fa							90	(p : :	
		EX.	TENDED TO M	AY 1	15, 2020	29393	37	1107600	9
Form <b>990-T</b>		Exempt Organ	nization bus			ax Return	<b> </b>	OMB No 1545-0687	-
<i>'</i>	Forca	lendar year 2018 or other tax yea	• •			N 30. 201	ا و	2018	
Dan Autonoma of the Toronto	1				ons and the latest inform		_	2010	_
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbe	rs on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3).		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 ployees' trust, see uctions)	
B Exempt under section	Print	WEINGART FO	UNDATION			<u> </u>		5-6054814	_
X 501(c)3 ) 408(e) 220(e)	or Type	Number, street, and room 700 S FLOWE		-				lated business activity code instructions )	
408A 530(a)		City or town, state or pro		r foreig	n postal code	- <del></del>			
529(a)		LOS ANGELES					900	099	-11
C Book value of all assets at end of year	20	F Group exemption numb	ner (See instructions.)	<u> </u>					-4
830,894,0	39.	G Check organization type	e ► X   501(c) corp	oration	501(c) trust	401(a)		Other trust	- ]
II Lines the number of the	oi yai iiza	ITION'S UNFEIATED TRADES OF DESCRIPTIONS	usinesses	<u> </u>		the only (or first) un complete Parts I-V.			
		ice at the end of the previou		rte I an					
business, then complete		•	is sentence, complete i a	ii to i aii	a ii, compicie a ocheduic	W for cach additions	ai traut	s OI	
I During the tax year, was	the corp	oration a subsidiary in an a		nt-subs	idiary controlled group?	▶ [	Υ.	es X No	-
		tifying number of the paren	t corporation.		Talaah	/	212	\ 600 7700	-
J The books are in care of Part I Unrelated		de or Business Inc	ome		(A) Income	one number (B) Expenses	<u>213</u>	) 688-7799 (C) Net	-
1a Gross receipts or sale		ac of Business inc	OIIIC		(A) Income	(b) Expenses		(O) NET	Ī
b Less returns and allo			c Balance	1c					
2 Cost of goods sold (S		A. line 7)	o balanoo	2	<del></del>				Ì
3 Gross profit. Subtract				3			<del> </del>		•
•								•	
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b		•			
c Capital loss deduction							-		
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5	321,980.	STMT 2	22	321,980.	•
6 Rent income (Schedu	ıle C)			6	·		_	ļ	•
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7					
		nd rents from a controlled o	=	8					
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					-
10 Exploited exempt acti				10					
11 Advertising income (S		•		11				-	
12 Other income (See in		•		12 13	321,980.			321,980.	•
13 Total. Combine lines Part II Deduction		ot Taken Elsewher	e (See instructions fo			L	_	321,300.	•
		utions, deductions must				income.)			
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14		•
15 Salaries and wages			,				15		_
16 Repairs and mainter	nance						16		•
17 Bad debts							17		
18 Interest (attach sche	dule) (s	ee instructions)	Des		_		_ 18		
19 Taxes and licenses			I KECEI	VF	D- 1		19	4,540.	•
20 Charitable contributi	ons (See	e instructions for limitation	STATEME	   <del> </del>	7OL	PEMENT 23	20	35,470.	•
21 Depreciation (attach	Form 45	562) n Schedule A and elsewhere	NOV 23	2019					
	aimed or	n Schedule A and elsewhere	e of return	2013	(22a		22b		• ,
23 Depletion Z 24 Contributions to defe			LOGDEN	115	<u> </u>		23		• ′
_		mpensation plans	- JULIN	<u>, Ul</u>			24		• '
<ul><li>25 Employee benefit pro</li><li>26 Excess exempt expe</li></ul>		rhedule i)			- <del>-</del>		25 26		•
27 Excess readership of	•	•					27		•
28 Other deductions (at	•	•			SEE STAT	EMENT 24	28	1,750.	-
29 Total deductions. A		•					29	41,760.	•
_		ncome before net operating	loss deduction. Subtract	t line 29	from line 13		30	280,220.	-
<del></del> -		loss arising in tax years beg					31		ļ
	_	ncome, Subtract line 31 fro	-		·		32	280,220.	_
823701 01-09-19 LHA FO	or Paper	work Reduction Act Notice	, see instructions.		· · · · · · · · · · · · · · · · · · ·		~	Form <b>990-T</b> (2018)	)

