		_ AMENDED RETURN - SECT					141	$\mathcal{O}(\mathcal{O})$
	Form	990-TC&E Exempt Organization Bus				Γax Retur	n '	OMB No 1545-0687
		(and proxy tax und					l	2040
		For calendar year 2018 or other tax year beginning JUL 1,					<u> 19</u>	2018
		Iment of the Treasury Il Revenue Service Do not enter SSN numbers on this form as it may					, f	Open to Public Inspection for
	Δ	Check box if Name of organization (Check box if name of				ration is a sortcito		501(c)(3) Organizations Only over identification number
	~ _	address changed Address changed	nanyet	1 4110 566 1115	su ucuons.)			lloyees' trust, see uctions)
	B Ex	cempt under section Print WEINGART FOUNDATION					و ا	5-6054814
		501(C)(3) or Number, street, and room or suite no. If a P.O. ho	x, see II	structions.			E Unrei	ated business activity code
٠,	$\langle a \rangle \square$	408(e) 220(e) Type 700 S FLOWER STREET, N					(300)	msractions j
ě	<i>g</i>	408A 530(a) City or town, state or province, country, and ZIP o	r foreig	n postal cod	le		7	
		529(a) LOS ANGELES, CA 90017					900	099
	C Boo	ok value of all assets nd of year F Group exemption number (See instructions.)	<u> </u>					
		830,894,039. G Check organization type ► X 501(c) cor	_	1 ;	501(c) trust		a) trust	Other trust
		ter the number of the organization's unrelated trades or businesses.	1			the only (or first) u		
		de or business here SEE STATEMENT 21		dll semale		, complete Parts I-V		
		cribe the firct in the blank space at the end of the provious contence, complete Pa siness, then complete Parts III-V.	iris i an	u II, compio	to a Schooli	o ivi for each additio	nai trade	or
	_	ring the tax year, was the corporation a subsidiary in an affiliated group or a parer	nt-subs	diary contro	olled group?		T Ye	es X No
		Yes," enter the name and identifying number of the parent corporation.	11 3003	idially contro	inca group.		ш ''	3 (44) 110
		books are in care of FRED ALI			Teleph	none number	(213) 688-7799
	Pa	tस् Unrelated Trade or Business Income		(A) li	ncome	(B) Expense	es	(C) Net
	1 a	Gross receipts or sales						as benesilent
	b	Less returns and allowances c Balance	1c				보는 그렇	
	2	Cost of goods sold (Schedule A, line 7)	2					
3	3	Gross profit. Subtract line 2 from line 1c	3_			A CONTRACTOR OF THE PROPERTY O	7.	· · · · · · · · · · · · · · · · · · ·
N7N7	4 a	Capital gain net income (attach Schedule D)	4a					
<u> </u>	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			· Einneide		
		Capital loss deduction for trusts	_4c			2 4 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ح	5	Income (loss) from a partnership or an S corporation (attach statement)	_5_	323	1,980.	STMT	23	321,980.
AUG	6	Rent income (Schedule C)	6					
`	1	Unrelated debt-financed income (Schedule E)	7_					
֡֡֡֡֡֡֡֝֡֡֡֡֡֡֡֡֡		Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8_			 		
		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				 		
		Exploited exempt activity income (Schedule I)	10					
5		Advertising income (Schedule J)	11			is de last and it is the last to	المتحددود الارتجاز ال	
)		Other Income (See Instructions; attach schedule)	12	321	1,980.	** 2" 3" -983 E3	-, F, 4x	321,980.
		Total. Combine lines 3 through 12 t II Deductions Not Taken Elsewhere (See instructions for				<u> </u>		321,300.
	F-84	(Except for contributions, deductions must be directly connected	with t	Бецривате	<u>d business</u>	rin come)		
	14	Compensation of officers, directors, and trustees (Schedule K)	771	CEIV	'LU	1	14	
	15			,	7	21	15	
	16	Salaries and wages Repairs and maintenance	MA	R 03 2	วกวก ได้	31	16	
	17	Bad debts		", <u> </u>	2020	2	17	
	18	Interest (attach schedule) (see instructions)	00	DEAL	<u>_</u>	[]	18	
	19	Taxes and licenses	<u> </u>	DEN,	UT	1	19	4,540.
	20	Charitable contributions (See instructions for limitation rules) STATEME	NT '	26 SE	E STAT	TEMENT 24	20	29,568.
	21	Depreciation (attach Form 4562)			21		1 1 1 4 min	
	22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b	
	23	Depletion					23	
	24	Contributions to deferred compensation plans					24	
	25	Employee benefit programs					25	
	26	Excess exempt expenses (Schedule I)					26	
	27	Excess readership costs (Schedule J)					27	
	28	Other deductions (attach schedule)		SE	E STAI	ement 25. 78	/ 28	1,750.
	29	Total deductions. Add lines 14 through 28		_	_	18		35,858.
	30	Unrelated business taxable income before net operating loss deduction. Subtract					3b	286,122.
	31	Deduction for net operating loss arising in tax years beginning on or after Januar	y 1, 20	18 (see instr	ructions)	0	(31	15 (122)
	32	Unrelated business taxable income. Subtract line 31 from line 30				3	1 32	286,122. Form 990-T (2018)
	823701	01-08-19 LHA For Paperwork Reduction Act Notice, see instructions.					•	rorm 330-1 (2018)

