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	Form	990-T	E	xempt Organization Bus			Tax Return	1	OMB No 1545-0687
			For cal	endar year 2018 or other tax year beginning		, and ending			2018
		tment of the Treasury al Revenue Service	•	Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	loyer identification number sloyees' trust, see uctions)
	B Ex	kempt under section	Print	WALLACE GLOBAL FUND II				8	0-0424607
		501()(05)	or `	Number, street, and room or suite no. If a P.O. box	k, see in	structions.			ated business activity code instructions)
		408(e) 220(e)	Туре	2040 S STREET, NW			<u>.</u>] ``	·
)		408A 530(a) 529(a)		City or town, state or province, country, and ZIP of WASHINGTON, DC 20009	r foreigi	n postal code			
		ok value of all assets	ı	F Group exemption number (See instructions.)	$\overline{ ightharpoonup}$				
λ	ate	at end of year G Check organization type X 501(c) corporation 501(c) trust 401(a)							Other trust
,	H Ent	ter the number of the	organiza	tion's unrelated trades or businesses.		Descri	be the only (or first) ur	related	
				EE STATEMENT 15			ne, complete Parts I-V.		
	des	scribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Sched	ule M for each addition	al trade	e ór
		siness, then complete							<u> </u>
				oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group	?	Ye	es No
		Yes," enter the name a e books are in care of		tifying number of the parent corporation.		Tolo	phone number > 3	01_	979-6000
	Par	e books are in care or	d Trac	de or Business Income		(A) Income	(B) Expense		(C) Net
		Gross receipts or sale		20 OF Educations in Commo	Т	(74) 111001110) - (D) ZXP01100	•	(5)
⇒		Less returns and allow		c Balance	16			s set ,	
3		Cost of goods sold (S			2			3	
7		Gross profit. Subtract			3	-	***		
-		Capital gain net incon			4a				
=				art II, line 17) (attach Form 4797)	4b				
ָּבָּ כ	C	Capital loss deduction	for trus	ets	4c				
`	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5		•		
į	6	Rent income (Schedu	le C)		6				
		Unrelated debt-finance			7				
:				nd rents from a controlled organization (Schedule F)	8				
)				on 501(c)(7), (9), or (17) organization (Schedule G)					
		Exploited exempt acti	-	•	10				
		Advertising income (See in:		·	12				
		Total. Combine lines			13	0			
				t Taken Elsewhere (See instructions for					
		(Except for	contribi	utions, deductions must be directly connected					
	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)		RECEIVED		14	
	15	Salaries and wages				101		15	
	16	Repairs and mainter	ance	,	121	NOV & 7 2019	181 c	16	
	17	Bad debts			131	NOV ED 200		17	
	18	Interest (attach sche	dule) (s	ee instructions)	17F	- DENI	IT	18	· · · · · · · · · · · · · · · · · · ·
	19	Taxes and licenses	(0-	e instructions for limitation rules) STATEME	יחילים	OGDEN, U	ATEMENT 16	20	590.
	20		-	•	11 A T		ALEMBIAL TO	20_	330.
	21	Depreciation (attach		n Schedule A and elsewhere on return		22a		22b	d .
	22 23	Depletion	anneu U	TOURS OF A STATE COSCINED OF FEREIT		[228]		23	-
	24	Contributions to def	erred co	mpensation plans				24	
	25	Employee benefit pro						25	
	26	Excess exempt expe		chedule I)				26	
	27	Excess readership c						27	
	28	Other deductions (at		•	ATEMENT 17	28_	1,000.		
	29	Total deductions. A	dd lines	14 through 28				29	1,590.
	30			ncome before net operating loss deduction. Subtrac				30	-1,590.
	31	•	-	loss arising in tax years beginning on or after Janua	ry 1, 20	18 (see instructions)		31	1 500
	32			ncome. Subtract line 31 from line 30		· · · · · · · · · · · · · · · · · · ·		32	-1,590. Form 990-T (2018)
	82370	1 01-09-19 LHA F	or Paper	work Reduction Act Notice, see instructions.	_				FOILIT 330-1 (2018)

Form 990-1		<u>4007</u>	, ago <u>2</u>
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-1,590.
34	Amounts paid for disallowed fringes	34	7,902.
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		
	lines 33 and 34	36	6,312.
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,		
00	enter the smaller of zero or line 36	38	5,312.
Part I			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	1,116.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		<u> </u>
40	· · · · · · · · · · · · · · · · · · ·	40	
44		41	. '1' 1
41	Proxy tax. See instructions	42	
42	Alternative minimum tax (trusts only)	43	······
43	Tax on Noncompliant Facility Income. See instructions	$\overline{}$	1,116.
(Dort)	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	44	1,110.
Part \	¹		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1	
b	Other credits (see instructions)	{	
C	General business credit. Attach Form 3800	{	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	1 116
46	Subtract line 45e from line 44	46	1,116.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	1 110
48	Total tax. Add lines 46 and 47 (see instructions)	48	1,116.
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		
b	2018 estimated tax payments	1	
C	Tax deposited with Form 8868	1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1 1	
е	Backup withholding (see instructions) 50e	1 1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1	
g	Other credits, adjustments, and payments: Form 2439	1 1	
	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	45.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 19	53	1,161.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	
Part \	I 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		Yes No
	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 accompanying schedules and statements, and to the best of my knowled	ige and beli	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	av the IDC -	scuss this return with
Here		-	nown below (see
	Signature of officer Date Title	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check i	f PTIN	
Paid	self- employed		
	TERRATE II CATERIA 1 1/09/2019	P0	0639053
Prepa	Terrison San San San San San San San San San Sa		-1986323
Use C	1445 RESEARCH BOULEVARD #300	<u> </u>	
		301)	979-6000
823711 01			Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 15
	I	BUSINESS ACTIVIT	Ϋ́	

FRINGE BENEFITS-PARKING AND TRANSPORTATION

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 16	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS GIVEN 2018	21,308,600		
TOTAL TO FORM 990-T, PAGE 1, LI	NE 20	21,308,600.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 17	
FORM 990-T DESCRIPTION	OTHER DEDUCTIONS	STATEMENT 17 AMOUNT	
	OTHER DEDUCTIONS		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	18
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 CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	21,308,600		
=	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	21,308,600 590	_	
EXCESS 10	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	21,308,010 0 21,308,010	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		-	590
TOTAL CON	TRIBUTION DEDUCTION			590
			· · · · · · · · · · · · · · · · · · ·	

FORM 990-T	INTERES	ST AND PENAL	TIES		STA	TEMENT 19
TAX FROM FORM 990-T,	PART IV					1,116.
UNDERPAYMENT PENAL						45.
LATE PAYMENT INTER	_ -					28.
LATE PAYMENT PENAL	TY					33.
TOTAL AMOUNT DUE					<u></u>	1,222
FORM 990-T	LA	TE PAYMENT I	NTEREST		STA	TEMENT 20
FORM 990-T DESCRIPTION	LA:	TE PAYMENT I	NTEREST BALANCE	RATE		TEMENT 20
DESCRIPTION	DATE	AMOUNT	BALANCE		DAYS	INTEREST
·		,		RATE .0600 .0500		
DESCRIPTION TAX DUE	DATE	AMOUNT 1,116.	BALANCE	.0600	DAYS 46	INTEREST 8.

FORM 990-T	LATE PA	YMENT PENALT	STATEMENT 21		
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	05/15/19 11/06/19	1,116.	1,116. 1,116.	6	33.
TOTAL LATE PAYMENT	PENALTY				33.