Form **990-T** (2018)

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. 01111 330	WOLDENBERG FOUNDATION	72-00	<u> </u>		_
Part I	II' Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	23,96	$\overline{1}$
	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
30	lines 33 and 34		36	23,96	1
27			37	1,00	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,00	<u>~</u>
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		00	22,96	1
Part I		_	38	44,50	<u>+</u>
			00	4,82	<u> </u>
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	4,02	<u>4</u>
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	4,82	<u>2</u>
Part \					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		-		
b	Other credits (see instructions)		4		
C	General business credit. Attach Form 3800		⊣ ∣		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		4		
е	Total credits Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46	4,82	<u>2</u>
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)		48	4,82	<u>2</u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0
50 a	Payments: A 2017 overpayment credited to 2018 50a		_		
b	2018 estimated tax payments 50b				
C	Tax deposited with Form 8868 50c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions) 50e				
	Credit for small employer health insurance premiums (attach Form 8941) 50f				
	Other credits, adjustments, and payments: Form 2439		7		
•	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g		51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	19	8
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	5,02	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	<u> </u>	_
55		funded	55		_
Part \			1 3 4		_
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author			Yes N	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fi			133	
	FinCEN 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 fo	reinn trust?	•		X
37	If "Yes," see instructions for other forms the organization may have to file.	noigh truot		 1	-
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
- 30	Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my ki	nowledge and b	elief, it is true,	_
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	dge			
Here	11 5/19 EXEC DIRECTOR		•	scuss this return with own below (see	ח
	Signature of officer Date Title		instructions)?		No
	Print/Type preparer's name Preparer's stagrature Date	Check	ıf PTIN		
	D. TROY BOUCHER, D. TROY BOUCHER,	self- employe			
Paid	GD3 11/04/19	son cimpioye	1	323119	
Prepa	THE NATION W DIENEC I I C	Firm's EIN		0440297	_
Use C	Only 611 N. CAUSEWAY BLVD	I IIII S LIN	14		_
	Firm's address MPTATDTE I.A 70001-53/1	Phone no	(501)	588-928	Q.

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year 1 6 Inventory at end of year				ar		6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6			line 6			•
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7		
(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	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					L
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1 Description of property									
(1)			-						
(2)									
(3)									
(4)									
		ed or accrued		-		2/a) Deductions directly	v conn	acted with the income	10
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directli columns 2(a) a) (attach schedule)	ın
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	ļ.,. <u>-</u>			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 8, column (B)			0.
Schedule E - Unrelated Del	bt-Financed	l Income (see	ınstru	ctions)	1				
			2	Gross income from		3 Deductions directly cor to debt-finan	necte ced pr	d with or allocable operty	
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)									
(2)									
(3)									
(4)	·								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)	_			%					
(2)				%					
(3)				%					
(4)			<u> </u>	%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in columi	n 8					•		0.

Schedule F Interest,	Annuiue	es, noya	illes, a		Controlled O			alio	(see ins	structio	ns)	
1 Name of controlled organization		2 Em identifi num	cation				nents made includ		Part of column 4 that is uded in the controlling nization's gross income		Deductions directly connected with income in column 5	
(1)	 .			<u> </u>	-							
(2)												
(3)									•			
(4)		 										
Nonexempt Controlled Organi	zations	.1.						·				
7 Taxable Income	8 Net	unrelated inconsee instructions		9. Total o	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nızatıon's	11. D	reductions directly connected th income in column 10	
(1)												
(2)												
(3)												
_(4)		-		<u> </u>			• • • • • • • • • • • • • • • • • • • •			<u> </u>		
					-		Add colur Enter here and line 8,		e 1, Part I,	i .	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals				-		▶			0.		0	
Schedule G - Investme		me of a	Section	n 501(c)(7	7), (9), or	(17) Or	ganization	}		<u> </u>		
1 Desc	ription of inco	ome			2 Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4 Set-	-asıdes schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)										•		
(4)		· · · · · · · · · · · · · · · · · · ·										
					Enter here and Part I, line 9, co				1		Enter here and on page Part I, line 9 column (B)	
Totals						0.					0	
Schedule I - Exploited (see instru	-	t Activity	Incon	ne, Other	Than Ac		ing Income	•				
			0 -		4 Net incom	ne (loss)					7 -	
1 Description of exploited activity	unrelated incom	Gross d business ne from business	directly with p of ur	xpenses connected roduction nretated ss income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	1			-				_				
(3)												
(4)	1			-				•	1			
	page '	ere and on 1, Part I, , col (A)	page	ere and on 1, Part I,), col (B)			-				Enter here and on page 1, Part II, line 26	
Totals >		0.		0.							0	
Schedule J - Advertisi	ng Inco	me (see i	nstructio	ns)								
Part I Income From	Periodio	cals Rep	orted o	n a Con	solidated	Basis	·			-		
1 Name of periodical		2 Gross advertising income	ad	3 Direct vertising costs	or (toss) (c coi 3) If a g	tising gain of 2 minus ain, compu hrough 7			6. Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					7]	
(3)											7	
(4)					ヿ゙						7	
···	-	-			1		<u> </u>					
Totals (carry to Part II, line (5))			0 -	0							0	

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)					<u></u>		
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.
Cabadula K Camaa		4 046:	Discotors and	J Twee Accordance	-4		

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		•	0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION	NET INCOME OR (LOSS)
IDA PLANNING LLC - NET RENTAL REAL ESTATE INCOME PC RE VENTURES, LLC - ORDINARY BUSINESS INCOME (LOSS) PC RE VENTURES, LLC - NET RENTAL REAL ESTATE INCOME WP REAL ESTATE FUND IV, L.P NET RENTAL REAL ESTATE	44,901. -323. -19,694.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	23,961.