minimum tax (trusts only)   42   43   43   44   0   44   45   43   44   44   44   45   45	40		
42   Alternative minimum tax (triusts only)   42   43   44   45   44   45   44   45   45		Tax rate schedule or Schedule D (Form 1041)	40
42   Alternative minimum tax (flusts only)   43   3x on Noncompliant Facility Income. See instructions   43   4   Total. Add lines 41, 42, and 43 to line 39 to 40, whichever applies   44   0   0	41		
43 Tax on Noncompliant Facility Income. See instructions 4 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  45 Foreign tax credit (corporations attach form 1118; rusts attach Form 1118)  45 B Foreign tax credit (corporations attach form 3800  45 C General business credit. Attach Form 3800  45 C General business credit. Attach Form 3800  46 C Subtract line 46 form line 44  47 Other taxes. Check if from C Form 4255 Form 8611 Form 8697 Form 8666 Other (which schooled)  47 Other taxes. Check if from C Form 4255 Form 8611 Form 8697 Form 8666 Other (which schooled)  48 Total tax. Add lines 45 and 47 (see instructions)  49 2018 net 955 tax liability paid from Form 955-A or Form 956-B, Part II, column (k), line 2  50 a Payments: A 2017 oversparent credited to 2018  50 a Payments: A 2017 oversparent credited to 2018  50 a Eackup withholding (see instructions)  50 a Eackup withholding (see instructions)  6 Eackup withholding (see instructions)  6 Eackup withholding (see instructions)  7 Credit for small employer health insurance premiums (attach Form 8941)  9 Other credits, adjustments, and payments: Form 2439  Form 4136  50 Total payments. Add lines 50 attrough 50g  51 Total payments. Add lines 50 attrough 50g  52 Estimated tax penalty (see instructions)  53 Tax dec. Illine 51 is Is larger than the total of lines 48, 49, and 52, enter amount owed  55 Exter the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of line 45 you want. Credited to 2019 estimated tax because the amount of l		•	
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45a Foreign tax ceedii (corporations attach Form 1118; trusts attach Form 1118)  b Other credits (see instructions)  c General business credit. Attach Form 8801 or 8827)  c Total credits. Add lines 45a through 45d  45 Subtract line 45e from line 44  47 Other taxes. Check if from			1 11
b Other credits (see instructions) c General business credit. Attach Form 800 0 d Credit for prior year minimum tax (attach Form 801 or 8827) e Total credits. Add lines 45a through 45d 45 Subtract line 45e from line 44 47 Other taxes. Check if from 15 Form 4255			
C General business credit. Attach Form 3800  d Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 45 stb brough 45d  46 Subtract line 45e from line 44  77 Other taxes. Check if from			<b>-                                     </b>
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e Total credits, Add lines 45a through 45d  46 Subtract line 45e from line 44  47 Other taxes, Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)  48 Total tax, Add lines 46 and 47 (see instructions)  49 2018 net 965 tax lability paid from Form 955-A or Form 965-B, Part II, column (k), line 2  50 a Payments. A 2017 overpayment credited to 2018  b 2018 estimated tax payments	-		<b>-                                     </b>
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47 Other taxes. Check if from			
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49 2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  50 a Payments: A 2017 overpayment credited to 2018  b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)  1 Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ☐ Form 4136 ☐ Total payments. Add lines 50 a through 50g  52 Estimated tax penalty (see instructions), Check if Form 2220 is attached ☐ 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 55 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of time 54 you want. Credited to 2019 estimated tax ☐ Form 2430  1 Expart[VII] Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 lif Yes," see instructions for other forms 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 lif Yes," see instructions for other forms 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 lift Yes," see instructions for other forms the organization may have to file.  Finder penalties of genyty, Leadards that I have examined this ration including accompanying schedules and slatinments, and to the beat of my knowledge and belief, it is bue.  Signatury officer ☐ Date ☐ OFFICER ☐ Title ☐ Date ☐ Check ☑ If PTIN Prinks and			