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Form 990-1			95-603	<u> </u>	Pag
Part I	II Total Unrelated Business Taxable Income	_			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instructions)		33	280,220
.34	Amounts paid for disallowed fringes			34	58,152
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions) ST	ГМТ 26	35	18,143
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
-	lines 33 and 34			36	320,229
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		<del>                                     </del>	
00	enter the smaller of zero or line 36	00,		38	319,229
Part I					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			T 39 T	67,038
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 from:		133	
40		on line 30 mon.	_	40	
44				41	
41	Proxy tax. See instructions				<del></del>
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	67 039
Dort V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments			44	67,038
Part \		1 "	·		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-	
b	Other credits (see instructions)	45b		-	
C	General business credit. Attach Form 3800	45c		-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		<del></del>	
е	Total credits. Add lines 45a through 45d			45e	68 000
46	Subtract line 45e from line 44			46	67,038
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 L Other (	attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	67,038
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49	0
50 a	Payments: A 2017 overpayment credited to 2018	50a		4	
b	2018 estimated tax payments	50b		4	
C	Tax deposited with Form 8868	50c		<u> </u>	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		_	
е	Backup withholding (see instructions)	50e		<b>」</b> │	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		<u> </u>	
g	Other credits, adjustments, and payments: Form 2439		,		•
	☐ 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	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53	<u>67,038</u>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		<b>&gt;</b>	54	<u>_</u>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Ret	funded 🕨	55	_
Part V	I Statements Regarding Certain Activities and Other Information	n (see instruc	ctions)		_
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other authority	y		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country			_
	here <b>&gt;</b>				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor to, a for	eign trust?		Х
	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 sta	atements, and to the	best of my knowle	dge and belie	f, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	r nas any knowledge		4 11 120	
Here	X / M/19 VP TREA	SURER		•	scuss this return with nown below (see
	Signature of officer Date / Title			nstructions)?	
	Print/Type prepager's name Preparerys signature Da	nte T	Check	ıf PTIN	
Da:4		1	self- employed	ſ	
Paid	LIZBETH G. NEVAREZ				L399868
Prepa	COPEN HACCON C TANKE LID		Firm's EIN		-1777440
Use C	10990 WILSHIRE BLVD., 16TH FLO	OR			
	Firm's address ► LOS ANGELES, CA 90024-3929		Phone no. (	(310)	873-1600
823711 01-					orm <b>990-T</b> (201
				•	· (20)

Schedule A - Cost of Goods	s Sold. Enter m	ethod of invent	tory va	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract li	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in P	Part I,		.	
4a Additional section 263A costs		•		line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?			_		
Schedule C - Rent Income ( (see instructions)	(From Real P	roperty and	Pers	sonal Property L	ease	d With Real Prop	erty	)	
1. Description of property									
(1)									
(2)						·			
(3)									
(4)									
	2. Rent received	or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for p	ersonal	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	conne (b)	cted with the income in (attach schedule)	l 
(1)									
(2)			•						
(3)				_					
(4)									
Total	0.	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>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed Ir	ncome (see	ınstru	ctions)			1		
			2	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			1 -						
(2)									
(3)			1						
(4)							$\top$	_	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ac of or allo debt-financ (attach s	cable to ed property	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of column 3(a) and 3(b))	
(1)				%		<i>(</i>			
(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				•		0			0.
Total dividends-received deductions in	ncluded in column 8	}		•			•		0.
		-						Form <b>990-T</b>	(2018)