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orm 990-	T(2018) WEINGART FOUNDATION	95	<u>-605</u>	4814	Page
Part		•	1		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruct	ions)		33	286,122
34	Amounts paid for disallowed fringes	,		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT	28	35	19,007
36	Total of unrelated business taxable income before specific deduction, Subtract line 35 from the sum of	D 1 1 1 1		" 	23,001
30	·				267 115
	lines 33 and 34		70	36	267,115
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			1 1 1	
	enter the smaller of zero or line 36		39	38	<u>266,115</u>
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		UD	39	55,884
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:	-,0	Π	
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions				
	•			 	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions		مان	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u></u>	<u>43</u>	44	55,884
art \	/ Tax and Payments			<u> </u>	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
b	Other credits (see instructions) 45b] [
	General business credit. Attach Form 3800 45c			1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)			1	
	· · · · · · · · · · · · · · · · · · ·			13	
	Total credits. Add lines 45a through 45d			45e	55 004
46	Subtract line 45e from line 44			45	55,884
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach s	chedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		ug	48	55,884
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		V	49	0
	Payments: A 2017 overpayment credited to 2018			1	
	_ · · · · · · · · · · · · · · · · · · ·			1/	
				1	
	Tax deposited with Form 8868			-	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			4 I	
е	Backup withholding (see instructions) 50e			1 1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f				
g	Other credits, adjustments, and payments Form 2439				
·	Form 4136 X Other 67.038. Total 500	67.	038.	ایدا	
51	Total payments. Add lines 50a through 50g SEE STATEME	'Nт 27		5	67,038
	Estimated toy manelty (see party strong). Charly if Form 2000 is attached.		<i>\$</i> 3	52	2,286
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		7.5		2,200
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		20	58	
54		1		54	8,868
<u> </u>	Enter the amount of line 54 you want. Credited to 2019 estimated tax 8,868.	Refunded		58	0
art \	/I Statements Regarding Certain Activities and Other Information (see	instructions)	-	ľ	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	uthority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	-			1.27
	· · · · · · · · · · · · · · · · · · ·				1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	rullii y			
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign tri	ıst?		<u> </u>
	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 perury, I declare that I have examined this return, including accompanying schedules and statements, an correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kni	d to the best of r	ny knowle	dge and beli	ef, it is true,
gn	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	owledge	_		
ere	X 1012 VP TREASURE	R		-	iscuss this return with
	Signature of officer) Date Title				hown below (see
	<u></u>		_		X Yes No
	Print/Type prepayer's name Prepayer's signature Date	Check	L I	f PTIN	
aid	FEB 0 3 2	self- er	nployed	1	
repa	rer HIZBEIN G. NEVAREZ 277	· vzy			1399868
se C	I - NOTE THE UNCOOM CATAMORGETED	Firm's	EIN ►	95-	-1777440
36 C	10990 WILSHIRE BLVD., 16TH FLOOR				
	Firm's address LOS ANGELES, CA 90024-3929	Phone	eno. Z	310)	873-1600
		I i iiolik	, 110.		Form 990-T (201
711 01.	ADM- IM				-orm 224 [7]]