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: f Total payments. Add lines 50a through 50g E Estimated tax penalty (see instructions). Check if Form 2439 Form 4136 Total payments. Add lines 50a through 50g E Estimated tax penalty (see instructions). Check if Form 2220 is attached   51 Total payments. Add lines 50a through 50g E Stimated tax penalty (see instructions). Check if Form 2220 is attached   52 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want. Credited to 2019 estimated tax  Partituded  55 Returned  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file fineCRP Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 "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  59 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  10 Yes," see instructions for other forms the organization may have to file.  59 Enter the amount of tax-exempt interest received or accrued during the tax year  50 CHIEF F TNANCIAL  50 May 15 Primary in the 185 discuss		· ·	
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:		· · · · · · · · · · · · · · · · · · ·	49 0.
c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:			<b>-       </b>
d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:  Form 2439 Form 4136 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  54 Overpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want. Credited to 2019 estimated tax  64  65 Credit form 2220 is attached  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  65 Set met the amount of line 54 you want. Credited to 2019 estimated tax  65 Credit form 4136  66  67  68  69  69  60  60  60  60  60  60  60  60			<b>-  [6.6</b> ]
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Source   S	f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_
Total payments. Add lines 50a through 50g  52	g	Other credits, adjustments, and payments: Form 2439	
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached   53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want. Credited to 2019 estimated tax  56 Enter the amount of line 54 you want. Credited to 2019 estimated tax  57 Enter the amount of line 54 you want. Credited to 2019 estimated tax  58 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority  59 Over a financial account (bank, securities, or other) in a foreign country? If Yes," the organization may have to file  59 Finds penalties of peryry, Idealare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is two.  50 Our gift the amount of tax-exempt interest received or accrued during the tax year  50 Under penalties of peryry, Idealare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is two.  51 Check  If PTIN Amy the IRS discuss this return with the preparer shown below (see instructions)? If Yes in the preparer shown below (see instructions)? If Yes in the preparer shown below (see instructions)? If Yes in the preparer shown below (see instructions)?  52		Form 4136 Other Total ▶ 50g	
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed    Sa	51	Total payments. Add lines 50a through 50g	51
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid    Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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	52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52
Enter the amount of line 54 you want. Credited to 2019 estimated tax   Refunded   S5     Partivil   Statements Regarding Certain Activities and Other Information (see instructions)    Statements Regarding Certain Activities and Other Information (see instructions)    At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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   X	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53
Paid   Print   Print   Print   Preparer's name   Preparer's signature   Date   Print   Print   Print   Preparer's signature   Date   Print	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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  57 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 \$\infty\$.  Sign  Under penaltics of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is but.  CHIEF FINANCIAL  May the IRS discuss this return with the preparer shown below (see misuructions)? X yes \$\infty\$ not perfectly the preparer shown below (see misuructions)? The preparer shown below (see misuructi			55
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 ▶  57 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.  58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury, I declare that I have examined this return including occompanying schedules and statements, and to the best of my knowledge and belief, it is bue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF FINANCIAL  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print wee preparer's name  Preparer's signature  JILL A. MARTIN, CPA  Print yee preparer's name  Preparer's signature  JILL A. MARTIN, CPA  Prim's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's address ▶ PHILADELPHIA, PA 19103-7341  Phone no 215.972.0701	(Part)V	II Statements Regarding Certain Activities and Other Information (see instructions)	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here    During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?   X   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   \$	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes No
