							, , , , , , , , , , , , , , , , , , ,			•
									4 .	0004 4
,							当 25	<b>393</b> 05	14	962
				AMENDED RI	ETURN - SECT	'ION	<b>9</b> 12(a)(7) RE	PEAL		
		990-T	Exempt Organization Business Income Tax Return							OMB No 1545-0687
	Form	330- I	(and proxy tax under section 6033(e))							
			Ear and	• • •			, and ending	1816	-	2018
			ru ca				ns and the latest inform	ation	-	2010
		ment of the Treasury Il Revenue Service	<b>▶</b>	Do not enter SSN numbers					7	Open to Public Inspection for i01(c)(3) Organizations Only
	<u>A</u>	Check box if	<b></b>	Name of organization (			and see instructions.)		n Emplo	yer identification number byees' trust, see
	^	address changed		Maine of organization (	ONDOR DOX II HAME OF	lungou	and boo mondonon,		instruc	ctions)
	B E	cempt under section	Print	EUTURES WITH	OUT VIOLENC	CE			9,	4-3110973
	_	] 501( <b>c</b> )(3 )	or							ted business activity code structions )
	1.4.2	408(e) 220(e)	i i	100 MONTGOMERY STREET, THE PRESIDIO						structions )
		408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						
		529(a)		SAN FRANCISCO, CA 94129						
	C Box	ok value of all assets		F Group exemption number (See instructions.)						
	ate	43,996,3	99.			oration	501(c) trust	401(a)	trust	Other trust
	H En			ition's unrelated trades or bus	inesses.		Describe	the only (or first) un	related	
		de or business here			-		. If only one,	, complete Parts I-V.	f more	than one,
				ice at the end of the previous	sentence, complete Par	rts I an	d II, complete a Schedule	M for each additiona	i trade	or
		siness, then complete			•		,			
				poration a subsidiary in an affi	liated group or a paren	t-subs	diary controlled group?	<b>•</b>	Ye	s X No
				tifying number of the parent o						
	J Th	e books are in care of	<b>▶</b> 1	MINJUNG KWOK			Teleph	ione number 🕨 4	15-0	678-5500
	Pa	rt I Unrelate	d Trac	de or Business Inco	me		(A) Income	(B) Expenses		(C) Net
	1 a	Gross receipts or sale	es					,	į	1
	b	Less returns and allow	wances		c Balance	16		L		]
	2	Cost of goods sold (S	chedule	A, line 7)		2				
	3	Gross profit. Subtract	line 2 f	rom line 1c						
	4 a	Capital gain net incon	ne (attac	:h Schedule D)						
	b	Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4	797)	4b				
	C	Capital loss deduction				4c				
	5	income (loss) from a	rom a partnership or an S corporation (attach statement)				· · · · · · · · · · · · · · · · · · ·	<b> </b>		
	8	Rent income (Schedu				<u>6</u> 7				
	7		ced income (Schedule E).							<del></del>
	8			and rents from a controlled org		8		<del></del>		<del> </del>
	9			on 501(c)(7), (9), or (17) orga	anization (Schedule G)	9		<del> </del>		
	10	Exploited exempt acti	•	, , ,		10		<del></del>		<del></del>
	11	Advertising income (Schedule J)				11 12		<del> </del>		··
	12	•	structions; attach schedule)				0.			
		Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for						<u> </u>		· · · · · · · · · · · · · · · · · · ·
	٢٠٥			utions, deductions must b						
(C)	14			rectors, and trustees (Schedu	lok) Interr	al Re	evenue Service		14	
SCANNED	15	Salaries and wages	iceis, ui	rectors, and trustees (Schedu	Recei	ived 1	US Bank - USB	•	15	
	16	Repairs and mainten	ance				341		16	<del></del>
	17	Bad debts	141100				0 - 0000		17	
	18	Interest (attach sche	dule) (s	ee instructions)	•	SEP	2 3 2020		18	
	19	Taxes and licenses	, (				•		19	
	20		ons (Se	e instructions for limitation ru	les)	~	loon 11T	•	20	
APR	21	Depreciation (attach	Form 4	562)	•	ωĘ	jden, UT			
	22			n Schedule A and elsewhere c	n return		22a		22b	
8	23	Depletion							23	
9	24	Contributions to def	erred co	mpensation plans					24	
2021	25	Employee benefit pro		•			-		25	
21	28	Excess exempt expe	-	chedule I)			•		26	· · · · · · · · · · · · · · · · · · ·
	27	Excess readership co	osts (Sc	hedule J)					27	
	28	Other deductions (at	tach sch	redule)					28	
	29	Total deductions. A	dd lines	14 through 28					29	0.
	30	Unrelated business t	ness taxable income before net operating loss deduction. Subtract line 29 from line 13						30	0.
	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							31	
	32	Unrelated business t	axable i	ncome. Subtract line 31 from	line 30				32	0.
	00070		r Danei	work Reduction Act Notice	aa instructions					Form <b>990-T</b> (2018)