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1		_	Inventory at end of year			6		
2 Purchases	2] 7	Cost of goods sold. St	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs	1 1		1	line 2					
(attach schedule)	_4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			لنب
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?			بىيسى		┸
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)	
Description of property									
(1)							<u> </u>		
(2)	·					<u></u>			
(3)									
(4)								-	
	2. Rent receiv	ed or accrued			•	1			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of then	of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	/ connec nd 2(b) (cted with the income i attach schedule)	n
(1)									
(2)									
(3)		<u> </u>					-		
(4)									
Total	0.	Total			0.			<u></u>	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	.			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.▶_		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance	nected v	with or allocable perty	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าธ
(1)			<u> </u>						
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis alliocable to nced property n schedule)	6	, Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)			<u> </u>	%			\perp		
(4)				%					
	-					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	(B)
Totals				▶i		0		<u> </u>	0.
Total dividends-received deductions in	icluded in column	8					-]		0.
								Form 990-T	(2018)

823731 01-09-19

Form 990-T (2018) WEINGART FOUNDATION 95-60548
| Part | I | 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)				1		_	
(4)							
Totals from Part I		0.	0.		HULLESS		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	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 21
BUSINESS ACTIVITY

INCOME FROM PASS-THROUGH ENTITIES.

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 22

STATEMENT REGARDING CHANGES ON 2018 FORM 990-T:

LINE 20, LINE 34, LINE 35, LINE 39, LINE 50G, LINE, LINE 53, LINE 54 AND LINE 55 WERE CHANGED DUE TO SECTION 512(A)(7) REPEAL. .

FORM 990-T INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT 23
DESCRIPTION		NET INCOME OR (LOSS)
PORTFOLIO ADVISORS REAL ESTATI BUSINESS INCOME (LOS PORTFOLIO ADVISORS REAL ESTATI	·	81,786
BUSINESS INCOME (LO FRANKLIN TEMPLETON PRIVATE REA		-10,942
INCOME (LOSS)		251,136
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	321,980
FORM 990-T	CONTRIBUTIONS	STATEMENT 24
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CHARITIES	N/A	32,808,133
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	32,808,133
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 25
DESCRIPTION		TRUOMA
ACCOUNTING FEES		1,750
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	1,750

FORM 990-T	CONTRIBUTIONS SUMMARY	· -	STATEMENT 2
QUALIFIED CONTRI	BUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRI FOR TAX YEAR 2 FOR TAX YEAR 2			
FOR TAX YEAR 2 FOR TAX YEAR 2 FOR TAX YEAR 2	016 34,345,401		
TOTAL CARRYOVER TOTAL CURRENT YE	CAR 10% CONTRIBUTIONS	101,298,939 32,808,133	
TOTAL CONTRIBUTI TAXABLE INCOME L	ONS AVAILABLE IMITATION AS ADJUSTED	134,107,072 29,568	_
EXCESS 10% CONTR EXCESS 100% CONT TOTAL EXCESS CON	RIBUTIONS	134,077,504 0 134,077,504	_
	BUTIONS DEDUCTION		_ 29,56
TOTAL CONTRIBUTI	ON DEDUCTION		29,56

FORM 990-T	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT 27
DESCRIPTIO	И			AMOUNT
OTHER CRED	OITS			67,038.
TOTAL INCL	UDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	67,038.
FORM 990-T	STATEMENT 28			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 06/30/16 06/30/17	LOSS SUSTAINED 70,969. 95,777.	PREVIOUSLY		