here 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 \$  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  CHIEF FINANCIAL  May the IRS discuss this return with the preparer shown below (see instructions)? X yes No  Printflyee preparer's name  Preparer's signature  Date  Check X if PTIN  Self- employed  PO0011691  Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's address PHILADELPHIA, PA 19103-7341  Phone no 215.972.0701		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
here 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 \$  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  CHIEF FINANCIAL  May the IRS discuss this return with the preparer shown below (see instructions)? X yes No  Printflyee preparer's name  Preparer's signature  Date  Check X if PTIN  Self- employed  PO0011691  Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's address PHILADELPHIA, PA 19103-7341  Phone no 215.972.0701		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
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.  58 Enter the amount of tax-exempt interest received or accrued during the tax year   \$  Sign  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF FINANCIAL  May the IRS discuss this return with the preparer shown below (see instructions)? X yes No  Printfure preparer's name  Preparer's signature  JILL A. MARTIN, CPA CPA CPA 10/03/19  Printfure preparer's name   Preparer's signature   Date   Check X if PTIN   Self- employed   P00011691    Firm's name   BAKER TILLY VIRCHOW KRAUSE, LLP   Firm's EIN   39-0859910    1650 MARKET STREET, SUITE 4500    Firm's address   PHILADELPHIA, PA 19103-7341   Phone no 215.972.0701			X
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 \$  Sign  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF FINANCIAL  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Printflyee preparer's name  Preparer's signature  JILL A. MARTIN, CPA  Printflyee preparer's name  Preparer's signature  JULL A. MARTIN, CPA  Prim's name BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's address  PHILADELPHIA, PA 19103-7341  Phone no 215.972.0701	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	T X
Sign Here  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 belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF FINANCIAL  OFFICER  Interpreparer shown below (see instructions)? X Yes No  Printfuse preparer's name  Preparer's signature  Printfuse preparer's name  Preparer's signature  Use Only  ILL A. MARTIN, CPA  Pirm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's address ▶ PHILADELPHIA, PA 19103-7341  Phone no 215.972.0701			
Sign Here    CHIEF FINANCIAL   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   Print(Inject preparer)   Print(Inject preparer		·	
Here    ID 4   4   4   OFFICER     Signature of officer   Date   Title     Print(I) pee preparer's name   Preparer's signature   Date   Check X if PTIN     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name   Preparer's signature   Date   Self- employed     Print(I) pee preparer's name	_		edge and belief, it is true,
Paid Preparer Sugnature   Date		CHIEF FINANCIAL -	1. 1. 150 1
Paid Preparer Use Only  Paid Preparer Use Only  Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP  Firm's address ▶ PHILADELPHIA, PA 19103-7341  Printle Instructions)? X Yes No  Check X if PIIN  Self- employed  P00011691  P00011691  Firm's EIN ▶ 39-0859910  Phone no 215.972.0701	Here	10/4/19 OFFICER	_ ·
Paid Preparer Use Only    Pirm's name   BAKER TILLY VIRCHOW KRAUSE, LLP   Firm's EIN   39-0859910		Signature of officer Date Title	nstructions)? X Yes No
Paid Preparer Use Only    Pirm's name   BAKER TILLY VIRCHOW KRAUSE, LLP   Firm's EIN   39-0859910		Printifixee preparer's name   Pregarer's signature / Date   Check   X	if PTIN
Preparer Use Only    Single   Preparer   Firm's name   Paker Tilly Virchow Krause, Llp   Preparer	Daid		
Use Only    Firm's name   BAKER TILLY VIRCHOW KRAUSE, LLP   Firm's EIN   39-0859910		TILL 3 MADELLY CD CAS 110	
1650 MARKET STREET, SUITE 4500  Firm's address PHILADELPHIA, PA 19103-7341 Phone no 215.972.0701	•	DAVID WITTY STROUGH VINAIGH IID	22 22 24 2
Firm's address ► PHILADELPHIA, PA 19103-7341 Phone no 215.972.0701	use U		
		· · · · · · · · · · · · · · · · · · ·	215.972.0701
823711 01-09-19 Form <b>990-T</b> (2018	823711 01-0		Form 990-T (2018)