Form 990-T		10973	Page 2
Part I	Total Unrelated Business Taxable Income	<del></del>	w
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	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		
	lines 33 and 34	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,		
	enter the smaller of zero or line 36	38	0.
Part I	V Tax Computation		·
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
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)	<b>4</b> 0	
41	Proxy tax. See instructions	<b>41</b>	
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	0.
Part \	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	_	
b	Other credits (see instructions)	<b>⊣</b> ∣	
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
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	0.
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 50b	<b>⊣</b> ′ l	
C	Tax deposited with Form 8868 50c 3,895	-	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	_	
е	Backup withholding (see instructions) 50e	<b>⊣</b>	
	Credit for small employer health insurance premiums (attach Form 8941)  50f	<b>→</b>	
9	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 50g		
51	Total payments. Add lines 50a through 50g	51	3,895.
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	3 005
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	3,895. 3,895.
Part \	Enter the amount of line 54 you want: Credited to 2019 estimated tax    Refunded   Refunded	<b>→ 55</b>	3,893.
			V   N-
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		
			X
57	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$-\frac{x}{x}$
3/	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 perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belief, i	it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	Mingung Kwok 9/15/20 COO/CFO	the preparer show	uss this return with vn below (see
	Mingring Kwok 9/15/20 COO/CFO Signature of officer Date	instructions)?	•
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- employe	1	
Prepa	MICHARI LIMODEN MICHARI LIMODEN 09/04/20		262236
Use C	F MOCC ADAMS TID		0189318
-55	101 SECOND STREET SUITE 900		
	Firm's address ► SAN FRANCISCO, CA 94105 Phone no.	415-956	
823711 01	-09-19	Fo	rm <b>990-T</b> (2018)

Schedule A - Cost of Goods	Sold. Enter n	nethod of inven	itory valuation N/A						
1 Inventory at beginning of year						6			
2 Purchases					7 Cost of goods sold Subtract line 6				
3 Cost of labor	st of labor 3 from line 5. Enter her				Part I,	<u></u>			
4a Additional section 263A costs		<u> </u>	line 2						
(attach schedule)	48		8 Do the rules of section	263A (v	with respect to	Yes No			
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income ( (see instructions)	(From Real P	roperty and	l Personal Property L	.ease	d With Real Prope	rty)			
Description of property	<del>-</del>								
(1)	,		·-····································						
(2)					<del></del>				
(3)									
(4)									
	2. Rent received				0/-10-4-4-4-4-4-4-4				
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)			w						
(3)									
(4)									
Total	0.1	Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>.</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>0.</b>			
Schedule E - Unrelated Deb	t-Financed I	ncome (see	instructions)						
	•		2. Gross income from	<ol> <li>Deductions directly connected with or allocable to debt-financed property</li> </ol>					
1 Description of debt-fin	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)					
				<u></u>					
(1)				<u> </u>					
(2)	<del></del>			<u> </u>					
(3)		•		ļ					
(4)				ļ					
debt on or allocable to debt-financed of or a property (attach schedule) debt-fina		djusted basis locable to ced property schedule)	e to by column 5 operty		7. Gross income reportable (column 2 x column 6)	<ul> <li>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</li> </ul>			
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals			<b>&gt;</b>		0.	0.			
Total dividends-received deductions in	cluded in column	8			<u>▶</u> .	0.			
						Form 990-T (2018)			

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0

0

Totals (carry to Part II, line (5))

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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 ) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2. Gross advertising income 5. Circulation 6. Readership 3. Direct 1. Name of periodical advertising costs (1) (2) (3) (4) 0. 0. 0. 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 0 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title (1) % (2) % (3) % (4) 0. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

## **FOOTNOTES**

STATEMENT 1

AN AMENDED FORM 990-T IS BEING FILED TO APPLY FOR A REFUND OF THE TAX DUE ON THE ORIGINALLY FILED RETURN. ORGANIZATION ORIGINALLY FILED FORM 990-T FOR THE 2018 TAX YEAR REFLECTING QUALIFIED TRANSPORTATION FRINGE BENEFITS AS THE SOLE SOURCE OF UNRELATED BUSINESS INCOME (ON FORM 990-T, PART III, LINE 34). AT THE TIME THE 2018 FORM 990-T WAS FILED, THESE BENEFITS WERE REQUIRED TO BE REPORTED AS UNRELATED BUSINESS INCOME (IN ACCORDANCE WITH NOTICE 2018-99), HOWEVER, THIS REQUIREMENT HAS SINCE BEEN RETROACTIVELY REVERSED (IN ACCORDANCE WITH THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019). BELOW IS A LINE-BY-LINE DESCRIPTION OF WHAT HAS CHANGED SINCE THE ORIGINALLY FILED FORM 990-T:

FORM 990 T, PART III, LINE 34 - REDUCED FROM \$19,548 TO \$0 FORM 990-T, PART III, LINE 36 - REDUCED FROM \$19,548 TO \$0 FORM 990-T, PART III, LINE 38 - REDUCED FROM \$18,548 TO \$0 FORM 990-T, PART IV, LINE 39 - REDUCED FROM \$3,895 TO \$0 FORM 990-T, PART IV, LINE 44 - REDUCED FROM \$3,895 TO \$0 FORM 990-T, PART V, LINE 46 - REDUCED FROM \$3,895 TO \$0 FORM 990-T, PART V, LINE 48 - REDUCED FROM \$3,895 TO \$0 FORM 990-T, PART V, LINE 54 - INCREASED FROM \$0 TO \$3,895 FORM 990-T, PART V, LINE 55 - INCREASED FROM \$0 TO \$3,895\*\*

\*\*FUTURES WITHOUT VIOLENCE HEREBY ELECTS TO HAVE THE \$3,895 OVERPAYMENT REFUNDED.