1>

				_	Controlled O	_	l Organiza		(000	31,451,6	113)
, 1	. Name of controlled organizat	ıden	Employer tification umber	3. Net unr	related income e instructions)	4. Tota	al of specified nents made	ınclude	of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)		· ·		<del>                                     </del>				<u> </u>			
(2)			·	1							
(3)						,					
(4)											
Nonexe	empt Controlled Organi	zations		,			<del></del>				
	7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organi income	is included zation's		eductions directly connected th income in column 10
(1)				1							
(2)				1							· · · · · · · · · · · · · · · · · · ·
(3)											
(4)				1							
		. "					Add colum Enter here and line 8, c		1, Part I,		ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0 .
Sched	dule G - Investme		Section	501(c)(7	'), (9), or (	17) Org	anization				
	(see inst	ructions)			1		3. Deduction	T			5. Total deductions
	1. Desc	cription of income			2. Amount of	income	directly conner (attach sched	cted	4. Set- (attach s	asides schedule)	and set-asides (col 3 plus col 4)
(1)							(attach sched	410)			(cor 3 pids cor 4)
(2)						+		<u> </u>			-
(3)											· · · -
(4)											
					Enter here and						Enter here and on page
					Part I, line 9, co					p	Part I, line 9, column (B)
Totals	dule I - Exploited	Everent Astivit	v Incom	• Other	Than Adv	0.	a Incomo				0.
SCHE	see instru	•	y incom	e, Other	IIIaii Auv	ei tisiri	y income				
	Description of exploited activity	2. Gross unrelated business income from trade or business	directly of un	penses connected oduction related is income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	<b>6</b> . Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)								[			
Tatala	_	Enter here and on page 1, Part I, line 10, col (A)	page 10	ere and on 1, Part I, , col (B)						:	Enter here and on page 1, Part II, line 26
Totals Sche	dule J - Advertisii				<u>I</u>						
Part		Periodicals Rep			solidated	Basis					
	Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, compute	5. Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_	•					
(2)					-						4
(3)				-	$\dashv$		<u> </u>	+			4
(4)							ļ				
<u></u>			ı		1			l			

823731 01-09-19

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)							
(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.

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		<b>•</b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 21
BUSINESS ACTIVITY

INCOME FROM PASS-THROUGH ENTITIES.

TO FORM 990-T, PAGE 1

FORM 990-T INCO	ME (LOSS) FROM PARTNERSHIPS	STATEMENT 22
DESCRIPTION		NET INCOME OR (LOSS)
PORTFOLIO ADVISORS REAL ESTA BUSINESS INCOME (LOS		81,786.
PORTFOLIO ADVISORS REAL ESTA BUSINESS INCOME (LOS FRANKLIN TEMPLETON PRIVATE R	EAL ESTATE - ORDINARY BUSINESS	-10,942.
INCOME (LOSS)		251,136.
TOTAL INCLUDED ON FORM 990-1	P, PAGE 1, LINE 5	321,980.
FORM 990-T	CONTRIBUTIONS	STATEMENT 23
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CHARITIES	N/A	32,808,133.
TOTAL TO FORM 990-T, PAGE 1,	32,808,133.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 24
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,750.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,750.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	25
QUALIFIED CONTRIBUTIONS S	SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	UNUSED CONTRIBUTIONS  36,940,903 34,345,401 30,012,635			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CO		101,298,939 32,808,133		
TOTAL CONTRIBUTIONS AVAIL TAXABLE INCOME LIMITATION	<del></del>	134,107,072 35,470	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION		134,071,602 0 134,071,602		
ALLOWABLE CONTRIBUTIONS D	DEDUCTION		 35,	470
TOTAL CONTRIBUTION DEDUCT	PION		35,	470

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 26
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16 06/30/17	70,969. 95,777.	70,969. 77,634.	0. 18,143.	0. 18,143.
NOL CARRYO	VER AVAILABLE THIS	YEAR	18,143.	18,143.