## THE HARRY AND JEANETTE WEINBERG

52-6037034

Page 3

Form 990-T (2018) FOUNDATION, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1 1		6	Inventory at end of year	ır		6		
2 Purchases	2		] 7	Cost of goods sold. Si	ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,				_[		
4 a Additional section 263A costs				line 2					
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					<u></u>
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty	<b>'</b> }	
(see instructions)									
1. Description of property				<u> </u>					
(1)									
(2)									
(3)									
(4)			_			· · · · · · · · · · · · · · · · · · ·			
		ed or accrued				3(a) Deductions directly	/ conne	icted with the income in	
(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	onal property (if the percental property exceeds 50% or if ad on profit or income)	ge	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									
(2)								·	
(3)									
(4)		l							
Total	0.	Total			0.	]			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance	nected ced pro	with or allocable perty	
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			+				+		
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-imanced property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)	· -			%					
(2)				%					
(3)				%					
(4)				%					
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	
Totals				<b>•</b>	}	0	$\cdot$		0.
Total dividends-received deductions	ncluded in columr	n 8				<b>&gt;</b>	•		0.

Form 990-T (2018) FOUNDA	TION, INC	•						52-60	3703	4 Page
Schedule F - Interest,	Annuities, Roy	alties, an	nd Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ıs)
		_	Exempt	Controlled O	ganızatı	ons				
1. Name of controlled organiza	ıde	Employer ntification number	3. Net un (loss) (see	related income e instructions)	4. Tot payn	al of specified nents made	ınclud	t of column 4 led in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)			<del> </del>				-		$\dashv$	
			╁						-+	
(2)			<del> </del>			<del></del>	1			
(3)			<del>                                     </del>							
(4)			<u> </u>		_		<u> </u>			
Nonexempt Controlled Organ	T		<del></del>							
7. Taxable Income	8. Net unrelated in- (see instruct		9. Total	of specified payn made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orgar income	iization's		iductions directly connected n income in column 10
(1)					_					
(2)										
(3)			<u> </u>							
(4)			<del> </del>		-					<del></del>
		-	<u>.l</u>			Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section	501(c)(7	7), (9), or (1	7) Org	anization				
	ription of income			2. Amount of	ncome	3. Deduction	cted	4. Set-a		5. Total deductions and set-asides
(1)				-		(attach sched	U10)			(col 3 plus col 4)
(2)	· ···			<del>                                     </del>	-			<del></del>		<del></del>
(3)			<u>.                                    </u>	<del> </del>	+	<del></del> -				
								_		
(4)				Enter here and o				<u> </u>		Enter here and on page 1
				Part I, line 9, col	_					Part I, line 9, column (B)
Totals				<u> </u>	0.					
Schedule I - Exploited (see instru		ly Incom	e, Other	Than Adv	ertisin	g Income				··· <b>·</b>
Description of exploited activity	2. Gross unrelated business income from trade or business	directly i with pr of un	rpenses connected oduction irelated iss income	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<del>                                     </del>								
(2)		+				<del></del>				
(3)				1						<del></del>
(4)										<del></del>
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	og Income (se		0.	L						0.
				- alidatad l	Zacic					
Part I Income From I	Periodicals Re	portea o	n a Cons	solidated i						· <del>-</del>
1 Name of periodical	2. Gross advertisin income		3 Direct ertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 thr	l 2 minus n, compute	5. Circulati income	ion	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										· <u></u>
(2)						<u></u>				
(3)				_		<u> </u>				
(4)						ļ				
										_
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0	•						0 . Form <b>990-T</b> (2018

Form 990-T (2018) FOUNDATION, INC. 52-60370

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)				· <del></del>		
(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	<ol> <li>Percent of time devoted to business</li> </ol>	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 STATEMENT 30
BUSINESS ACTIVITY

INVESTMENTS IN PARTNERSHIPS SUBJECT TO UBIT

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 31
	NET INCOME
DESCRIPTION	OR (LOSS)
ROCKLAND POWER PARTNERS III, LP - ORDINARY BUSINESS INCOME	
(LOSS)	923,286.
ROCKLAND POWER PARTNERS III, LP - OTHER INCOME (LOSS) VORTUS INVESTMENTS II, LP - ORDINARY BUSINESS INCOME	-63.
(LOSS)	81,200.
VORTUS INVESTMENTS II, LP - OTHER INCOME (LOSS)	-901,485.
MARBLE RIDGE, LP - INTEREST INCOME	24,565.
MARBLE RIDGE, LP - DIVIDEND INCOME	1,060.
MARBLE RIDGE, LP - OTHER PORTFOLIO INCOME (LOSS)	-5,895.
MARBLE RIDGE, LP - OTHER INCOME (LOSS)	-2,768.
VORTUS INVESTMENTS, LP - ORDINARY BUSINESS INCOME (LOSS)	1,185,018.
VORTUS INVESTMENTS, LP - INTEREST INCOME	534.
VORTUS INVESTMENTS, LP - ROYALTIES	9,751.
VORTUS INVESTMENTS, LP - OTHER INCOME (LOSS)	-5,001,318.
THL CREDIT DIRECT LENDING FUND III, LLC - ORDINARY	
BUSINESS INCOME (LOSS)	-5,316.
COMVEST INVESTMENT PARTNERS V-A, LP - INTEREST INCOME	22.
COMVEST INVESTMENT PARTNERS V-A, LP - INTEREST INCOME COMVEST INVESTMENT PARTNERS V-A, LP - OTHER INCOME (LOSS) CORE INDUSTRIAL PARTNERS FUND I, LP - ORDINARY BUSINESS	-2,512.
INCOME (LOSS)	-224,415.
CORE INDUSTRIAL PARTNERS FUND I, LP - OTHER INCOME (LOSS)	-64,337.
SGCP HOLDCO - ORDINARY BUSINESS INCOME (LOSS)	-341,551.
PANTHEON GLOBAL SECONDARY FUND III A - ORDINARY BUSINESS	
INCOME (LOSS)	795.
PANTHEON GLOBAL SECONDARY FUND III A - INTEREST INCOME	95.
PANTHEON GLOBAL SECONDARY FUND III A - DIVIDEND INCOME	18.
PANTHEON GLOBAL SECONDARY FUND III A - OTHER INCOME (LOSS) KAYNE ANDERSON ENERGY FUND VIII - ORDINARY BUSINESS INCOME	13.
(LOSS)	-598,540.
KAYNE ANDERSON ENERGY FUND VIII - INTEREST INCOME	1,011.
KAYNE ANDERSON ENERGY FUND VIII - ROYALTIES	3,221.
KAYNE ANDERSON ENERGY FUND VIII - OTHER INCOME (LOSS)	-301,808.
HIGHFIELDS CAPITAL IV - ORDINARY BUSINESS INCOME (LOSS)	-2,804.
HIGHFIELDS CAPITAL IV - NET RENTAL REAL ESTATE INCOME	-24,133.
HIGHFIELDS CAPITAL IV - OTHER INCOME (LOSS)	-64.
MEISEL CAPITAL JV, LLC - NET RENTAL REAL ESTATE INCOME	102,987.
WEINBERG - CVP, LLC - ORDINARY BUSINESS INCOME (LOSS)	-253,719.
WEINBERG - CVP, LLC - NET RENTAL REAL ESTATE INCOME	-14,796.
WEINBERG - CVP, LLC - OTHER PORTFOLIO INCOME (LOSS)	3,488.
500 PARK AVENUE LLC - NET RENTAL REAL ESTATE INCOME	-580,437.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-5,988,897.

### THE HARRY AND JEANETTE WEINBERG FOUNDATI

FORM 990-T	CONTRIBUTIONS	STATEMENT 32		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
GRANTS - CASH	N/A	99,655,330.		
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	99,655,330.		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	33
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	99,655,330		
	TRIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	99,655,330	_	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	99,655,330 0 99,655,330	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	· · · · · · · · · · · · · · · · · · ·	_	0
TOTAL CONT	RIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 34
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
02/28/10	47,202.	9,368.	37,834.	37,834.
02/28/11	8,515.	0.	8,515.	8,515.
02/28/12	326,578.	0.	326,578.	326,578.
02/28/13	72,342.	0.	72,342.	72,342.
02/28/16	1,600,488.	0.	1,600,488.	1,600,488.
02/28/17	1,312,374.	0.	1,312,374.	1,312,374.
12/31/17	4,718,342.	0.	4,718,342.	4,718,342.
NOL CARRYO	VER AVAILABLE THIS	YEAR	8,076,473.	8,076,473.

#### 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 HARRY AND JEANETTE WEINBERG FOUNDATION, INC.

52-6037034

Part I Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(4)	(e)	(d) Adjustments to day		(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9, )	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					29,103.
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)	SEE S	STATEMENT 35	6	( 394,451.
7 Net short-term capital gain or (loss). Combine				7	-365,348.
Part II Long-Term Capital Gair	ns and Losses (See	nstructions)	<del></del>		
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part II, line 2, column (g	n 9, )	(h) Gain or (loss) Subtract column (e) from column (d) and 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>		449,286.
11 Enter gain from Form 4797, line 7 or 9				11	125,782.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 33	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14_	555 060
15 Net long-term capital gain or (loss). Combine  Part III Summary of Parts I and		n h		15	575,068.
16 Enter excess of net short-term capital gain (lin		Lloss (line 15)		16	
THE PROPERTY OF THE PROPERTY O	e /) over net long-term capita	. ,	<b>-</b> ,		209,720.
	constat agent (less 15) avec	chart tarm conital lace (lin			
17 Net capital gain. Enter excess of net long-term  18 Add lines 16 and 17. Enter here and on Form			e /)	17 18	209,720.

JWA

# Form **8949**

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

2018

Attachment Sequence No 12A

Name(s) shown on return

THE HARRY AND JEANETTE WEINBERG

Social security number or taxpayer identification no.

52-6037034

FOUNDATION, IN	C.					52-0	03/034
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which t	ow, see whether ation as Form 10	you received any 99-B Either will	/ Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	nent(s) fron r cost) was	n your broker A su reported to the IF	bstitute RS by your
Part I Short-Term. Transacti	ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate all	short-term transac	tions reported on I	Form(s) 1099 B show	ving basis was reporte	d to the IRS	and for which no ac	ljustments or
codes are required Enter the You must check Box A, B, or C below. (	Check only one bo	X. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	le Form 8949, page 1, for	each applicable box
f you have more short-term transactions than will (A) Short-term transactions rep	l fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	cked as you n	eed	
(B) Short-term transactions rep			-		NOTE AD	ove,	
X (C) Short-term transactions no	·	•	-	3p0,100 10 11.0 11.0			
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	ou enter an amount (g), enter a code in	Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo, day, yr)	(Suice price)	Note below and	column (f	). See instructions.	from column (d) &
		(IVIO , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
MARBLE RIDGE, LP					ļ <u>.</u>		29,203.
PANTHEON GLOBAL			-	ļ	_		
SECONDARY FUND III				ļ	ļ		<100.
<u>A</u>	ļ						<u> </u>
				<del>                                     </del>	ļ		<u> </u>
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		-			-		
D. T. I. A.J.III.				-			
2 Totals. Add the amounts in colum							
negative amounts) Enter each tot	iai ricie ariu iliciu	ide on your		I	ı	I	I

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

29,103.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

Attachment Sequence No 12A Form 8949 (2018)

Name(s) shown on return Name and THE HARRY AND	Social security number or taxpayer identification no. $52-6037034$						
FOUNDATION, IN							
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether j	you received any 99-B Either will:	Form(s) 1099-B o	or substitute statem ir basis (usually you	ent(s) from yo r cost) was re	ur broker A su	bstitute
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instructions	For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	totals directly on \$	Schedule D, line 8a	i, you aren't required	I to report these trans	actions on Forn	ı 8949 (see instru	ictions)
You must check Box D, E, or F below. O	fit on this page for one	or more of the boxes	, complete as many form	ns with the same box ched	ked as you need		each applicable box
(D) Long-term transactions rep					Note above	)	
(E) Long-term transactions rep  X (F) Long-term transactions not	•	•	-	eported to the IHS			
1 (a)  Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss. If you o	f any, to gain or enter an amount , enter a code in ee instructions.	Ount Gain or (loss).
		(Mo , day, yr )		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
MARBLE RIDGE, LP							22,173.
SGCP HOLDCO		-					426,647.
PANTHEON GLOBAL							
SECONDARY FUND III							
A							466.
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2 Totals. Add the amounts in colun negative amounts) Enter each tot	tal here and inclu	ide on your					
Schedule D, line 8b (if Box D abo	• • •						110 206
above is checked), or line 10 (if B	ox F above is ch	necked)		<u> </u>	l		449,286.

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

SCHEDULE D	C.7	STATEMENT 35			
L	LOSS YEAR		RIGINAL SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
_	2013 2014 2015 2016 2017		394,451		394,451
CAPITAL LOSS CA	RRYOVER TO C	URRENT	·		394,451